WHAT CAN ONE EXPECT FROM PSYCHOANALYSIS, TODAY?

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Abstract

This thesis examines the expectancy question in contemporary psychoanalysis. While in other psy practices, this question is approached in relation to the delineation of the treatment process and the results that can actually be delivered via specific methods whose effectiveness has been measured and approved, in the psychoanalytic clinic of the Lacanian orientation, this question is not as straightforward.

Generally, it is contended to be a *subversive* practice which ultimately reveals the Other as non-existent at the level of a universally-valid meaning, and hence as a fantasmatic construction at a purely subjective level. When approached, this question takes on the value of a defense against a skeptical, or, most commonly, against a critical stance or attitude towards psychoanalysis in terms of its effectiveness and scientific validity. This defense is arguably what psychoanalysis considers precisely to be its specificity: its *irreducibility* to a discourse that claims mastery over its reality and its refusal to resort to a reduction of the subject to clinical categories which presumably contain the truth of the subject's symptom(s) and offer ready-made recipes on how to readjust the subject to normalcy. My argument is that this subversiveness is nothing other than an ego-reinforcement that is centered around a convincingly demonstrated subjective contentment with the irreducible remainder of the symptom, namely with what is at once untreatable and attests to the fundamental singularity of the subject. What I examine is the ways by which this subversiveness is appealing to analysts and analysands alike, especially since the analytic process is claimed to be solely dependent upon the analyst's position of *non-knowledge* in the clinical encounter.

As I will show, the identification of the analyst with this position creates an 'objective reality' of, and for, psychoanalysis, allowing for the conditions of the formation of the unconscious and thus the possibility of *proof* regarding its effectiveness, a proof dictating the reinvention of psychoanalysis.

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Dedicated to Whomever Can Find Magic With Lacan.

PREFACE

To kill off some expectations. What this thesis is not about:

- It is not about accumulating answers from analysts and analysands and arguing about how compelling is the most statistically prevalent expectation, and the least, and the ones in between.
- It is not about accumulating stated dissatisfactions of patients in other psy practices in how these failed their expectations, and arguing about how psychoanalysis could fill in the void.
- It does not provide an exhaustive account of the analytic process of the Lacanian orientation, what it entails, and what marks its end.
- It does not focus on the problems that render psychoanalysis an interminable treatment and the ideal expectation that eventually leads the process to an end (underlining how analysts can ascertain that this 'ideal', as a signifying construction, is structurally applied to all cases).
- It is not about arguing for, or suggesting, what modifications psychoanalysis must be subjected to in order to meet contemporary expectations, and 'win' in as many cases as possible.

My first encounter with psychoanalysis occurred in the University of Athens when I undertook two optional modules in the subject as an undergraduate Psychology student. Midway through my studies, I decided I did not want to pursue a career in psychology after attending a counseling session as an observant in a High School. In the session, the 'service user' gave horrific accounts of domestic abuse only to be asked by the counselor whether the physical harm was 'serious enough'; she was then advised to wait until she reached legal age to 'escape' from this living nightmare. In this very preliminary stage of my chosen career field, I was faced with the powerlessness and impotence of the psychologist to make a real change in someone's life without the helping hand of the law. I thus longed for a psy practice that is distinguished from any other solely on the grounds of its unique relationship with *law* and with *care,* a practice where *ethics* is not synonymous with law. It was a presupposition based on desire: it exists. This longing returned when I decided to pursue a PhD in psychoanalysis, because, during this time, I was still in the first stage of my own personal analysis of the Lacanian orientation with an analyst from the New Lacanian School (NLS), one of the seven schools of the World Association of Psychoanalysis (WAP), operating under the aegis of psychoanalyst Jacques-Alain Miller. My thesis began with incomprehensible writing. "The written

is not to be read" said Jacques Lacan, and this was certainly my case. At first, I wrote this Preface section by focusing on this kind of writing being an effect of a fantasy construction I embodied during the first years of my own analysis. I explained that this fantasy was a way for me to experience being the master of the analyst's desire, a desire that is, according to the psychoanalytic theory, precisely specified by not being a therapeutic desire, namely, not inscribed in the order of the goods as it exists in the contemporary master's discourse. Denunciating psychoanalysis by reducing the analyst's desire into a therapeutic one was the locus of jouissance (body satisfaction) that sustained this fantasy for me. Suicide prevention was indeed the one question that could possible achieve this aim, if only due to a legal requirement. My conclusion was my realization that succeeding in this would make psychoanalysis a failure. I had written: "Ultimately, I wanted to be able to expect something from psychoanalysis - I did not want to fail it and I did not want it to fail me. Since suicide indicates a failure on the part of the analyst, why do I care for it? Since suicide prevention makes the analysis an unpleasant experience for the analyst, why do I want to write about it? Since suicide proves that psychoanalysis did not work for a particular patient, as the patient did not allow for his analyst to be part of his unconscious, or was not capable of experiencing transference-love for the analyst, or the analyst's desire was believed to be malevolent by the analysand unless it was said out loud, then why am I so thrilled about this question?" Having shed some light on the project that was never made, because it was simply not feasible due to my own impossible desire with regard to what psychoanalysis as a practice ought to be, I want to walk the reader through how this present thesis actually unraveled.

Four years ago, after having finished an MA in Psychoanalysis, I embarked upon this thesis with a wild expectation, like a wild transference, which only functioned as a driving force in my research and writing. It was initially not about proving anything specific - which is definitely not advisable in a PhD. I wanted to look more deeply into the various appeals that psychoanalysis has to different subjects involved in it, as my personal involvement in psychoanalysis thus far had made it clear that it entails a certain quality that can stir up a vast spectrum of human passions, as it strikes at the core of the human condition. This general idea of shedding light to such various ways of appeals and effects to analysts and analysands alike was oriented by the unwavering desire to base this presentation on a truth I thought I possessed regarding what true psychoanalysis really is. This idea made my writing initially obscure and purpose-driven; the problem was that what I wanted to present as the clear picture of what psychoanalysis is, namely its specificity, its absolute distinction from any other form of psychotherapy, was one that never satisfied me. This is precisely because it was not clear to me what it was - only that I wanted it to be. Whenever it became clear in

my articulations, it was evident that it was a practice like any other, only pontificating more loudly and taking more pride than other practices in placing the singularity of the subject at the core of the treatment. This problem I managed to track down to two things that stand out in Lacan's writing: Lacan's concepts are made up of simple, common words, but these are heavily intellectualized and complicated by contemporary analysts of his orientation, and also made up of simple, common words put together in a way which forms unordinary, bizarre expressions, funnily enough, oversimplified by analysts. The fact that he uses such odd ways to convey ideas that are common knowledge in all psy practices is unacknowledged by analysts who have this common meaning in mind, yet think that by using these particular - coming across as very pretentious - expressions, this meaning magically becomes exclusive to Lacanian practice. My thesis is about the question of what one can expect from psychoanalysis today, as it is widely considered to be an embattled discipline and an obsolete theory and practice, out of touch with current symptoms, challenges and exigencies. I approach this general question by examining the more specific question of effectiveness: how is a psy practice considered to be effective today, why is psychoanalysis reproached for being ineffective, or only suitable for 'light' cases, and how psychoanalysis considers its practice to be effective, staying true to the cause of psychoanalysis as it shines through Lacan's writings. If transference can essentially be conceived as the analysand supposing the analyst to be the one person who really knows his most intimate truth, the truth which gives him his absolute, most fundamental singularity, then it is crucial to raise the question of what conditions can make that possible. My underlying argument throughout the thesis is that such conditions only exist in the discourse of psychoanalysis, in the way it is constructed and used. If psychoanalysis exists not only in private practice, but also in institutions, practiced - cautiously - by analysts who hold posts of psychologists, psychiatrists, counsellors etc, then these conditions must be conceived and sketched out by taking into account expectations that can be found in both. Indeed, what I infer from this is that expectations from psychoanalysis can be organized according to whether or not the subject entering an analysis wishes to more holistically study psychoanalysis, especially in relation to himself, and to whether or not he is in it for purely psychotherapeutic reasons, although they may overlap. Since psychoanalysis is undoubtedly a marginalized psy practice - especially in the Anglo-Saxon world - analysts know that subjects making a demand for an analysis have knowledge of Lacan's work and a special interest in it, whether or not they have symptoms to work through, or, they accidentally find themselves at their door in the institution where they practice. The question of the expectation is thus always in implicit, yet direct, confrontation with such conditions and analysts' sense of responsibility for them, inevitably implicating the question of the ethics of the

psychoanalyst and his position in the face of the cause. Keeping in mind the assertion that psychoanalysis is radically different to any other form of psychotherapy, to the superego in the master's discourse dictating the subject's 'good', where do analysts draw the line, so it does not become unrealistic and pragmatically useless? And the opposite - how much psychoanalysis, namely what effects, would be too much for analysts who would run full blast towards assuming positions founded on a prevailing reasoning of mainstream practices? The reader can find that this thesis reflects the different stages of my own, personal journey with psychoanalysis, and hopefully they can identify elements which inspire them in a thought-provoking way, raising problematics, forming new questions and ideas, conceiving new perspectives, and generally making them want to engage with psychoanalysis on the basis of the belief that they have something original and honest to say that is true to their own cause [of desire].

Having said that, and without discouraging any future candidates from pursuing a PhD in this subject, I feel it is important to underline that a PhD in Psychoanalysis is an ironic endeavor for two reasons. Firstly, a PhD requires that the researcher makes explicit a gap in knowledge, that is, in existing literature. Psychoanalysis, however, due to the fact that it is a practice placed within the work of the unconscious, may only exist precisely due to a gap in knowledge. This gap in knowledge, for psychoanalysis, is essentially the presupposition that there is a separation of truth from its semblance, namely from how the discourse of psychoanalysis creates an image of what psychoanalysis is [for a given subject] by means of interpretation and understanding. If this gap closes down, then the conditions of the unconscious, as stemming from the semblance of psychoanalysis as a discourse and a practice, cease to exist, which means that the unconscious [namely the absolute singularity of the subject attesting to the identification of the truth to its semblance revealing a universal truth] can never be proven to exist again. And that would be the end of psychoanalysis. Secondly, while succeeding in a PhD requires you to make an expert of yourself on the subject of your research, with psychoanalysis, the problem is that if you know, you cannot write anything about it. So you will need to find a way around it, staying true to the cause, while imitating a good didactician. This directly relates to the problem I faced before reaching the end of the psychoanalytic training: my research and writing struggle had to do with the question of what legitimate research can one do in psychoanalysis when the evidence is singular and cannot be generalized, namely when the sole evidence is one's testimony of one's own analysis. If any future candidates find themselves asking this question, they are most likely in the gap, which means that they need to push forward and find their own way of writing a thesis for a general, non-Lacanian reader.

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Introduction

My training in psychoanalysis [under the auspices of the WAP] allowed me to *know,* in the most intimate way that is humanely possible, Lacan's drive. It is the drive that reveals the most crucial problem for psychoanalysis: suspicion. Psychoanalysis is indeed situated in the gap between trust-suspicion. Lacan hated suspicion - he wanted to know. He wanted love that stems from knowledge free of suspicion. This drive is also what makes psychoanalysis an *impossible profession*; the unsuccess of the unconscious to assimilate itself to any form of knowledge - what resists the Other's discourse. This is why the well-known injunction of psychoanalysis to 'speak freely' is ironically nothing other than the goal of psychoanalysis: to produce a subject who is able to speak freely after having experienced the unconscious as speaking fully [the truth of psychoanalysis] from an empty place, namely from a subjective place where there is nothing at stake. When I say 'truth of psychoanalysis', I mean the truth, in the form of a symbolic articulation, in the form of a contingency, yet one that is ruptured, which holds together the whole construction of the discourse of psychoanalysis, a discourse carefully crafted by Miller, following Lacan's death in 1981. It is the seed which generates the whole discourse, which orders it to life, which makes the tree of knowledge blossom, and without which the (w)holeness of this discourse collapses, all at once. While Lacan's job was to defend the Freudian cause of desire, isolated and identified in the fact that he abandoned his seduction theory (real events which occurred in the childhood of his patients) in favor of the idea that many of these confessions were actually nothing but fantasies motivated by his patients' desire to seduce him, Miller's was to prepare the ground for, and give a name to the 'desire to know'. Indeed, Lacan's message was clear: leave Freud alone with his fantasy. There is nothing wrong with erotomania - with wanting to love and to be loved. Miller recognized in Lacan his 'only invention', as it is claimed: the object-a, namely the fact that there is a fundamental sadness in every human being. This was ironically claimed by Lacan to have been his 'only invention', for it was actually a discovery, an un-veiling, made possible by his rightful successor. Lacan's only invention was in fact the *desire to know*, which is precisely what makes the Lacanian orientation the only orientation in psychoanalysis. Lacanian psychoanalysis is indeed nothing but an orientation; the moment it is crystallized as a fixed process, it is time for its re-invention. And this is why I decided to pursue a thesis in Lacanian psychoanalysis as opposed to any other kind of psychoanalysis or psychotherapy: how can the desire to know the singular be generated and kept alive in the clinical community

of the Lacanian orientation despite all the challenges and urgencies of our time? I felt it was time to put the clinician of this orientation in the hot seat, the one who practices in the name of 'Lacan's orientation', who may describe himself or herself as 'Lacanian in formation' (what are they forming into?), or as 'Lacanian'. This is why in this thesis I tackle the problem of *expectancy* in the Lacanian orientation. Precisely because it is an oxymoron to speak of expectancy - which implies that the given practice already possesses an underlying, operating meta-knowledge or even a conscious know-how for which it can be held accountable to the Other - in a practice which is a self-proclaimed *orientation*. The expectancy question would indeed be deemed impossible by contemporary Lacanians, if we are to assert it is an orientation and not a fixed, standardized practice (like any other) employing an underlying theory of the human mind to approach each and every patient. On the other hand, *expectation* puts the subject, namely each and every patient, at the forefront of the discussion, and this is why it is a prevalent and ubiquitous question in theoretical and clinical conversations of the Lacanian School (WAP). I phrased the title of the thesis in this way - 'What Can One Expect From Psychoanalysis, Today?' - in order to avoid any upfront suspicion that expectation is actually a silly, empty question, that it does not matter what one expects, for all it matters is what makes a practice what it is. In the Introduction that follows, I inscribe psychoanalysis within the realm of psychotherapy and hence within common problems of contemporary mental health practices operating within the cognitive-scientific framework, before I specify the position of the Lacanian analyst as being one of *non-knowledge* yet *not-without* a relationship with the *truth* of psychoanalysis, and introduce the problem of the lack of a distinct identity for such analyst, not without implications and consequences.

My central research questions in this thesis revolve around the idea that the Lacanian orientation, as the sole possible orientation in psychoanalysis, is invested in the desire to know and functions as an objective reality in the form of a semblance. I begin with the debate on the effectiveness of psychoanalysis: it has been long-standing, and yet without any concrete results widely accepted within the mental health realm. The coordinates of the debate have reasonably changed since Freud's era, however, substantially, the questions have remained the same: long-term treatment, unscientific, questioning or rejection of fundamental parts of the psychoanalytic theory. The consistent nature of this debate has intelligibly resulted in psychoanalytic schools and orientations progressively modifying their mode of psychotherapeutic approach in practice, and presentation of their theoretical framework, as a

way to meet with contemporary exigencies. The Lacanian orientation of psychoanalysis, on the other hand, has been mostly critical of such modifications; it has been participating in this debate by highlighting the specificity and uniqueness of its discourse in the clinical context. On what grounds does this orientation feel secure enough to 'shrug off' any such questioning and calls for re-adjustment of its practice? What does this orientation consider to be effective in terms of process' outcomes, taking into account what is most singular in each subject? In what way(s) does the *pass* procedure (Lacan, 1967) result in acquiring a strong ego as the ultimate end of the treatment? Is this why Lacan was dissatisfied with it prior to his death in 1981? Because something of the ego of the analysts was not falling? Because their ego was reinforced through identification with the School as Ideal? If *ordinary psychosis* (Miller, 1999) emerged out of the clinician's desire, if it is a name for the clinician's desire, then what do we learn from theoretical and clinical papers of Lacan's orientation on the desire to know the singular? If one may be pushed to enter an analysis as a way to rebel against practices with an ever-growing fixation with what can be 'evidenced-based' and 'empirically-supported', and which pigeonhole the subject into clinical categories with ready-made recipes of treatment or ways of approach, can the analyst's position of 'non-knowledge' eventually become problematic for the analysis, especially since the unconscious is not a pinned down, pragmatic notion as it is in other practices? This potential problem may precipitate an alteration of the mode of discourse and the direction of the treatment, and the analysis may take the path of other psychotherapeutic modalities. A problem as such may only arise from the juxtaposition of the truth of psychoanalysis, that is, the unconscious, insofar as there are only formations of it, and the insistence of the analyst to occupy the place of 'not-knowing' for the subject. This can result in the mutation of the transference and termination of one's analysis due to the reiteration of the One in the real (namely, as Lacan designates it in seminar XIX, a logical exhaustion by the introduction of an irreducible gap that is the real as such), or in the analyst's change of approach into trying to resemble other approaches and become more psychotherapeutic and reality-focused. Indeed, this problem is nothing other than the identity problem of the psychoanalyst and is inextricably connected with the expectancy question. It is for this reason that I consider this study important, not in trying to resolve this problem of identity and situate the analyst within a fixed, standardized mode of approach, but in laying bare the compass by means of which truth and knowledge in psychoanalysis may coexist, irrespective of the result.

I continue with how psychoanalysis proves it can be an effective treatment for common contemporary symptoms of our era, such as addiction, how it re-conceptualizes the current trend-notion of 'self-help', as well as the notion of 'normalcy' in clinical settings, and in what cases psychoanalysis ought to be refused or in what kind of circumstances this practice is impossible to work. With the clinical case presentations I mainly aim to throw light on how other psychoanalytic practices operate and maybe even evoke *jealousy* on the part of the Lacanian orientation that we no longer love and enjoy fantasies, that we feel invincible in the name of 'there is nobody who wants your castration, nobody who enjoys you in any way' that sadly appears to be the result of the *pass*. Does this not reaffirm that the 'pass', as the formal procedure Lacan put forward in 1967 to designate the end of analysis in his School, and which is contended to be a subversion of the ego position, is still an ego reinforcement in terms of the position of non-knowledge that the analyst comes to occupy in his practice? Funnily enough, the question of how there can still be such a question of expecting anything from psychoanalysis today resurfaces regularly in activities of the Lacanian School. For example, the argument for the 4th Congress of the EuroFederation of Psychoanalysis ('Pipol 8'), under the thematic title, 'A Non-Standard Clinical Practice', ends with the following question:

> How can the practice of psychoanalysis, in its orientation within the various institutions of the medico-psychosocial field, engage to clear a place for the case by case, for invention, for uniqueness, singularity and the incomparability of each one? (Mahjoub, 2017)

By exposing and examining current clinical phenomena and sociopolitical changes, there emerges a recurring question of psychoanalysis' relevance, place and necessity amongst today's mental health practices. In other words, the importance of the existence of the expectancy question as such is stressed as intrinsically connected with the survival of psychoanalysis in a field predominated by cognitive sciences increasingly led by the neurosciences. Patients who do not have any prior knowledge of the psychoanalytic theory, and are not generally engaged in the studying of psychoanalysis, have intelligibly the same expectations as patients in any other form of psychotherapeutic treatment. However, due to

psychoanalysis being historically associated with a long-term treatment based on commitment and transference, one is inclined to expect a strong ego rather than a quick fix of a symptom. While the question of expectancy, in non-psychoanalytic practices, is always approached in terms of the treatment's results and the specificity of the process, and any 'unrealistic', or maladaptive, expectation needs to be identified and modified early in the treatment, in order to adhere to the results that can actually be delivered, in psychoanalysis, it is more obscure. Generally, psychoanalytically-oriented practices promise introspection and illumination of underlying unconscious processes that account for an individual's cognitive mode of functioning. In the Lacanian clinic, there is no straightforward answer, or broad statements, to this question, but it has nonetheless been approached in various ways in literary and research works of this orientation. These ways are either theoretically blank and vacant, or clinically purposeful in order to demonstrate why a clinical case progressed successfully or not, or culminated in a successful outcome or not.

My attendance to various psychoanalytic seminars, conferences, and congresses from 2015 until 2018 has made clear to me that, for the most part, there is a theoretical consensus in Lacan's School that Lacan's earlier clinic which affirms the predominance of the symbolic register over the imaginary and the real, and his later clinic which draws a strict equivalence between the three registers are not one up against the other, do not cancel each other out. Indeed, although they ostensibly appear to be in contradiction with one another dictating us to side with either his earlier or his later clinic, they in fact co-exist precisely due to the fact that there is a gap in-between that holds them at tension. It is in this gap that Lacan situates the clinicians of this orientation, those who practice in the name of 'Lacanian orientation' in private, or who are oriented by Lacan's thought and ethics if they practice in an institutional setting or as part of an organization. In his Écrits text, *The Situation of Psychoanalysis and the Training of Psychoanalysts in 1956* (Lacan, p.388), in a quote which I include and examine in chapter three where I argue that the discourse of psychoanalysis is created by Miller in a way that creates a semblance of what psychoanalysis is, and hence an 'objective reality' of psychoanalysis, Lacan states that Freud's efforts to distinguish between the imaginary and reality in the mechanisms of the unconscious led psychoanalysts to, as a first stage, "make the imaginary into another reality", and as a following stage, "to find in the imaginary the norm of reality". This is why I have dedicated so much space in this thesis to the *signifier* of 'ordinary psychosis'; because, with this, Miller aimed at creating and maintaining tension in the gap where psychoanalysis, as a clinical practice, is situated, and

which holds apart the two clinics, precluding them from overlapping. 'Ordinary psychosis' is a perfect signifier to achieve this aim, because it borrows 'ordinary' from the earlier clinic which stands for the binary clinic, namely the radical distinction between neurosis and psychosis, and 'psychosis' from the later clinic. Borrowing 'ordinary' points to the controversial question of treating a psychotic subject in psychoanalysis (I say 'controversial', but in all existing literature, from Freud onwards, in conventional, proper psychoanalysis it is asserted that psychoanalysis cannot work for the psychotic and hence it is not the right choice of treatment for such subject). 'Psychosis' is borrowed again from the earlier clinic (or 'teaching', as it is also called by Lacanians) in order to - paradoxically - refer to the [modes and traits of] ordinary existence of our time, which is characterized by flexible norms and identifications, ever changing, continuously replaceable and multiplying due to the conscious foreclosure, in the sense of *rejection,* by the contemporary subject, of a natural order in language and subsequent traditional concepts of what is a man and what is a woman, of conventional family structures, and by extension, modes of organized societal structures and roles. What is even more ironic with this whole 'ordinary psychosis' business is that Lacan, in his earlier clinic, was dissatisfied with psychosis, with its concept, with its essence; he questioned it, doubted it; psychosis troubled him and this is what led him to his later clinic where he proclaimed 'everyone is mad, that is to say, delusional'. Indeed, his coming out with the non-existent big Other was nothing other than an act of sheer exasperation and utter frustration. Ordinary psychosis was Miller's game of trust: do you trust your patient? And, do you trust them that they trust you?

I. From 'Mental Illness' To 'Mental Health' (WHO, 1978): Diagnostic Identifications and Contemporary Psychoanalytic Discourse

In contemporary civilization, all dis-orders, all behaviors indicating mental states that are not ordered, characterized by the 'norm' - cognitive science's rational constructs - are collected, listed and published in the single access system of Diagnostic and Statistical Manual of Mental Disorders (DSM). 'All' denotes an impossibility, as the DSM is constantly revised and updated with the specific aim of ultimately reaching 'all'. This impossibility, or in other words, this 'impasse', that the push to medicalize any singular traits marked by the eccentricity it is faced with, is precisely what constitutes its driving force, namely that there

can never be an 'all' to be reached, captured, because one's 'singularity' can never be wholly eliminated, or, put differently, one can never be without a symptom indexed on the irreducible remainder of language on the living being.

In *Culture/Clinic*, journalist and author Ethan Watters (2013), accentuates the linkage between the structure of the present discourse in civilization and the subjective experience of mental illness:

> A study of the history of mental illness and a cross-cultural perspective on the subject prove conclusively that cultural beliefs about the mind shape the experience of those who suffer from mental illness. (Watters, 2013: 84)

Lacan, in his *Lecture on the Symptom* in 1975 in Columbia University, points out that culture transcends the four fundamental discourses of the master, analyst, science, and university:

> Discourse is what floats, what skims across the surface of our own politics, our way of conceiving of a certain social bond. If the bond was a purely political, we have added something else to it. We have added the university discourse and the scientific discourse which are not to be confused. (Lacan, 1975: *no pagination*)

What we are concerned with is therefore how the subject makes use of these diagnostic categories, as signifying elements already existing in the common discourse of our time. How does one organize the signifying articulation of his symptomatic suffering while adhering to the formal discourse of assessment and evaluation? This epistemic concern can be supported by the following assertion by Lacan in his seminar XII, *Crucial Problems for Psychoanalysis:*

> Desire is determined by the play of the signifier... is what emerges from the brand, from the brand of the signifier on the living being and that, henceforth, what we have to articulate is what is meant by the path that we trace out of the return of the desire to its signifying origin. (Lacan, 1964-1965: 270)

These forms of knowledge (*savoirs*) in our civilization, these organized structures in our modern discourse, which are not scientific, that is to say, which are not significations and not "systematic networks of elements which are in themselves", as Miller describes the laws of

science in his text, *Elements of Epistemology* (2002), serve as supplement to scientific knowledge that is purely logical. This is a crucial point for investigating the question regarding the contemporary subject's self-identification according to a diagnostic category, and therefore, we need to emphatically crystallize the distinction between the discipline of science as the domain of mathematical logic and the scientific discourse in which there is signification. Science, as the discourse which "constitutes itself only from the moment of the extinction of signification", as Miller puts it, and from the construction of symbolic elements which are in themselves, existing independently from a supposed subject of knowledge, is radically distinct from the scientific discourse operating upon the law of diction, the axiomatic signifier itself, the *Bedeutung* of the phallus - the phallus being the fundamental signifier attached to its imaginary identification, in which the phallus is the phallus. This radical, and yet subtle, distinction between these two different notions of science needs to be further elaborated in order to address our question.

How does signification emerge? What lies between the signifier assumed to exist independently of the subject and the signifier existing for the subject as a signifying identity? Signification is always there; it cannot not be, insofar as there is a subject formulating a demand to the Other. Science, predicated upon the assumption that, as Miller accentuated in the aforementioned text, there exists the signifier "which is organized and which responds to laws, but which is not linked with a subject who would express himself through it", cannot exist for the subject as anything but 'knowledge'. The signifier, as existing without the subject's mediation, is separated from its signification and it acquires signification precisely at the point at which the subject comes to 'know' it. This paradox can be better illustrated with the following formulation: the signifier does not exist for the subject before the subject 'knows' it, thus there is not knowledge before knowledge. Science's assumption then, that there is a knowledge (*un savoir*) in the real, is knowledge; science knows there is a knowledge in the real, a knowledge that we do not know we know, formed according to the signifying laws which we are the effect of. This is why science, in this sense, is linked with the structure of hysteric's discourse upon which the analytic discourse operates. We suppose that there is something we do not know.

This is why, as Lacan frequently says, and history seems to confirm it, psychoanalysis was not possible before the advent of the discourse of science. Psychoanalysis is founded upon the supposition of knowledge which has a certain effect upon one who knows that there is a knowledge which he is not the mediator of - which exists independently of him. This

points to the radical belief of the Other of the Other, in the fantasy that supports the symptom. The metalanguage refers to the second notion of science (as elucidated above), and the assumption (that is knowledge) of its existence is necessary in order for there to be a speaking subject addressing an other. The Other is known to exist, to be identified with the Other of the Other, the metalanguage, and to want something from the subject which forms the latter's structure of the fantasy.

Conclusively, this apparent distinction of the science which excludes the subject, on the one hand, and that which sutures it, on the other, leads us to a paradox - the fundamental paradox of the logic of the signifying structure. The science of the *Bedeutung* may only attribute its scientific validity to the science of pure logic which escapes the subject, yet the latter may only exists as such insofar as there exists the function of the 'suturation' in the first place, that is, the function of signification, which also excludes the subject but in a different sense than mathematical logic is assumed to - namely insofar as the exclusion pertains to the register of being. Indeed, albeit signification which excludes the subject pertains to the level of existence, the image of the body, logic pertains to a signifying articulation stripping the subject of its subjectivity, of an articulation without imaginary compensation. More explicitly, logic can only exclude the subject insofar as there is signification - logic may only exist within the parameters of the discourse rendering it as such. Logic excluding the subject may only be insofar as there is a subject which grasps its exclusion through experiencing its effect, that is, through the signifying articulation which sutures it.

Thus, it is only through (mis)recognition of one's ego, the function of suturation marking the barred subject, $, that logic may only assume its function as escaping the subject and existing outside subjective knowledge. Logic excludes the subject only insofar as he is excluded. Miller puts it masterfully in his essay 'Suture':

> If the consciousness of the subject is to be situated on the level of the effects of signification, governed, so much that they could even be called its reflections, by the repetition of the signifier: - if repetition itself is produced by the vanishing of the subject and its passage as lack - then only the unconscious can name the progression which constitutes the chain in the order of thought. (Miller, 1965, p.8)

The paradox therefore refers to the relationship between the reference point of the *Bedeutung* and pure logic; whereas the former is assumed to draw its scientific validity, its truth, from the

latter, it is precisely because of the former that the latter may exist as such and function as the foundation from which the former claims its truth. Miller, in the same text, implicitly links psychoanalysis with science in two ways throwing light on this paradox: first, psychoanalysis is identified with science at the moment at which the subject experiences an exclusion of its subjectivity through the effect of the signifier, at the moment of vociferation, whence it speaks, which implies a separation of the subject from the production of meaning. Secondly, the praxis of psychoanalysis, just like of science, may only be possible insofar as there is a subject-supposed-to-know.

Science, in the latter notion, is synonymous with episteme, the organization of the signifying structure based upon an articulated network of signifiers that function in the real (*savoir*) independently from the knowledge (*connaisance*) that the subject has of it and which has the fantasmatic element attached to it (object a) - "a logical supplement figuring a real caught in the symbolic order" (Miller, 1965), essentially sustaining the fantasy and the drive to desire. Episteme is interlinked with science, the logic of the signifier that functions by itself, separately from meaning, at the moment at which the signifier inscribed in the body, produces a body event for the subject, a phenomenon of jouissance pertaining to the register of existence. Indeed, such a body event pertains to the imaginary register, appearing as the Other of the signifier, and which subsequently makes the Other exist for the subject, through the symbolization of the signifier by means of its assumed existence.

II. Identifying with the Position of Non-Knowledge

The challenge for psychoanalysis today, as a clinical practice that strives to preserve a place for itself within the mental health realm, is that it either slides with an obscure and incomprehensible for the common man intellectualism, and in this way excluding itself from the social Other and pragmatic exigencies, or it takes the therapeutic side and it is no longer psychoanalysis. Lacan underlines this point in Seminar XII as follows:

> Some of these impatient people have changed camp, content after all to rally to those forms of teaching where people are satisfied to take as assured certain opaque reference points, which may give the feeling that in them one has a good hold of the final object. Is it so certain that people are right to be satisfied with this, and that this very opacity is not the sign that what we have there is a true illusion, as I might put it, namely, that

> people are satisfied too quickly, and that the true honesty is perhaps where one leaves always an opening in the path ..... the incomplete truth. (Lacan, 1964-1965: 249)

Miller also draws our attention to this problematic in his text, *Pure Psychoanalysis, Applied Psychoanalysis and Psychotherapy*:

> ...it seems that the essential stake - the essential stake of the part we play today - is to verify that psychoanalysis applied to therapy remains psychoanalysis, that it is the role of the psychoanalyst to ensure that it is psychoanalysis as such when it is applied. (Miller, 2002: no pagination)

Indeed, this points to the deep-rooted debate on the incompatibility between psychoanalytic theory and clinical reality, to the point where it is generally contended that psychoanalysis belongs in intellectual and academic circles only and has no place in clinical contexts. But within the psychoanalytic community, this predicament is dealt with in a simple way: building clinical case studies using psychoanalytic diction and justifying the approaches and direction of the treatment, interventions, interpretations etc by employing theoretical constructs. This of course can easily have the consequence of the theory being used in any way that suits the clinician to prove his case and justify his approach. Such a way of using the theory to justify one's practice is imbedded in the principle of 'not-knowing' that is fundamental in Lacan's teaching, although Lacan makes it clear that it should not be perceived as negation of knowledge, but rather as its most elaborate form. Since Lacan's teaching is overall indexed on the core axiomatic principle,"the unconscious is structured like a language", the 'not-knowing' approach is justified by contemporary analysts on the basis of the aim of making the structure of the unconscious explicit in the dialectic of the analysis. Further, this principle's link to reiterated warnings against psychoanalysis taking an ego-psychology turn also leads to a more radicalized 'non-knowledge' position on the part of contemporary practitioners of the Lacanian orientation.

My argument is that such a position can lead the analysis into two distinct directions; first, it can become resistance to the analysis and either lead to a premature ending or precipitate a push-to-the-drive leading into the completion of one's formation as an analyst and thus into the end of analysis. Secondly, it can become an appealing and attractive quality

to analysands, at least in the beginning of their analysis, especially in cases where they also engage theoretically with the subject. The second direction is evidently the most prevalent and stems from the fact that it is in direct opposition to what the contemporary mental health field is defined by: championing non-verbal communication ability due to a significant rise in autism-spectrum disorder diagnosis. This ability is highly valued and targeted by mainstream psy approaches as a way to assist autistic individuals in social inclusion and alleviation or elimination of symptoms, such as anxiety or depression. Such appeal thus comes from the fact that it offers a refuge in civilization by means of identifications; the search for 'meaning' and the 'whatever one can afford' fee policy are two main examples of how psychoanalysis can appeal to some, as it becomes resistance to current master's discourse and hence to lifestyles dictated by capitalism. In other words, it provides the subject with a social identification and a sense of belonging.

However, this refuge in civilization is at the same time a separation from civilization, as this exclusive, small community, due to the fact that it has a particular discourse, that, apart from the occasional jargon, is made up of common every day words attached to different meanings, is not a pragmatic approach and can lead the subject being professionally and socially unsuccessful, which of course, in its turn, satisfies the subject who identifies precisely with the fact of being excluded from the wider social Other. A question here is in what ways, and with what implications and consequences, analysts today 'enjoy' such identifications situating them in a place of exception and hence of superiority over other psy practitioners whose practices correspond to current exigencies, standards and regulations. It is arguably from this second direction that the first one can exist, as it can exacerbate neurosis and the drives. My aim here is not to delve into this question as a continuous extraction of jouissance from the semblance under transference (although I will address this in the third chapter), a premature termination of the analysis, or leading up to the formation of the unconscious and precipitation of the end of analysis, but rather to employ this question of identification and fantasmatic construction as a way to speak about the strength of the ego and the question of the singular in an analysis. Given Lacan's insistence throughout his teaching that psychoanalysts "...are not without a relationship with the truth", how does this second direction must hold a relationship with the truth of psychoanalysis? More precisely: a) how is the analyst's identification with the position of 'non-knowledge' necessary, as the only way that there can be a relationship to the truth? B) how can the objective reality of psychoanalysis exist for an analyst insofar as there exist identifications which compose an identity for him?

My argument is as follows: the notion of 'non-knowledge' functions as an imaginary construction, as the subject's fantasmatic relation with the Other, but not like any other. This notion has an exceptional and significant value for psychoanalysis, as a practice and a discipline, insofar as it constitutes an expectation from psychoanalysis, namely insofar as 'psychoanalysis' as a signifier, and hence as a semblant, namely an imaginary identification, underpins this construction. More specifically, I will argue that the expectation from psychoanalysis is precisely the function of the analyst for the subject, the way the latter imaginarizes it (or 'significantizes' it), insofar as 'psychoanalysis' gains a particular signifying value for the subject from being symbolically associated with 'non-knowledge'.

My choice to examine the notion of 'non-knowledge' in relation to the function of the analyst, as it exists in the subject's imaginary construction of a 'reality' of psychoanalysis, is for the following reasons. Firstly, because this notion (frequently articulated in Lacanian literature as "cognition is essentially (mis)recognition (*méconnaissance*)") occupies a central place in Lacan's teaching and the foundations of psychoanalysis; "...analysis cannot find its measure except along the pathways of a learned ignorance". Secondly, because 'knowledge' as 'expertise', or even as 'awareness' of mental health 'facts', is considered to be ethically fundamental in mainstream practices todays. Thirdly, as a direct subsequence of the second reason, because the 'non-knowledge' notion is precisely at the crux of what constitutes the criticism that psychoanalysis faces today, regarding its lack of 'scientific validity' and 'efficacy'.

Indeed, the essence of this criticism lies in the assertion that 'knowing' why one has a certain symptom (or generally experiences psychic suffering), does not make it go away, and henceforth, the treatment's focus should be the 'evidence-based' and 'empirically-proven' psychotherapeutic methods or techniques by means of which the patient's suffering can be alleviated. 'Knowledge', in the contemporary psy domain, symbolically represents the designing and possessing of such methods, which are supposed to demonstrate its commitment to researching the highest probability for psychotherapeutic success. Finally, I will address the following: how does the current master's discourse of mental health give the analytic practitioner the sense that his knowledge, as a non-knowledge, is privileged as a special kind of mastery (being able to accept the not-knowing and being content with it in his practice)? Also, the criticism that psychoanalysis faces today regarding its non-knowledge is precisely what psychoanalysis utilizes to point out the failure of the other psy discourses to grasp its specificity, as well as their shortcomings clinically but also intellectually. Under

what conditions can this sense, as a fantasmatic construction, fail and lead the subject to being confronted with the real of the non-knowledge?

III. Not-Without a Relationship With Truth

To pose the question of the analyst's 'non-knowledge' position holding a relationship with truth might at first glance seem superfluous due to a self-evident answer: the analyst knows-how he can-not know in order to sustain knowledge and facilitate the subject in arriving at his own truth. However, such ostensible answer puts the analyst in the same position as other psy practitioners who take a similar approach with the aim of assisting the subject to arrive at his own moment of enlightenment, or construct a certain truth that they can make use of as a solution to a symptomatic suffering. While this is how Lacan's statement - "we are not-without a relationship with truth" - is usually perceived in contemporary psychoanalytic circles, my argument is that such perception is perilous to psychoanalysis precisely because it puts it in the same place as other psy practices with regard to its technique and aim. Indeed, this is an important statement and must not be reduced to the common understanding of obtaining a singular truth through the dialectic process of analysis; it actually refers to an objective truth that is specific to psychoanalysis and other practices do not have access to: the real and being a dupe of it.

This 'objective' truth of psychoanalysis is in alignment with the prominent thesis regarding the inexistent Other, as Jacques-Alain Miller and Eric Laurent point out in *The Other Who Does not Exist and His Ethical Committees:*

> The inexistence of the Other truly opens us what we will call the Lacanian epoch in psychoanalysis. And this epoch is our own. In other words, it is the psychoanalysis of the epoch of errancy, of the non-dupes. (Miller & Laurent, 1998, p.17)

Unlike Freud's era, which was marked by a crisis of knowledge, in our time, we are faced with a crisis of the real, as the two authors accentuate. The register of 'truth', in contemporary master's discourse, appears precarious and amenable to constant change:

> The traditional categories that organize existence have passed over to the rank of mere social constructions that are destined to come apart. It is not only that the semblants are vacillating, they are being recognized as semblants. (Ibid.)

But what is the point of speaking of the 'objective truth' of psychoanalysis, since the analyst is called on to occupy the 'non-knowledge' position, justified on the basis of the inexistence of the Other?

If the objective of psychoanalysis, an objective that justifies its continued existence, is the belief in and the support of the formations of the unconscious, then the 'non-knowledge' of the analyst must lead the subject into the truth of this real. The question is, at what point this appeal, of claiming the 'non-knowledge' position, must cease for the analyst, or whether it should cease, in order to support the objective truth of psychoanalysis, that is, the reality of the unconscious. In other words, the question that emerges is one with regard to the analyst's responsibility when he is faced with the formation of the unconscious. What is his responsibility on the grounds of not-knowing when faced with the truth of psychoanalysis?

In 'Variations on the Standard Treatment', Lacan shifts our attention to the analysand in approaching this question. Indeed, he claims 'understanding' is key to 'snapping out' of being the effect of the analyst's non-knowledge and hence to the exit from an impenetrable circle in the analytic encounter, one that can be described as reiteration of the One in the real:

> What is desirable is not that the analysands be more 'introspective' but rather that they understand what they are doing; and the remedy is not that the institutes be less structured, but rather that analysts stop dispensing predigested knowledge in them, even if it summarizes the data of analytic experience. But what we must understand above all is that, whatever the dose of knowledge thus transmitted, it is of no value in training analysts. (Lacan, 1955: 295)

The weight of the desire for responsibility thus falls on the analysand when caught up with the analyst's not-wanting-to-know anything about it. In seminar XIX, *The Knowledge of the Psychoanalyst* (1972), Lacan insists that the analytic discourse is held on the "tangible frontier between truth and knowledge" insofar as there is a difference between truth and knowledge, and that "...if the truth is not knowledge, it is because it is non-knowledge", but actually a discovery.

However, if the unconscious, as the object specific to psychoanalysis, is something without a concrete concept, something one cannot say, but rather define, and hence something that, as psychoanalyst Pierre-Gilles Guéguen accentuates in his text, *Knowledge and Belief* (2003), is important to remain at the level of belief, and not become a knowledge, 'substantivized', or mastered, then the question of the belief in the unconscious, on the basis of which the non-knowledge position of the analyst is justified, is still open. Indeed, Miller points out in his talk, *Being a Psychoanalyst: an Impossible Profession* (2008), that the notions of belief and knowledge are not at all clearly distinguished in Lacan's work, but they rather overlap.

My argument here is thus that it is up to the analysand to eventually and progressively become dissatisfied with the analyst's non-knowledge position and develop a desire for an understanding that is on the side of the common, master's discourse. But it is arguably only from the discourse of psychoanalysis, where the analyst's position is imbedded in, that one may be able to develop a relationship with the truth of psychoanalysis, one that implicates becoming a dupe of the real. In his 21st seminar, entitled *The Non-Dupes Errent* (1973-1974), Lacan remarks that Freud "...was a dupe of the real even if he did not believe in it." He continues: "And this indeed is what is at stake. The good dupe, the one who does not err, must have somewhere a real of which she is the dupe". Lacan here makes a distinction between the real of psychoanalysis and the real that is actually psychoanalysis; Miller alludes to this in passing in his text, *Era of the Man Without Qualities* (2004): "Psychoanalysis compensates. Lacan evoked psychoanalysis itself as a response to this encumbrance of the real, as a means to survive it". In such case, the analysand's eventual understanding implicates dupery of the real, the real that exists in psychoanalytic theory in conjunction with the practice, and leads into the reality of psychoanalysis that unveils its truth.

This is essentially the end of analysis as very naively put forward by various authors in psychoanalytic literature as becoming a common, average man. Indeed, as Miller points out in *How We Analyze* (2000), "nothing is closer to psychoanalysis than its reverse, the master's discourse, it is enough to let go of analytic discourse for it to reverse, because it is the master's discourse that fits the unconscious, not the analyst's discourse" (p.9). In this sense, "analysis changes nothing in reality but changes everything for the subject" (Lacan, Écrits, p.290), for this revelation becomes a liberation for the subject and completely changes his view of psychoanalysis as a quest for meaning outside of the commonsensical reality. Indeed, if the end of analysis with the nomination of the 'pass' necessitates the analyst's contentment

with the lack of [universally-valid] guarantee and not-knowing, the end of analysis that is designated as 'beyond the pass', or '*outrepasse*', in the sense of a truth revelation, is precisely a liberation that stems from a knowledge that is the most radical version of non-knowledge. This is why the interplay between 'non-knowledge' and 'not-without a relationship with truth' remains active and consistent throughout the course of Lacan's work without an actual resolution or enlightenment in the form of a concrete answer. This is the way that this interplay still exists as a question; to what extent one's experience with psychoanalysis does not become mere mimicry and reduced to pure emulation of his own analyst's technique and way of speaking? How does one singularity come about? How does one's formation not become an aim in itself as one strives to belong to a group and obtain an identity for oneself through this group identification?

IV. The Identity Problem of the Psychoanalyst

The 'identity problem of the psychoanalyst' is a frequently encountered question in psychoanalytic literature. It generally refers to the intellectual and ethical skepticism of a practicing psychoanalyst, as engendered by his desire to 'belong' to a 'psychoanalysis' that is a unified discipline. Indeed, this is a problem that has also been pointed to as a paramount reason for psychoanalysis' perilous state in the contemporary psy domain. For example, CFAR psychoanalyst Darian Leader, in his essay 'Can There Be a Monopoly on Psychoanalysis?', published in the book *Who Owns Psychoanalysis* (2004), accentuates that, if psychoanalysis is to survive this critical moment in history, all psychoanalytic schools need to unite, join forces, and work together, against those who are "working against the effects of psychoanalytically based practice". In light of the frequently resurfacing alarming declaration, 'psychoanalysis is under attack', Leader employs the axiom that 'nobody owns psychoanalysis' as a justification for his claim that all psychoanalytic schools and orientations are of equal legitimacy and validity, and thereby, instead of antagonizing one another in search of power and dominance, they need to form an alliance, realizing they have more in common with each other than they do with other orientations in mental health.

Even if the Lacanian School can also be considered as many others in that regard, namely an exclusive community which segregates itself intellectually (especially since the

discourse of its theory is so unique in terms of vociferously standing out amongst other contemporary mental health discourses), and hence there is not an 'identity problem' for a Lacanian who engages with this discourse and undergoes the training, the desire for identity here assumes a different accept. It is exhibited not by skepticism and looking for 'truth' in other approaches, but by how psychoanalysis functions for the analyst as a guarantee of his reality, how he hangs onto to it in his practice and his analysis. But since what allows for this first contextualization is a particular relation of 'non-knowledge' as inscribed in the other two, for anyone training in psychoanalysis, 'psychoanalysis' constitutes an imaginary construction insofar as the semblance of 'non-knowledge' cannot be entirely reduced to its imaginary function without leaving behind any 'real' remainder, namely any surplus that cannot be fully assimilated in the 'reality' articulated in the other psy discourses.

V. Outline of the Thesis

In Chapter One I examine on a broad basis the criticism that psychoanalysis continues to face with regard to its lack of scientific validity. Psychoanalytic traditions of various orientations, following their wish to be integrated within the realm of mainstream psychotherapeutic practices, and thereby to have their practices recognized and acknowledged as 'legitimate' and 'valid', have made significant modifications to their process of treatment complying with the requirement of efficacy demonstration. On the other hand, psychoanalytic practices which adhere to a Lacanian tradition and approach have been notoriously resisting the submission of their practice to such requirement which would implicate the elimination of the specificity of the psychoanalytic discourse through this process of homogenization. I examine the question of how the psychoanalytic cause, as the cause which guarantees one's singularity as a subject and his irreducibility to a clinical category, can continue to survive amidst the current trend of 'evidence-based' practices, and situate this question within the gap between research evidence and clinical data which cannot but always remain open.

Chapter Two tackles the question of 'ordinary psychosis' as a clinical and epistemological tool which claims a prominent place in current psychoanalytic endeavors. Although Jacques-Alain Miller coined this term and introduced it to the World Association of Psychoanalysis (WAP) in 1998 after lengthy clinical discussions on the topic of the increasing number of cases which were difficult or impossible to diagnose as either neurosis or

psychosis, it is nonetheless a problematic concept that generates various challenges. My focus is to interrogate whether the introduction and growth of this signifier as a concept within the School of Psychoanalysis is a 'trick' or 'treat', namely whether it is a way to create or stimulate the conditions for the formation of the unconscious, or to orient a treatment in a way that is a 'treat' for the subject, in the sense that he can receive a psychotherapeutic treatment but one with a psychoanalytic 'touch' to it.

Chapter Three takes its bearings from Lacan's delineation of psychoanalysis as the treatment one expects from a psychoanalyst. This vague definition can be understood as one's idealization of 'the Psychoanalyst' - of what 'a Psychoanalyst' is - and it essentially boils down to the subject's particular stage of unconscious formation. I focus on specific expectations that the contemporary subject may have from psychoanalysis, insofar as these expectations emanate from the current reality of mental health which dictates the way that psychoanalysis is perceived on the analysand's side and the way it is idealized on the side of the analyst. Although, in psychoanalysis, the question of therapeutics is always approached in a consistently straightforward way, in the sense that there is an everlasting criticism against mainstream, non-psychoanalytic, practices to be truly psychotherapeutic for the patient, in terms of producing lasting effects and being centered on his singular desire, it is also approached in a contemptuous manner as it is contended to be a subversive practice which necessitates a contentment with the irreducible remainder of the symptom.

In this chapter, I am thus oriented by the 'semblance of psychoanalysis' in current civilization, as it arguably exists in a twofold way: the utilization of the semblant-notions of the psychoanalytic theory in master's discourse, and the construction of the master's discourse as an effect of the 'semblance', the scientificization of the psychoanalytic discourse. The first three expectations are centered around core semblant-notions that comprise the foundation of the theoretical framework of psychoanalysis, namely, the 'unconscious', the 'Other's desire', the question of 'normalcy' and the 'average', 'quantitative' man of statistical measurement and evaluation, and the Other as a fantasmatic construction. The fourth is focused on the 'subjective good' as separate from 'cure' in the sense of a universally-valid 'collective good' and 'social hygiene'. The last expectation I choose to examine is the case when the subject enjoys 'expecting' as such, namely, being in analysis as such. In such case, the expectation is invested in the transferential unconscious, which, as Freud notes, is both an obstacle and a condition of analysis.

In Chapter Four, I examine and critically analyze five clinical case presentations/ vignettes, each showcasing a distinct facet of a psychotherapeutic expectation. The first two are psychoanalytic case studies, albeit not from the Lacanian clinic; the third is selected from a psychiatric journal; the last two are Lacanian studies. The purpose of engaging in an examination and critical analysis of these studies is to illuminate the way(s) by which these practitioners take pride in their understanding of their cases, and how they defend their approach based on theoretical constructs and clinical outcomes.

In Chapter Five, the final chapter of the thesis, I adumbrate its aims and how I managed to fulfill them on the basis of the principal argument that there exists, and ought to exist, an expectation from psychoanalysis that is essentially the semblance of psychoanalysis created by its discourse and the effects of its practice. This expectation, as not a signifying expectation, an expectation that can be 'said', but rather one that can be defined as what psychoanalysis is in relation to the subject and to his inscription in the social bond, is essentially an expectation that can come to validate the truth of psychoanalysis. Ultimately, I draw a conclusion on how psychoanalysis can function as a symptom for the contemporary subject insofar as its discourse creates a social bond (Lacan, Seminar XIX, 1971-1972) that is intrinsically linked with the master's discourse as its reverse and also as the success of psychoanalysis in civilization.

Chapter One

Yes, It's Still On: The Contemporary Debate on the 'Effectiveness' and the 'Efficacy' of the Psychoanalytic Treatment

I. Responses from Psychoanalytic Institutions Across the Western Civilization on the Criticism over Psychoanalysis' Lack of Demonstration of Scientific Validity

In the following Chapter I begin with the criticism that psychoanalysis is targeted with from other psychotherapeutic practices with regard to its effectiveness, and meticulously examine how different psychoanalytic schools approach it and choose to combat or dilute it, highlighting the unique stance of the Lacanian School. Whereas other psychoanalytic institutions are in search for a solution which will integrate psychoanalysis within 'conventional' psy practices, mainstream or not, or appeal to the common traits of psychoanalytic practices in a desperate call for unity against cognitive-scientific practices which radically disregard any subjectivity of the symptom, for the Lacanian orientation this criticism cannot be valid in the first place, because the fact that psychoanalysis does not employ the same methodological tools as other psy practices to demonstrate its effectiveness does not mean that it is ineffective. However, the fact remains that psychoanalysis is a political concern in our time, that it is undergoing its biggest trial for survival yet. 'Psychoanalysis is the treatment one expects from psychoanalysis' is undoubtedly Lacan's most infamous and controversial quote with regard to what we can expect from psychoanalysis; I will proceed to examine this in relation to reproach against psychoanalysis for allegedly having a 'placebo effect', as well as to admonishment towards practitioners who blindly follow evidence-based practice manuals.

'Yes, It's Still On!' hints at a revelation: Psychoanalysis is not dead. The debate on the efficacy of its treatment is not over. This may be a startling declaration, since, in the common discourse of our time, any utterance of the name of 'psychoanalysis' is considered as a blast from the past. Indeed, in the contemporary master's discourse, predominated by, and itself being constructed as an effect of, the discourses of cognitive sciences and capitalism, psychoanalysis seems to signify an obsolete, unscientific theory of the human mind. Although theoretically, psychoanalysis indisputably pertains to the discipline of psychology, the logos

of the psyche, clinically, its inscription within the modern mental health services is mainly opposed, due to, as it is claimed, lack of scientific validity.

On this note, a 2007 *New York Times* article states, that albeit psychoanalysis still attracts the interest and attention of intellectuals in various fields of human sciences, it is unanimously shunned by scientists in the mental health realm whose work is defined by 'empirical rigor and testing':

> A new report by the American Psychoanalytic Association has found that while psychoanalysis — or what purports to be psychoanalysis — is alive and well in literature, film, history and just about every other subject in the humanities, psychology departments and textbooks treat it as 'desiccated and dead,' a historical artifact instead of 'an ongoing movement and a living, evolving process'. (Cohen, 2007: no pagination)

And yet, although this seems like a fairly distributed picture - psychoanalysis being restricted to intellectual interest and excluded as a form of psychotherapy - there is still an ongoing debate on the psychoanalytic efficacy, as attested by the commonly-met assertion that psychoanalysis is an 'embattled discipline', under attack like never before, and there is a cry for the demonstration of its efficacy.

In fact, a recent *New Yorker* article, 'Why Freud Survives' (2017), symbolically identifying 'psychoanalysis' with 'Freud', declares: 'He's been debunked again and again - and yet we still can't give him up!'. Quoting Freud in one of his most widely-known works, *Civilization and its Discontents* (1930), the author, Louis Menand, underlies that albeit Freud presents himself as one who is not capable of offering consolation to those demanding it, and thereby certain writers "saw him as an enduring reminder of the futility of imagining that improving the world can make human beings happier", some still do see him as 'idol-smashing', as one that possesses the 'universal' truth validated by a presupposed 'Other of the Other'. Concluding on the remark that Freud is still 'undead' and will continue to be so, insofar as "humanity is not liberated from its illusions", the author of the article implicitly underscores that psychoanalysis, as a form of psychotherapeutic treatment, relies on the subject's illusory belief that the psychoanalytic method will allow for the 'discovery' of a 'repressed' truth which is to account for the subject's suffering.

This conclusory remark, in the Lacanian realm of thought and work, is innocuous as an 'attack', and even worth of ridicule, due to the fierce irony induced by the term 'illusion'. Indeed, for Lacanian psychoanalysis, the subject, the subject's ego, insofar as it (mis)recognizes itself as such in the locus of the Other, implicating the imaginary register, is essentially under illusion, and 'humanity' may too only exist as such, as a meaning, precisely insofar as it is not 'liberated' from 'illusion'. The latter notion is for Lacan fundamental to his teaching, as it designates the fantasmatic (imaginary) element produced by castration, the limit of language, the failure of saying it 'all', without any remainder invoking body jouissance. Further, 'illusion', as another name for transference-love, is precisely where the psychoanalytic treatment takes its bearings from, and what comprises the fundamental condition for the psychoanalytic treatment; 'illusion' is precisely what is necessitated for the motor of transference to be triggered and sustained throughout the process, and for the psychoanalyst to be placed in the position of the 'subject-supposed-to-know'. In other words, it is via the path of 'illusion' that psychoanalysis may be led to its successful ending. The effectiveness of psychoanalysis is possible only insofar as the subject does not let go of its 'illusion', which is another name for the subject's libidinal investment in its knowledge, as an imaginary construction that assigns it to a specific structural position vis-a-vis the Other. The analyst's task is precisely to sustain the subject's investment in this construction by embodying the 'objet-a', whilst maintaining its distance from its symbolic identification, namely by refusing to reduce it to a symbolic element as such, until the 'objet-a', if the analysis reaches its successful conclusion, 'falls' the moment the subject experiences a subjective division and is thus given the choice to subvert this knowledge, and reconstitute itself otherwise.

It is of course imperative that we underline the crucial for this debate distinction between 'efficacy' and 'effectiveness'. Otto Kernberg, author of a 2006 *International Journal of Psychoanalysis* article 'Psychoanalytic controversies; the pressing need to increase research in and on psychoanalysis', urges the necessity for such distinction as he proceeds to delineate it:

> Efficacy refers to the result of the research designed with empirical, quantitative methodology in controlled clinical trials which produces valid and reliable generalizations by avoiding the biases that are common in evaluations of single cases. Efficacy compares effective treatments to other treatments and to studies with placebo

> (Sackett et all, 1994)…Effectiveness in contrast … refers to the overall beneficial effect of an intervention or treatment in clinical practice (Feinstein 1985); such methodology can be qualitative, quantitative or mixed. Its validity is based on narratives that investigate process and outcomes (Poch and Avila 1998)… And it entails in-depth field research describing what happens in treatment in natural setting and carried out with specific patients. (p.920)

Based on this formalization of the distinction between 'efficacy' and 'effectiveness', one may wonder why there has been a debate on the efficacy of the psychoanalytic treatment in the first place, or at least, why it has not been easily resolved in favor of the intelligibly negative answer. 'Efficacy', according to this formal definition, is dependent upon 'effectiveness', or more precisely, the 'scientifically valid' demonstration of the effectiveness of a psychotherapeutic form of treatment, but is not reducible to 'effectiveness' as such. For 'effectiveness' pertains to a 'case-by-case' basis, illustrating the 'positive' effects of the utilized conceptual tools and methodologies on the subject's treatment, and demonstrating how these tools, and their particular instrumentalization, are to account for the success in meeting the goals/ desired outcomes, as the latter were delineated in the beginning of the treatment. The effectiveness, as such, is of course the numerical result ensuing from a statistical measurement and evaluation of the number of effective treatment out of a total number of treatments investigated in the given research. The result of 'efficacy', on the other hand, emanates from a procedure of a comparative statistical analysis of 'effective' treatments and comprises methods which are found to be most effective in most cases. It intelligibly implicates the desire to efface the 'bias' of singular cases, namely, the subject supposed to know as psychoanalyst Eric Laurent states in his book, *Lost in Cognition* (2014), which implicates what is most singular to each subject, and to ultimately create a generalized, standardized universal psychotherapeutic model that is as impeccable and free of subjective judgment - any human touch - as possible. The question that this debate is centered around is thus not whether psychoanalysis has efficacy, and if so, to what degree, but rather to whether psychoanalysis must be subjected to efficacy procedures in order for its practice to be validated.

The criticism that psychoanalysis faces, which comprises the core of the 'attack' on its practice, is that it lacks efficacy, as the latter is not demonstrated, and cannot even be demonstrated if psychoanalysis does not adopt for itself 'evidence-based' methods of

treatment. The failure of psychoanalysis to put this criticism to rest by effectively eliminating this attack is accounted to the disparity of psychoanalysis within itself. In fact, this is put forward as the single most crucial problem for psychoanalysis today, according to psychoanalytic literary and research works: the division of psychoanalysis into different schools of various orientations and traditions is problematic insofar as there is no general consensus regarding what constitutes a 'valid' demonstration of the effectiveness of a psychotherapeutic treatment.

Wiley Chichester (2017) in an essay for *International Journal of Psychoanalysis* claims that "the current proliferation of psychoanalytic theories challenges the integrity of psychoanalysis, theoretically and clinically. In the 1980s, debates ensued over the viability and advisability of the endeavor to find theoretical 'common ground' among psychoanalytic theory". This resonates with what Leader argues in the excerpt I quoted in the Introduction, that psychoanalytically-based practices must put aside their differences amidst the call to eradicate the imminent threat that concerns psychoanalysis as a whole. This is arguably a problematic call since the question of the debate essentially boils down to whether the effectiveness of psychoanalysis must be evaluated according to 'efficacy-demonstrating' procedures, which begs the question: what does it constitute an effective transmission of acquired knowledge? Three questions emerge: what guarantees the status of this knowledge as such, how its transmission is attained, and how this knowledge will be put to work. These questions pertain to the 'internal' to the psychoanalytic field debate and provide the coordinates of a clinical orientation; the disparity within the psychoanalytic realm of clinical practices is ascribable to the divergent approaches with regard to these orientation-determining questions.

What we need to draw our attention to is that the so-called 'internal' debate within the psychoanalytic field is treated as trivial when compared to the major challenge that psychoanalysis, as a discipline and a clinical practice, is faced with, today. How can psychoanalysis end this attack against it, is where the focus lies. How can psychoanalysis survive, overcome this predicament and move forward in the present day, with the challenges that come along with it, is what needs to be answered, according to psychoanalytic orientations that do not adhere to Lacan's teaching, in a strict sense. Further to CFAR founding member, Leader, a Lacanian, but also a member of the 'College of Psychoanalysts', "a professional body for psychoanalytic practitioners in the United Kingdom…" operating "…alongside the other institutional bodies that claim to speak for psychoanalysis, insisting

upon the diversity of practice that developed with and since Freud…", the view of 'accepting' differences, and forming a working alliance to defeat the external threat, is evidently shared by the IPA, too. In a book review for the *International Journal of Psychoanalysis*, Leader (2016) exemplifies the attitude of McDonalds' customers characterized by never asking the question "but is it really McDonalds?" as they come across different menus in different countries, and questions why psychoanalytic scholars, researchers, clinicians, need to ask the question, "is it really psychoanalysis?" He argues that this question "continues to fuel controversies in our professional world", and thereby enfeebles psychoanalysis position in contemporary mental health services.

Chichester points at the gap between clinical practice and theoretical literary research. He states "with this gap in mind the European Psychoanalytic Federation formed a working party on theoretical issues (WPTI) in 2000. The task of the group was to explore the relationship between clinical psychoanalytic practice and psychoanalytic theories." This research-practice gap, and the complaint of clinicians that much of the research literature does not address their actual clinical problems they confront in their practice, is of course a general concern that applies to various psychotherapeutic practices throughout the mental health field. In an article for *Clinical Psychology*, Chichester states: "This gap… continues to exist even in the face of external demands for empirical accountability". He points to a lack of sufficient forums of interaction of the two sides due to different concerns: "clinicians are concerned about referrals and insurance reimbursement and researchers are involved with publications and research grants". "Clinicians must learn and utilize the finds of cutting-edge research and researchers to learn from the observations of clinicians working with the issues that arise in the actual practice of therapy".

On a different note, Fonagy blames directly the psychoanalysts who refuse the systematization of psychoanalytic knowledge and data gathering and even resort to the derision of those psychoanalysts who accept it. He explicitly asserts that psychoanalysts today should emulate Freud in his desire for discovery:

> If Freud were alive today, he would be keenly interested in new knowledge about brain functioning… and he would surely not have abandoned his cherished 'Project for a Scientific Psychology', the abortive work in which he attempted to develop a neural model of behavior. (Fonagy, 2003: 74)

In conclusion, we may infer that the responses of non-Lacanian psychoanalytic orientations to this ubiquitous criticism of psychoanalysis on the account of its lack of scientific validity, are primarily the following: 1) The unification of all psychoanalytic orientations, in the name of their common symbolic identification of 'psychoanalysis', in order to overcome this perilous moment by working together into addressing the crying need for data and empirical testing, in a way that does not betray the psychoanalytic ethics. 2) Closing the gap between the issues tackled in literature and problems faced by clinicians in their practice. 3) Integration of psychoanalysis within the realm of cognitive and empirical sciences, implicating the eradication of what essentially specifies psychoanalysis, namely, the hypothesis of the unconscious. These responses, ostensibly, aim directly at a resolution of the problem of the marginalization of psychoanalysis which is met with contempt and even ridicule because of its allegedly obsolete views, by pointing fingers at the refusal of psychoanalysis to welcome for itself crucial developments and advancements of science, at researchers and practitioners not being in close touch, or at psychoanalytic schools keeping to themselves, thinking they're superior to the rest, and resisting dialogue and cooperation against those who are non-psychoanalytic. Leader, Chichester, and Fonagy, seem to be in agreement with regard to one point: "But is this really psychoanalysis?" is the one question that we need to stop asking, if we want psychoanalysis to survive this critical moment in history.

(*Nota bene*) Psychoanalytic theory precludes the possibility that psychoanalysts can be adequate observers of their clinical work. The discovery of the pervasiveness of countertransference has totally discredited Freud's clinician-researcher model.

II. The Distinct Response of the Lacanian Clinic: Shrugging it Off

The title of the present sub-chapter may falsely give the impression that the contemporary Lacanian Clinic is not concerned about the criticism that plagues psychoanalysis, regarding its alleged ineffectiveness as a psychotherapeutic form, in our epoch. On the contrary, based on abundant evidence provided in recent psychoanalytic literary works of the Lacanian orientation, contemporary researchers and practitioners pertaining to this movement, are eminently preoccupied with deconstructing this criticism and isolating its elements, in attempting to always be timely updating the specificity of psychoanalysis' own ethical

position with respect to reformations of the aforesaid criticism in the symbolic structure of the master's discourse. This challenging but vital, for the preservation of psychoanalysis, work aims at lining up psychoanalysis' options with respect to how it can re-orient the signifying coordinates of the ethical position of its practice amidst the manifestation of the various modes that this criticism assumes in discourse - an ongoing and constantly evolving threat with catastrophic potential. Indeed, psychoanalysis does not 'shrug off' such a so-called 'need' with an easy mind; it instrumentalizes the justification underlying the call for this 'need' - as it exists in the contemporary master's discourse of cognitive sciences - in order to accentuate the need for the specificity of its ethical position to remain intact. It dismisses the assertion that the effectiveness, or efficacy, of a psychotherapeutic practice can be evaluated via the method of the widely applied 'efficacy demonstrating procedures', if the singularity of the subject is to be central to the notion of 'psychotherapeutic work'. In fact, the claim that the subject's singularity is effaced in the procedural method designed to demonstrate the effectiveness, and efficacy, of a psychotherapeutic form of practice, lies at the core of the psychoanalytic teaching.

Although psychoanalysis certainly accepts the claim that its practice does not demonstrate its effectiveness by the utilization of the same methodological tool as other psy practices, it does not acknowledge the validity of this claim in the form of 'criticism'. For psychoanalysis, the non-utilization of this universally-applied method, designed to determine the effectiveness and efficacy of a psychotherapeutic practice, does not betray lack of effectiveness. Therefore, psychoanalysis argues against the validity of this method, if the psychotherapeutic treatment is anchored and oriented by the singular of each subject, namely, the singular cause of its symptom where desire is at stake. It is intelligible then that psychoanalysis stands in opposition against the mainstream modalities of cognitivism and behaviorism that govern modern psychotherapeutic services, and not against the notion of 'psychotherapy', broadly referring to the treatment of mental suffering. On the contrary, psychoanalysis claims to be the one clinical practice that is properly speaking psychotherapeutic, in terms of operating on the subject's singular relation to language, and not pigeonholing the subject into ready-made diagnostic categories supposed to withhold the truth of the subject's symptom. The implementation of standardized modes of treatment may also, of course, engender a psychotherapeutic effect on the subject, but one that is (mis)-recognized by the clinician insofar as it implicates the imaginary register, or in other words, the clinician's own 'ego', namely his own 'knowledge' (*connaissance*) of why a certain

interpretation had a psychotherapeutically intervening effect for the subject. As Jacques-Alain Miller has noted, “if one knows how an interpretation works, it is not a psychoanalytic interpretation” (1996).

Thereby, for psychoanalysis as a theoretical discipline, there is a clear distinction between ‘psychotherapy’ as the psychotherapeutic effect a form of treatment implicating speech generates on the subject, and ‘psychotherapy’ as the symbolic identification under which there are ascribed contemporary cognitive and behavioral practices. Conclusively, psychoanalysis exhibits nothing but concern over this criticism that its practice is faced with; it is not concern of how to meet the demand underpinning the criticism, but of how the grounding of the criticism, namely, the presupposition of a symbolic identification between the effectiveness of a psychotherapeutic practice and its demonstration by a particular method - the specifically designed and widely applied ‘efficacy procedures’ - modifies the concept of ‘subjective singularity’ in the field of mental health today, and how its specificity with regard to this concept can be ‘heard’ by the contemporary subject seeking psychotherapeutic help. How can psychoanalysis self-preserve amidst the current manic trend of scientifically-backed ‘evidence’?

Psychoanalysis As a Political Concern

In his *Interview on the Current Situation* (2008), Miller underlines that psychoanalysis in contemporary era is a political concern, and not merely one restricted within the framework of mental health field. Psychoanalysis today faces an unprecedented challenge - one that did not exist in Freud’s, or even Lacan’s, era, Miller punctuates in his Interview. This challenge expands over technical issues that have always been associated with its clinical practice, such as length of sessions, and duration of treatment; it rather concerns the testimony of its internal affairs via specifically designed procedures which are deemed to be instruments of validation. This is intelligible, since mental health, as clinical work, has become increasingly absorbed by and into the political sphere, and its services constitute an object of control and supervision by regulatory sociopolitical bodies. The ethics of contemporary mental health practices are delineated in accordance with the specifically designated standardized procedures created and sustained by governmental bodies under the advent of ‘evidence-based practices’, dominated by the discourses of regulation and evaluation. “Treatments of subjective suffering are

evaluated in terms of criteria of efficacy defined in relation to outcomes prescribed by agencies outside the clinical realm." Psychoanalysis' ethics, on the other hand, are demonstrated in its refusal to modify its practice to meet with those standards and thus be integrated within the realm of 'approved' mental health services that the subject can trust to function as instruments of evaluative measurement of its suffering. Thereby, the attention that psychoanalysis has been attracting from these bodies is, in this sense, justified since it ferociously resists assimilation in the name of its cause, namely the belief in the unconscious knowledge, one which cannot be measured and reduced to a number, functioning as a 'signifier in the real'.

This political concern that psychoanalysis constitutes in the master's discourse of our time imposes an effect on the Lacanian movement that is concisely encapsulated in the following formulation by Miller: "How are we to elaborate on analytic extimacy in contemporary society?" Psychoanalysis confronts itself with a serious question that puts it in a vulnerable and precarious position, as it concerns a compromise between the specificity of the psychoanalytic discourse as irreducible to a master signifier and the external exigency for psychoanalysis to participate in the dialogue with other psychotherapeutic modalities and other relevant disciplines.

> The discourse of the standardization is of course radically opposed to the principles of psychoanalytical treatment, which addresses itself to a subject of speech in its constitutional irregularity in relation to its own desire and the singularity of the symptom as index of an insistent jouissance resistant to all demands of mastery.

In response to this 'political concern' that psychoanalysis constitutes in our "pragmatic" epoch, Lacanian psychoanalysis responds with the creation of Centers of Applied Psychoanalysis, named as 'Centers for Psychoanalytic Consultation and Treatment' (CPCT). The CPCTs, having inaugurated in Paris in 2004 and expanded, within the next four years, in France, Spain, Italy and Brussels (towards pipol4), are fundamental clinical tools to the concept and project of Applied Psychoanalysis and clearly demonstrate psychoanalysis' desire to be an integral part of current mental health services. These clinical institutions are important for psychoanalysis for three reasons: Firstly, because their creation and operation demonstrate psychoanalysis' desire to make its practice accessible, and to transmit, and account for, its effectiveness by rendering its process and results transparent beyond its own

confines. Secondly, the accessibility of its practice showcases psychoanalysis' desire to take on any demands imposed on it, by compromising certain aspects of its practice (such as duration of treatment, fee), and thereby to negotiate its limits and question the role/ impact of these coordinated limits on the effectiveness of its practice. Thirdly, these instruments of applied psychoanalysis are an experiment of how the discourse of its practice can remain psychoanalytic after this reconfiguration of these coordinates of its practice. In other words, how can psychoanalysis, in its applied form in the institution, maintain its specificity while attempting to meet the external demands of the master's discourse? To which extent, the psychoanalytic discourse will be able to operate outside the master's discourse without getting sucked in by it?

Further, since contemporary symptoms pertain to social disconnection/ disinsertion and the subject who enters a treatment demands a way to be inscribed in the social bond, psychoanalysis, as the clinic of the 'Other does not exist', witnesses various modes of sexual relation and attempts to compensate for the lack in the Other. As psychoanalysis is also a practice which is not substantially integrated with other psy practices but operates outside the master's discourse (through analytic extimacy), namely, its discourse is constructed by operates on the master's discourse but never reduced to it, the theme of 'social disconnection', especially since it is a political concern that psychoanalysis is not socially integrated, like other psy practices are, this is treated as a 'problem' for psychoanalysis, although psychoanalysis is in fact in close touch with the social just not incorporated into it. Indeed, psychoanalysis and the subject who enters a treatment attributing its suffering to the non-belonging seem to the in the same boat in terms of 'social disconnection'. Psychoanalysis witnesses the ways in which the subject attempts to make-do with the non-existent sexual relation; the way in which it functioned before, its disruption and cease of functioning. This challenge, which psychoanalysis is faced with today, gives it the opportunity to re-orient its practice precisely by teaching it how to make a semblance of belonging within the mental health, but without really doing so. And this is what I will attempt to approach in this thesis.

The Lacanian Argument on the Psychotherapeutic 'Efficacy'

Demonstration of the effectiveness of the psychoanalytic clinical practice is one that the Lacanian Clinic prides itself in vigorously valuing and rigorously practicing within its own

confines, namely, within the parameters of its own school. The trouble begins when psychoanalysis is asked to employ demonstrative methods - which it not only vociferously opposes due to their nature, but it is precisely this opposition that keeps the specificity of its practice intact and spares it from its assimilation with mainstream cognitive-scientific practices - to account for its process and results of treatment to the Other of contemporary mental health. Miller's text, *The (Quantified) Man Without Qualities,* in particular, is the fundamental psychoanalytic piece of work which comprises the foundation for current research activities within the Lacanian School, and the exemplary paradigm for the efficacy-demonstrative procedures which psychoanalysis, driven by its cause, argues against. A recent example of the research work carried out, as instigated and inspired by Miller's important piece, is the 2017 conference in Nantes, under the title 'The efficacy of psychoanalysis in the numerical era'. Its argument is clear on the necessity of psychoanalysis in current mental health domain:

> The contemporary subject is a subject under the law of number. This law renders it anonymous, reduces it to an element of a classified category, deprives it of its speech, and the responsibility of its act. (No pagination)
>
> Psychoanalysis is then an essential recourse insofar as it supports the efficacy of its interpretation and of its act. (Miller, 2017)

It is imperative to stress that for Lacanian psychoanalysis, the term of 'efficacy' is employed to refer to the demonstration of 'effectiveness', hence to the responsibility of psychoanalysis with regard to its effectiveness. 'Efficacy' implicates the Other, and thereby psychoanalysis' ability to demonstrate the effectiveness of its praxis, namely, the effect of an act or intervention on the analyst's part in the subject's discourse, to an Other.

The argument of this conference continues by accentuating the notion of 'mass individualism', and the push to the creation of 'the average, normal, quantified man without qualities', a man representing and representative of the 'norm', as the 'pure product' extracted from the particular methods of systematic research of efficacy. Specifically, it is underlined that these statistical methods of calculation, measurement, and evaluation taking the form of complex algorithms and accumulation of data as numerical figures, and representing the

‘mass calculation of the intimate’, are constructed on the grounds of profitability, “barring the singular encounter in favor of protocols that benefit all”.

In this argument, we see the current prevalent theme in the Lacanian community: the norm has come to substitute the Other, the reign of the Law, with the “numerical governance”… “the ultimate form of the old human dream of harmony by calculation”. This means that the master’s discourse is no longer regulated by the Other, the Other’s knowledge as a signifying articulation, in which case used to be the science, but rather a numerical product that is extracted through statistical calculation, measurement and quantification. This statistical vision of the human being resonates with the idea that the subject must be harmonious with the calculation, prediction, prevention, and mastery. The prevalence of the mathematical apparatus, and the infatuation of the ‘quantity’ category, announced by Lacan, are realized. Yet, as it is stated in the argument, there is an incalculable element, a non-absorbable jouissance in the speaking being, in the speaking body, which Lacan famously formalized as ‘object-a’, the object cause of desire and the object of desire at once, namely what drives the subject to desire and is always irreducible to the object of desire as such as it functions as metastasis to other objects infinitely.

In this normative usage of quantification, the utilitarian calculation, this element remains a quantity without law, irreducible to the law of the Other, as well as to the ‘norm’ of statistical calculation: “But the reign of the norm can only produce the return of the unconventional”. “The psychoanalyst, faced with this exacerbated dematerialization” that emanates from the efficacy promoted by the ideology of the mental health which assigns to the therapeutics standard aims, namely to rid of the mental disorder without elevating it to the dimension of the symptom, through the transference and the body in presence, puts the desire in action and demonstrates its effects case by case. The ethics of the act and its consequences has a political significance emphasized by Miller: “Along with the subjective singularity under the series of statistical measurements and evaluation, what also disappears is its right to freedom”. The theme of the conference gives the opportunity for the formulation of questions that concern the link between singularity and freedom; if one is treated in a way that excludes or sutures its singular cause of desire which underlies the symptomatic construction, then is one also deprived of their right to be free, namely, to give the subjective cause the opportunity to be set ‘free’ by securing a place for it in the Other’s discourse. As psychoanalysis of the Lacanian orientation is a self-proclaimed ad hoc clinic, a case-by-case clinic, one that only operates under the spell of transference, namely, the supposition of knowledge that belies the

analytic encounter, the notion of the 'psychotherapeutic efficacy' is one that may only be rendered possible via the path of such supposition which, if handled properly, can allow for the possibility of analytic intervention.

Supposition of Knowledge: Lacan's Definition, and Grunbaum's Criticism, of Psychoanalysis

Early in his teaching (1955), Lacan describes psychoanalysis as "the treatment one expects from a psychoanalyst". Ironically, this vague, obscure and questionable definition is precisely what comprises the criticism of psychoanalysis by philosopher of science, Adolph Grunbaum, who argues that any psychotherapeutic effect of the psychoanalytic treatment must be attributed to a 'placebo effect'. He states:"…a patient who makes progress due to a placebo effect, either intended or unintended is merely conforming to the doctor's expectations". Indeed, what psychoanalysis is criticized of, namely, the 'placebo' effect on the subject, is precisely what psychoanalysis attributes its specificity to: The 'accidental encounter' with the real unconscious that cannot be negativized by the signifier within the real of the law of language. This encounter may only be rendered possible, according to Lacan's teaching and its contemporary elaboration and development, via the act of an interpretation not operating on the imaginary axis. Miller, in his 2004 essay, 'A Fantasy', encapsulates this precise point, which also speaks of the foundation and operation of the psychoanalytic practice as a whole, as follows: "psychoanalysis ex-sits with an impossible as its basis". The 'placebo effect', referring to the 'accidental' psychotherapeutic effect that a psychoanalytic treatment may engender on the patient, is, for psychoanalysis, a testament to the hypothesis of the unconscious, taking its bearings from the supposition of knowledge. I choose to draw our attention to the ostensible irony ensuing from the self-definition of psychoanalysis being symbolically identified with the object of the criticism it faces in the contemporary master's discourse, in order to underline my argument that the core of the specificity of psychoanalysis lies precisely where it draws criticism from.

What specifies psychoanalysis and renders it distinct from other psy practices is precisely the hypothesis that in any form of psychological treatment - one supposedly operating on the logos of the psyche, namely the 'real' underpinning one's the speech - any subjective effects engendered as a result of the treatment are indeed 'accidental'. This hypothesis, which also marks the position of psychoanalysis in the register of ethics, is one

that puts forward, firstly the oxymoron in the statement ‘non-placebo psychological treatment’, and secondly, the question of the ‘fraud’, as Lacan calls the process of the psychoanalytic treatment, as one which is based on the trust in a knowledge, a supposition of knowledge on the analyst, that is ‘non-placebo’. It is important to stress that the term ‘accidental’ with regard to the effectiveness of the treatment may be employed by Lacanian psychoanalysts in a twofold way: firstly, in relation to the real of the subject, in which case the effect of an interpretation can never be accidental, and secondly, in relation to the practitioner occupying the position of ‘knowledge’ for the patient, in which case the effect of an interpretation can never be anything but accidental. Specifically, the ‘accidental effectiveness’ of psychoanalysis, if employed in its theoretical framework, would allude to the psychoanalytic notion of ‘non-sexual relation’ as formalized by Lacan at the level of the conjunction of articulated knowledge and surplus jouissance, namely what fails to be integrated in the locus of the Other (of meaning), what resists signification.

Thus the accidental effect of the practitioner’s articulated knowledge, in the form of an interpretation of the patient’s meaning, within the clinical framework, refers to the fundamental teaching by Lacan regarding the impossibility of knowledge being transmitted as such, due to what ‘knowledge’ is essentially sustained by, namely its ‘hole’ which makes it meaningful for the subject. On the other hand, for ego-psychology practices, namely practices which do not adhere to the orientation as designated by the compass that Lacan’s teaching is, a psychotherapeutic effect is ‘non-accidental’ if the practitioner’s interpretations are constructed and supported by a ‘non-placebo’ knowledge, namely a scientifically validated and empirically supported knowledge.

We can therefore intelligibly infer that for the Lacanian analyst the effectiveness of psychoanalysis is non-accidental, insofar as he occupies the position of the ‘subject-supposed-to-know’ for the patient. Thereby, the effect of his interpretation is non-accidental, since he supposedly knew, and the effect was thus his own doing. However, to value this effect as anchored by the real of the subject, the analyst is ready to separate himself from this position once an effect is induced, once a new knowledge is formed.

Certainly, his position allows the analyst to also experience the ‘accidental’ effect of his interpretation, in which case the effect engendered by his articulated knowledge was one that he did not intend or foresee. In this way, the process of the treatment can always proceed by means of the ‘accidental’ effect which, insofar as the subject supposes his analyst to know, is ‘non-accidental’. The supposition of knowledge is in this sense linked to the subject’s real. A

'non-consensual therapy' in this regard, psychoanalysis accentuates that the patient cannot consent at the outset of the treatment to the effects that will be induced during the process, or what will mark the end of it, in terms of their nature, timing, or magnitude. The effect of the psychoanalytic interpretation, that is, post-interpretative, is one that entails the element of 'surprise' as the S1-S2 contingency breaks apart and a new signification is rendered possible. This analytic phenomenon, a logical encounter rather than an imaginary construction, certainly takes both analytic partners by surprise, and is in this sense 'accidental', as it implicated no previous knowledge or intention insofar as the 'ego' of the analyst was concerned, but 'non-accidental' since its encounter constitutes a testament to the hypothesis of the analyst forming part of the analysand's unconscious via the intermediation of the supposition of knowledge.

The current proliferation of the so-called 'person-centred' psy practices that claim to tailor the treatment according to the subject's specific needs and desires, which goes hand-in-hand with the decline of the RCTs and the crisis of the DSM, as Eric Laurent notes in *Lost in Cognition*, attests to the thesis that the contemporary subject desires its own singular mode of treatment based on its own exceptional circumstances and its own 'truth'. Yet, the subject also wants the treatment to follow a 'non-accidental' pathway, namely one of a universally valid truth, for otherwise the truth attained would either be 'fake', or 'accidentally the one'. Certainly, the 'individually-tailored' psy practices would be at an advantage here because they offer the subject both the guarantee of a 'scientifically-backed' knowledge upon which the treatment unfolds, and the adjustment of the mode of treatment to one's particularity of the symptom formation and manifestation, and to one's particular desire with regard to the result and conclusion of the process. This is why the common and conventional psychoanalytic response that its practice operates strictly on a 'case-by-case' basis, namely that it does not 'pigeonhole' the subject into ready-made, standardized diagnostic categories and modes of treatment, is insufficient in today's popularized clinical debate regarding effective treatments which put the subject center-stage.

Further, the psychoanalytic claim that its practice does not aim at delivering the subject its 'good', picked out from a standardized system of accumulated goods applicable to all, as it does not consider the object of its desire, namely what one wants, as its end, but rather, what compels them to want, can equally be claimed by the 'person-oriented' practices which would argue that their aim is to make transparent to the subject the systematization and organization

of its ‘internal processes’, putting it at the control seat of the ‘master’ vis-a-vis the ‘veiled’ mechanism of its thought processes. And again, we arrive at what essentially the specificity of psychoanalysis boils down to: subjective logic as opposed to understanding and interpretation by means of making use an imaginary metalanguage (*connaissance*), or more precisely, a presupposition of the existence of a metalanguage. We can thus concisely describe what is at stake for current psychoanalytic practice in the following terms: The pluralization of the person-oriented practices - claiming to combine scientific evidence with individual characteristics and putting the individual centre-stage - as generated from the breaking out of the DSM crisis due to the current disbelief in the systematization of mental health treatments, makes it a challenge for psychoanalysis to transmit its identity in an effective way to the subject wanting, or actively seeking, treatment.

This challenge has intelligibly its roots in the provocative thesis introduced by Miller in his essay, ‘A Fantasy’ (2004), regarding the discourse of current civilization being the accomplishment of psychoanalysis, which implicitly declares the ‘success’ of psychoanalysis in hypermodern civilization. It concerns the de-positioning of psychoanalysis from the ‘other side’ of civilization, as the discourse of civilization is now assimilated with the structure of the discourse of the analyst. Miller’s thesis is of course constructed upon the fundamental premise, for the Lacanian orientation in the present day, of the dissolution of the ‘Name-of-the Father’, as the symbolic identification guaranteeing and gatekeeping one’s place in the social bond, in the locus of the Other, and its replacement by the constant proliferation of the ‘names of the father’, the ever emerging symbolic identifications which the subject is ‘ordered’, by the social superego of our time, to represent himself with in his - which is essentially the Other’s - discourse. This ‘order’ no longer comes from the Other, the Freudian ‘father’ of the Oedipus myth of prohibition and castration, namely the symbolic Law, but from the contemporary scientific discourse operating on the neoliberal principle of ‘self-help’, namely of rendering the subject the ‘master’ of his reality.

It is thus now more clearly illustrated that the effective transmission of the specificity of psychoanalysis is arguably a challenging task on the part of the formal representatives of the Lacanian orientation, as the structure of the predominant psychotherapeutic modalities today - namely, any cognitive practices, operating under any ‘name’, claiming to offer personalized treatments - which abides by the principle of ‘autonomy’ - ‘self-mastery’, ‘self-sufficiency’, ‘one’s own way’, etc - has the same structure with the analytic discourse. It is no longer ‘the subject vs civilization’ that is at stake, but rather the subject being ordered to be integrated in

civilization while ‘standing out’. The statement, ‘the Other does not exist’, commonly used in the Lacanian literary and research works of current time, alludes to this twofold superegoic injunction of our time: the subject must claim its place in the social bond, but in its own way. One must ‘fit in’ precisely by means of his own singularity, of what differentiates him from the others. But while it is arguably a challenge for psychoanalysis to ‘stand out’ in the current climate of mental health, taken over by the ‘person-oriented’ epidemic, it is also quite perspicuous that psychoanalysis can effortlessly shoot down the accusation that any successful effect its practice may accomplish is inadvertent - as the patient ‘merely conforms’ to what he thinks the analyst expects from him - by claiming that it only ‘instrumentalizes’ his conformity in its aim to assist the patient to encounter a subjective truth, inaccessible to him via the imaginary register. And certainly, in response to such accusation, psychoanalysis can conveniently claim that the case of the subject conforming to what it thinks the analyst expects from him is nothing but a sign of positive transference, necessary to propel, orient, and guarantee the continuation of the treatment until its successful completion. Since it is the analytic experience as such which allows the subject this particular kind of logical encounter meticulously sketched out and persistently elaborated throughout Lacan’s work and in fundamental psychoanalytic papers by his successors (especially Miller), these psychoanalytic responses to such accusation may appear obscure when inserted into the common mental health discourse, and thus may only reinforce the validity of the accusation for the subject considering options of treatment.

It is indisputable that the subject expects a meaningful framework, when entering a psychotherapeutic treatment. It expects an effect that is not due to ‘placebo’ treatment, but due to treatment based on a validated knowledge that can be trusted to contain the answer to his suffering, the ‘truth’ of his own being. Therefore, if psychoanalysis desires to appeal to the contemporary subject who does in fact believe that there exists a knowledge irrespective of and immune to the patient’s transference to the practitioner - namely, a knowledge that could not be distorted by it - and his trust to this knowledge/truth to be the ‘one’, then psychoanalysis needs to reassure the subject that it possesses the knowledge upon which other psy practices operate, but chooses to be dismissive of it on the basis of the claim that it effaces the subjective singularity. Moreover, since the psychoanalyst has been in the position of the patient himself, he can testify to his subjective experience with psychoanalysis, and assert that in any other mode of treatment - operating on cognition - this experience would be

stripped off of its singularity. Specifically, the analyst recounting the logical moments in his own analytic experience which 'authorized' him, namely gave him the ability to function in his position, as analyst, can always testify to his encounter with a 'truth' that cannot be said or written, but which nonetheless "produces some writing...an edge to a real". This means that this truth-encounter is not one of structure, but one which sustains it, one which makes the structure function for the subject on an imaginary level, thus which gives the subject his 'body' in the Other. As psychoanalyst Anne Lysy puts it, the analyst "...assumes the 'lying truth'...which, by structure, fails the real, all the while tightening around it in its detours" (2016, p.138). The singularity of the analytic experience is thus to be encapsulated in the subject's encounter with an inassimilable remainder, which is extracted from the signifying structure leaving the latter as meaning separate from the subject's ego, as the ego's fantasmatic relation to the Other has been dismantled by means of this 'un-knotting'.

III. The 'Psychoanalytic Cause' Amidst the Prominence of the Evidence-Based Movement in Contemporary Mental Health Field: 'Evidence-Based on Language' as the Demonstrating Rigor of Psychoanalysis, and the Purpose of 'Clinical Expertise' as Implicating the Elimination of the Subjective Cause

"How, in principle, could anyone be against practice based on evidence?" This question, posed in the beginning of the final chapter of APA's book, *Evidence-Based Psychotherapy: Where Practice and Research Meet* (2006), and solemnly followed by the declaration, "It is hard to imagine", might be perhaps a way to alleviate guilt for the writing and publishing of a book suggesting "caution in the use of evidence-based practice". Explicitly highlighting the essential questions dividing mental health practitioners, ethically and clinically, the book's exemplary value for the current psychoanalytic research on the place of the psychoanalytic cause in contemporary mental health practices, lies in the articulation of the daring statement: "it is not clear whether the EBP movement is good for clients or for psychology". "Through a public policy lens", the book explicitly pronounces that what is at stake in the debate on the EBP movement, whose "*raison d'etre*" is "applying science to practice", is the fundamental gap between scientific research and clinical reality.

The book identifies and examines the myriad ways, in modern mental health history, by which this gap has been confronted by researchers and clinicians alike, and proceeds to accentuate that these attempts have nevertheless been unsuccessful. The gap still remains; the book does not offer a suggestion on how to radically close it, but warns against the ramifications of such a radical move on the very profession of mental health, that is to practitioners and patients working together towards the same psychotherapeutic goal. Indeed, the book points at the gap between science and practice as the sole issue at stake for the EBP movement on its path to assuming autocratic power on the mental health profession. Specifically, the book defines the gap as both advantageous and disadvantageous for practitioners, as it offers their practice scientific legitimacy and support, yet it restricts and disempowers them - "the core of a profession's identity is control over the content of its work ...".

> At the level of the profession, EBP is a double-edge sword. To the extent that it establishes an expanding scientific base for psychological treatment, EBP confers greater legitimacy on the field and builds its case for self-governance. If practice is more than science, however, the EBP model constricts psychological professionalism by undercutting discretion based on other ways of knowing. EBP's insistence of manualized interventions, for example, locates professional knowledge outside the practitioner and allows mental health workers of lesser training and independent judgment to deliver services.

The alarming tone and explicit warnings of the book about the 'side-effects' of this movement, a post-DSM phenomenon, or in other words, a response to the crisis of the DSM project, are ostensibly in favor of the strenuous efforts of psychoanalysis to maintain a place for the subjective cause within the mainstream clinical framework. Lying at the core of the multitude of disputes internal to this movement, the questioning of the notion of 'effectiveness' – it [EBP] 'defines it for itself" - and of what can really qualify as 'evidence', sets the ground for the implicit argument that any successful attempt at closing this gap could have devastatingly catastrophic effects on the mental health profession. For any success in closing the gap by means of merely employing evidence-based interventions and standardized treatment 'recipes' would fundamentally eradicate the identity of the mental health professional, since 'knowledge' would be placed outside the clinical setting and inside the

patient-less lab. On such basis, the professional will no longer have control over the "content" of his work, and workers with minimum or no psychology training at all, adhering blindly to the ready-made manuals created and provided by researchers, will be allowed to occupy the same position ('Nonpsychologist mental health workers are empowered by the EBP'). The book's explicit purpose is to shed light on the kind of threat that EBP may pose to the quality and dignity of clinical practice, if it is taken as 'dogma', and to simply suggest strong caution in exercising it, without actually assuming for itself any radical position for or against the project in its entirety. But, what essentially emerges out of its leading argument, regarding the potential ramifications of suturing the gap between science and practice, is the implicit conclusion that the gap is essential for the 'identity' of the mental health professional and the responsibility of the act. The resistance, encountered by the two respective teams of researchers and clinicians, on delivering the moral imperative of EBP to cross the bridge from experimental studies in a controlled environment to implementing manualized interventions and fixed treatment plans, without a point of discontinuity, is arguably where the psychoanalytic cause resides. The subjective cause of the symptom, which resists all standardization and objectification, may only allow for a discontinuous crossing. This means that, insofar as the practitioner is one who does not employ EBP as dogma, and acts in 'discretion' as subject-supposed-to-know, rather than one who 'hands-in' a ready-made solution to the patient that is guaranteed to work, a discontinuity is guaranteed to be encountered during the process.

But who can argue against the EBP utopia of utilizing the best of science to the subject's advantage? It is an ethical principle, a moral imperative that cannot be ignored. What we are in fact dealing with is thus now clearer. In an article published in the *Journal of Psychiatric Practice* (2002), 'Evidence-Based Medicine for Psychiatrists', it is stated:

> Under the mantra of evidence-based medicine we now live in a world of practice guidelines, quality indicators, quality assurance, best practices, care paths, treatment algorithms, and other devices to bring medical practice into conformity with scientific data and expert consensus. It is hard to quarrel with such an enterprise, given its objective to lift the level of medical care of the population as a whole.

This ‘enterprise’, the crux of the EBP movement in modern (mental) health practices, is intelligibly the predominant manifesting form of ‘biopolitics’, today. Popularized by Foucault in the 1970s, the concept of ‘biopolitics’ generally refers to the politics designed to exercise power over human life, or more precisely, the mode of living. Foucault’s definition lies at the level of liberalism, namely of liberal rights perceived and treated as ‘freedoms’ or ‘liberties’, ordered and justified by the imperative of ‘security’. Contrasting it to the power of the ‘sovereign’, before the seventieth century, which was “essentially a right of seizure: of things, time, bodies, and ultimately life itself” and culminated in the “privilege to seize hold of life in order to suppress it”, Foucault underscores that this ‘new’ form of power is “bent on generating forces, making them grow, and ordering them”. Whereas the ‘sovereign power’ functioned as a ‘deduction’, 'subtraction mechanism’, one which suppresses, impedes and destroys the life forces, the biopower is, to the contrary, one of a stimulating and hence productive nature. Biopolitics is of course a principle constructed upon the structural operation of negation, since it is symbolically claimed on the signifying identity of ‘liberties’, yet ‘biopower’ is fundamentally exercised on compromising these liberties by means of ‘security’ as a legislative act, or a regulatory control, in general. In other words, biopolitics operates in the name of ‘liberties’ - or ‘rights’, in the common discourse of our time - in conjunction with the implementation of an act of ‘security’ from something that is claimed to jeopardize these liberties, but which act in itself undermines these liberties by its very nature (of safeguarding the subject and hence imposing on it limits). ‘Rights’ and ‘security’ thus, as two master signifiers symbolically associated in an implicit manner, go hand-in-hand in the contemporary discourse of biopolitics. The notion of ‘biopolitics’ is also omnipresent in contemporary Lacanian thought, with Miller stating that Lacan conceived, conceptualized and used this term before Foucault. Eric Laurent, in his text ‘Psychoanalysis and the Post-DSM Crisis’ (2014), describes it as “a dominant means of population management that is replacing the old “clinical” project that described the illnesses of the social body”. It is within the framework of this contemporary manifesting form of biopolitics, namely the ethical principle to “lift the level of medical care of the population as a whole”, that we can situate the juxtaposition of the psychoanalytic operation in its technique and the operation of the EBP. EBP operates discursively in translating any phenomenon that can be possibly encountered in the clinic, as its operation is structured around the basis of the paradigm ‘problem-solution’ that characterizes the contemporary discourse of science.

Rendering the subject ‘master’ of its being, and hence, of its reality, is the promise, aim, and ethics of biopolitics. Miller, in ‘A Fantasy’ (2004), introduced the thesis that in the master’s discourse of contemporary civilization we recognize the success of psychoanalysis in one of its core theoretical aspects: the absence of sexual rapport. Indeed, in the contemporary master’s discourse, “it is as if hyper modern civilization had accepted the sexual deadlock and the non-existence of the sexual relation, and replaced it with the relation between the subject and the object of surplus jouissance”. If we hold on to the postulate that the operation of the master’s discourse of our time is indeed one that presupposes such ‘acceptance’, since its structure is predicated upon ‘alternative’ forms that substitute the non-sexual relation, then how can we understand anew the ethics of contemporary biopolitics? In other words, how is psychoanalysis recognizing its own ‘success’, namely its own fundamental teaching, regarding subjectivity and discourse, become ‘realized’ in civilization today, linked with the biopolitics’ ethics? “Lifting the level of Medicare of the population as a whole” is another way to articulate the statistical extraction of an ‘average’ man, that is, the product, and hence the testament of the quality of the Medicare services. This ‘man’ comes to symbolically represent the ‘level’ of Medicare of a given population in its wholeness. He, in this way, represents in the real-est way possible what is impossible to embody, namely the real that this ethical principle obtains the wholeness of its image from: the object-a, what is irreducible to the law of the signifier. ‘Biopower’ can thereby be defined as the power that this principle, as a symbolic articulation, encompasses in its embodiment of the whole, average man, as a real reduced to an image. Thus, the ‘all-inclusive’ operation of contemporary biopolitics can be narrowed down as submitting each and every individual to this endeavor, in the name of the ‘whole’, of applying Medicare to the ‘whole’, and demonstrating its results by parading the ‘average’ man in his statistical, quantified, measured properties. In this way, any given society can account for its level of (mental) health care to the same Other (of science) by means of which its results were determined in the first place, and deem itself comparable to the Medicare level in other societies.

> It is not surprising that EBP favors cognitive and behavioral psychotherapies (Chambless et al, 1998) whose epistemological foundations - assumptions about what is knowable and how - are the same as the science that studies them.

The ‘acceptance’ of the impossibility of the sexual relation is thus attested by this submission to the project of the ‘average man’, one that is indefinitely ‘in the works’, since this ‘man’ can only be ‘imperfect’. ‘Average’ represents ‘normal’, but ‘normal’ can never be ‘perfect’, since there can always be room for a more precise and accurate calculation of the singularity of the normal. Submitting to this impossibility also implicates placing it in the position of the ‘master’, a mastered knowledge, an object-meaning which at once orients this endeavor and justifies its mode of orientation by means of the ‘push-to-the-norm’. On a symbolic level, biopolitics’ ethics appeal to the notion of ‘equality’, namely ‘equal rights’ and ‘equal opportunities’; ‘equality’ is a predominant superegoic injunction of neoliberal societies. Intelligibly, opposing the trumpeted ethics of biopolitics to lift the level of Medicare to the whole of the population, and by implication to not reserve it solely for a privileged few, lacks any contemporary conception and definition of morality. However, the realization of this equality by the practical application of this endeavor is one that sutures and erases the singular of each subject as the latter is compared to the ‘average man’, supposed to represent the ideal of mental health. Extracted out of the whole, being a singular of the whole, this ‘average man’ can only be an invisible, supposed-to-exist (statistical) figure, an image without body. He is however also the solution to the DSM crisis, namely to the chaotic clinical reality of the spectrums and the constant proliferation of the disorders and syndromes whose signs and symptoms mostly overlap. The individual’s ‘right’ to be equal, in terms of being entitled to receiving Medicare services like everyone else, is secured by the implementation of the EBP whose claimed ‘scientific validity’ is another name for ‘security’, and its symbolic association, ‘safety’. The evidence-based, and hence ‘validated’, treatments offer the contemporary subject the ‘security’ of knowing it is in the hands of the best of science, of which it has the ‘right’ to be. “As the science of ‘what works’, EBP bears a moral imperative. It holds that evidence, through practice, achieves therapeutic efficacy and thereby better mental health, which, like physical health, is an uncontested moral good. (Gupta, 2003)

Psychoanalysis, since its inception, has always operated on the ‘other side’ of the master’s discourse. This operative principle, immanent to its ethics, was of course understood differently at the time when psychoanalysis was conceived and founded by Freud, and practiced by himself and his contemporaries. In Freud’s Victorian era, this principle had the sense of liberating a desire which had been repressed by the sexual oppression and strict social norms that ruled civilization. It had then the sense of freeing a repressed - by the master’s discourse - desire that caused the subject symptomatic suffering. In Lacan’s work,

this principle obtains a formalization that erases any possibility of psychoanalysis ever becoming obsolete. This is because this formalization necessarily detaches psychoanalysis from the notion of liberating a desire that has been repressed by the oppressive master, and generally from any imaginary meaning that would attach psychoanalysis to a predesigned idea of morality. Thereby, no matter what the master's position vis-a-vis sexual and social norms is, psychoanalysis can always have a place - one on the 'other side'. Since this principle is fundamentally formalized by Lacan strictly in relation to the discourse, in its logic and structure, the analytic operation taking place 'on the other side' of the master's discourse means that the analytic discourse does not fall prey to the imaginary trap of the master's, and the 'push to jouissance' as ordered by this discourse. In fact, in the founding of his School in 1967, Lacan denominated psychoanalysis as 'refuge' in civilization, attempting to transmit that the practice of psychoanalysis is at once immersion in, and separation from, civilization. Its discourse essentially operates upon the discourses of civilization, yet it is not reduced to them. Taking its bearings from speech, it is only a question of how the subject, in its discourse, makes use of any discourse of civilization. The specificity of the analytic discourse, lying precisely in not being one of mastered knowledge and guarantor of its own truth, is one of exception (which is why Lacan pointed at the structural affinity between the analytic and the hysteric's discourse, even accentuating that the former owes its genesis to the latter). Occupying the position of exception means that this discourse, via the function of the analyst as subject-supposed-to-know, always maintains the I of the ego identification and the object-a at a safe distance. This renders the desire of the analyst irreducible to any identification, in terms of object-meaning provided by the master's discourse, and subsequently the continuation of the treatment process possible. In *Lacanian Review* 2, psychoanalyst Véronique Voruz, coins the term 'evidence-based-on-language' as a way to encapsulate the essence of the psychoanalytic operation. It is an evidence-based practice, but one that is based on the evidence of language as a tool through which the subject is spoken of. The act of speech allows for language to allow the subject to emerge as such in the Other of the law (of meaning). In other words, for Lacan, there is no evidence for the subject, other than the singular logic that inscribes it as such in the Other, and the jouissance, as body satisfaction, that emerges when the limit of what can fall under the auspices of the law is transgressed. The place of the psychoanalytic cause, as the subjective cause of the symptom, one that fundamentally concerns the limit between desire and jouissance, as the real of the drive, within the EBP movement is intelligibly one that has to be articulated in terms of the

distinctive conceptualization of ‘evidence’ in psychoanalysis. Modernity’s definition of ‘mental health’ is one that essentially lies in the elimination of the symptom. It thus fundamentally lacks the dimension of causality, that is, any reference to the problematic of the drive. The ‘evidence’ that EBP employs as the point of orientation of its enterprise is described as follows:

> To be truly ‘evidence-based’ an intervention must have been tested in multiple efficacy studies. The greatest weight is accorded to evidence from studies using the ‘gold standard’ methodology of randomized controlled trials (RTCs). In mental health, proponents of EBP have adopted evidentiary criteria that not only include RTCs as the highest form of evidence but also add the existence of a standardized treatment manual and its application to a study sample with a specific mental health condition as prerequisites for being considered evidence based (Chambless et al, 1996).

In fact, it is stressed that “psychologists have been particularly concerned about widely disseminated practice guidelines that recommend the use of medications over psychological interventions in the absence of data supporting such recommendations (Barlow, 1996; Beutler, 1998; Munoz, Hollon, McGrath, Rehm, & VandenBos, 1994; Nathan, 1998).” (EBP statement by APA). This is where the term ‘clinical expertise’ comes along, as the name clumsily covering up the shortcomings of the EBP in its pure, scientific form:

> Clinical expertise is used to integrate the best research evidence with clinical data (e.g., information about the patient obtained over the course of treatment) in the context of the patient’s characteristics and preferences to deliver services that have a high probability of achieving the goals of treatment. Integral to clinical expertise is an awareness of the limits of one’s knowledge and skills and attention to the heuristics and biases—both cognitive and affective— that can affect clinical judgment. Moreover, psychologists understand how their own characteristics, values, and context interact with those of the patient. (Ibid, APA)

‘Clinical expertise’ is, in other words, the term employed to indicate the application of a ‘patch’ over the gap and the clinician’s confident oscillation between the research evidence

and clinical data territories. ‘Evidence’ in psychoanalysis can be articulated in relation to this term as follows: it is what resists to be ‘patched over’, what ‘messes up’ the integration of research evidence and clinical data in the way that it is presented by the clinical expert. In other words, it is what guarantees the gap in its open status. But how can psychoanalysis account for the effectiveness of its practice by employing the evidence of the incomparable, inassimilable element in each case that resists foreclosure?

In this Chapter, I distinguished between *effectiveness* and *efficacy* and elucidated how psychoanalysis claims to be an effective practice, yet one which cannot be subjected to any efficacy procedures due to the fact that it does not employ the same methodological tools as other psy practices and hence its process and outcomes cannot be legitimately comparable to these of other practices. Further, I underscored the irony of a current and ever growing alarm within the internal circles of psychological practices which concerns the way that the efficacy results in a given practice can be useful in the clinical context as such, namely in the encounter between practitioner and patient. I find this question to be imperative in setting off this thesis; the statistical data might be useful for bureaucratic reasons, for enabling a certain practice to receive governmental funds, but how it can actually be useful in the practice itself? Can it moreover be detrimental for the psychologist- patient working relationship, can it shut down any possibility for a constructive and productive case process leading up to illuminating results? This is where psychoanalysis with its ‘ordinary psychosis’ comes along, as an ‘invention’ which only provides a breeze of satisfaction in clinical seminars and is absolutely useless, if not pernicious, in the clinical encounter.

CHAPTER TWO

The Evidence of the Singular for Psychoanalysis

I. Ordinary Psychosis: Treat or Trick?

With *ordinary psychosis*, Jacques-Alain Miller gave a name for the clinician's desire as it emerged out of clinical conversations in the early 1990s, but which had been 'in the air', namely in the internal circles of the School, for many years prior. Miller stated that he just invented a signifier, to see how far it would go. It was already evident, by the time Miller officially came out with it, that the analyst of the Lacanian orientation could not be bothered with the hysteric. Yes, with the male neurotic, with the obsessional neurotic, but not with the female neurotic, the hysteric subject. The hysteric's discourse is what founded psychoanalysis in the first place, what psychoanalysis, as a discourse, as a practice, owes its existence to. And this is how ordinary psychosis differs from the statistical data which have emerged out of efficacy procedures. Whereas statistical data are reduced to fixed epistemological ways by which the clinician can order his or her practice, his or her orientation of treatment of each patient, ordinary psychosis is - sadly, I know - still a name, with no signification, and counts on the hysteric to denounce the 'tools' (namely the analysts who have served as tools for epistemology, whose work on ordinary psychosis has prepared the ground for the new era of psychoanalysis, moving on from metaphysics to epistemology) who need an empty signifier to be an 'epistemological tool', a way for them to understand whence each subject speaks.

A Brief Introduction

'Ordinary Psychosis' is a term invented and introduced to the World Association of Psychoanalysis (WAP) by Jacques-Alain Miller in 1998, for the purpose of initiating a 'research program' on the 'unclassifiable' cases falling on the dividing line between neurosis and psychosis, and hence putting the purity of the binary clinic into question. Described by Eric Laurent as "an inquiry in the twenty-first century into what the question of psychosis means for us" (2012), ordinary psychosis is set on Lacan's later teaching, and is congruous

with Miller's thesis 'The Era of the Non-Existent Other' (1996-7/ 2005), central in the research works of the contemporary Lacanian clinic.

> The non-category called 'ordinary psychosis', the category that responds to the era of the unclassifiables of the psychoanalytic clinic, is the category that can best accommodate itself to the era that we also call 'the era of the Other that does not exist', the era in which the Other shows itself both incomplete and inconsistent at the point of organizing the jouissance of the contemporary subject, especially when it is a question of organizing this strange segregative jouissance that we at times encounter under the name of 'madness'.

This work program was thus created with the aim of providing a platform for clinicians to account for the difficulties that they face in deciding between neurosis and psychosis in certain cases. While views on ordinary psychosis are varied in terms of the kind of structure that can provide a reference for this signifier - such as "un-triggered psychosis, stabilized psychosis, supplemented psychosis, a form of psychosis specific to hypermodernity with identification to the norm as a solution" (Voruz, 2016, p.2) - there is a general consensus on the necessity of presuming psychosis in cases where neurosis is not obvious.

> If you do not recognize the very precise structure of the neurosis of the patient, you can bet or you must try to bet that it is a hidden psychosis, a veiled psychosis. (Miller, 2009, p.148)

Further, according to psychiatrist/ psychoanalyst Alexandre Stevens, there is a consensus on the fact that determining the structure is crucial for the direction of the treatment, yet that neurosis must now be approached from psychosis, that clinicians ought to re-think psychosis, as well as neurosis, starting from psychosis. Ordinary psychosis then, frequently referred to, as 'clinical anti-category' and 'epistemological tool', is useful both as a clinical and theoretical compass. In the psychoanalytic clinic, it is used as a compass based on Miller's description of the three externalities, where he locates the indices of ordinary psychosis: a social externality, a bodily externality and a subjective externality. Regarding the social externality he states:

> Most of the clues are in the negative relation that the subject has to his social identification. When you have to admit that the subject is unable to conquer his place in the sun, to assume his social function, … [but he adds] … you must also be on the alert for positive social identifications in psychosis ordinary. Let's say, when these subjects invest too much in their work, their social position, when they have a much too intense identification with their social position. (Miller, 2009, p.155-156)

The bodily externality refers to the externality of the psychotic subject with his body, the lack of phallic behavior that Lacan noted in Joyce, and which can be artificially compensated (piercing, tattoo, fashion, etc). Finally, the subjective externality, according to Miller, is characterized by an experience of emptiness, but one which differs from the emptiness encountered in neurosis by its non-dialectical nature and fixity. Miller insists on the subject's identification with the object as waste and draws a correlation of this subjective externality with the subject's relation to language, indicating in particular that the subject can defend himself from identifying with the object-waste by a mannerism of the language. A correct diagnosis early in the treatment is thus a clinical imperative, as stressed by Alexandre Stevens in his text, *Psychose Ordinaire*. Stevens underlines that the direction of the cure actually depends on a correct diagnosis, since, mistaking psychosis for neurosis could, as he explains, lead the clinician to target symptoms that in fact provide a mode of stabilization, a point of balance for the subject, and which thereby prevent the onset or triggering of psychosis. Indeed, the analytic work, in cases of psychosis, must precisely be focused on identifying the quilting point which stabilizes the subject's bond with the Other and his sense of life, in order to support and reinforce it during the treatment.

From a theoretical standpoint, this concept draws a vast intellectual interest and leads debates on various sociopolitical and contemporary philosophical themes based on the fact that it is not a rigid clinical category with fixed diagnostic elements, but rather a signifier, a term, an expression, primarily conceived in order to attract various meanings around it. Its theoretical attractiveness has thus to do with the fact that it is an epistemic - rather than an objective - category and functions as a point of orientation, of reference. It is in fact accentuated within the Lacanian community that the clinical usefulness of this concept lies in its epistemic status, namely that it is a tool that allows the clinician to not be oriented by a predetermined conviction or idea of what something means for the patient based on the

diagnosis as such, but to always preserve an empty space for the patient's production of meaning. Since ordinary psychosis is an epistemic tool that aims at laying bare the logic that underlies one's singular mode of knotting, and hence his own construction as a fiction of language, it is urged to be used in all cases, irrespective of structure [neurosis or psychosis], as Lilia Mahjoub accentuated at the 2016 Congress of the New Lacanian School (which I propose we rename as 'School of the Ordinary Psychotics'), under the theme of 'Discreet Signs in Ordinary Psychoses' (Dublin, 2016). Ordinary psychosis is in this way a technique by which the analyst can operate on the position of non-knowledge:

> Most importantly, it allowed clinicians to let go of their safety net, our entrenched belief in the objectivity of the categories of neurosis and psychosis. It forced us to re-learn how to think starting from the phenomena rather than from the category: what is happening instead of what does it mean? (Voruz, 2016, p.2)

This 'tool' is thus to be used throughout an analysis, until it has progressed far enough (to the point where it might be eligible for the pass procedure) and the mode of knotting can be discerned as implicating a fundamental fantasy (pointing to neurosis), or not (indicating psychosis). However, this theoretical position regarding ordinary psychosis being the 'new neurosis' of our time, a 'refinement of neurosis' that is also a 'generalization of psychosis' (Miller, 2008), and the justification of its clinical application in the form of a 'tool' that ensures that the analyst occupies the 'non-knowledge' position at all times, is at clear odds with Stevens' position (as elaborated on above) regarding the crucial importance of making the correct diagnosis. Stevens' position is a predominant position in the Lacanian clinic, as attested by the theme of the 2016 NLS Congress on 'Discreet Signs of Ordinary Psychosis', where clinicians underlined such importance in 'fuzzy' cases where neurotic symptomatology was closely resembled, by picking up on 'discreet' signs of psychosis (lack of phallic function without manifest elementary phenomena). Ultimately, ordinary psychosis is a prevalent way by which contemporary Lacanian psychoanalysis demonstrates its effectiveness and efficacy; it highlights the non-knowledge position of the analyst, is a means to engage in interpretation and critical analysis of current sociopolitical affairs, and juxtaposes the results of an analysis to these of other practices.

What I will examine in the following subsections is ordinary psychosis as a question of structure, intellectual endeavor and aim at the singular. Since psychoanalysis is commonly

perceived as an outdated practice with trivial or untestable hypotheses that have been, for the most part, proved wrong, ordinary psychosis can be attested to be a way for psychoanalysis to move forward, be in synch with the reality of our time, not caught up in the past. It is for this reason that the concept of ordinary psychosis claims such prominent place in contemporary Lacanian thought and works, as it precisely starts from the principle that the Other does not exist and thereby from the fundamental disjunction between subject and Other, as the most radical anti-concept of the unconscious as the universal. Miquel Bassols put this as follows:

> Ordinary psychosis questions the clinical assumption of normalcy, the universal nature of a clinic organized by Oedipus complex, as the anti-concept of the unconscious implies the rearrangement of the clinic from the subject's singularity, a universe organized by traces classifying classes. (Bassols, 2017)

Ordinary Psychosis as a Question of Structure

In the Lacanian clinic, ordinary psychosis is mainly posed as a question of structure, and specifically as a way to argue about how to direct the treatment and what to expect as an outcome. Not as the concept consistent with the thesis of the era of the inexistent Other (in terms of lack of guarantee of the truth and decline of the ideals), but as the more abstract notion of the possibility of mistaking psychosis for neurosis in certain cases, ordinary psychosis can be traced back to Freud's 1911 text, 'Psychoanalytic Remarks':

> The patient can present the clinical picture of a neurosis and yet it can be something else, the beginning of an incurable mental illness, prodromes of a process of brain deterioration. The distinction - differential diagnosis - is not always easy to make or immediately possible at each phase.

Lacan, in his earlier work on psychosis (Seminar III, *The Psychoses*, 1955), appears to agree with Freud that "nothing resembles more closely a neurotic symptomatology than a pre-psychotic symptomatology"; he is however not content with reducing such symptomatology to a pre-psychotic period, namely to a stage inherent and integral to the clinical picture of the onset of psychosis. Indeed, for Lacan it is not definite that such symptomatology pertains to a

stage which necessarily precedes the subject's entry into psychosis through a potential triggering, for it can as well constitute a post-triggering stage, where such symptomatology is in itself a compensatory solution for what never entered the law of the [symbolic] Other in the first place, and thus may only emerge in the symbolic as real. This precise Lacanian position is unequivocally what 'ordinary psychosis', as a field of investigation into the question of psychosis in our era, owes its existence to. Further, it is evidently a position which constitutes the basis for the division of contemporary psychoanalysts regarding the status of ordinary psychosis vis-a-vis the logical temporality of triggering. (Brousse, 2013, p.30)

The question that inevitably emerges is the following: what are the implications of this position in terms of the distinction of the analytic approach to ordinary psychosis as opposed to the psychiatric? How does the imperative of the correct diagnosis in the psychoanalytic clinic ["there cannot be a sound practice of psychoanalysis without a thorough diagnosis" (Guéguen, 2013)] differ from this imperative in psychiatry in terms of the value and use of the diagnosis in clinical practice? Although this is intelligibly an imperative that inextricably bounds psychoanalysis with psychiatry - clinically, ethically, and historically - it is also what essentially draws a distinction between the two practices in contemporary era. Indeed, the practice of modern psychiatry is argued and shown to be entirely reduced to neurology, operating within the realm of neurosciences, and subsequently eliminating any subjective dimension from the treatment. However, for psychoanalysis, the imperative for a diagnosis of structure early in the treatment is for the purpose of ensuring that the treatment has a psychoanalytic orientation, taking its bearings from the subject's singularity, while, at the same time, drawing reasonable expectations regarding the outcome. In *Today's madness does not make sense* (2015), drawing a reference to his own career beginnings, before ordinary psychosis became so common, psychoanalyst Paul Verhaeghe links his then ability to diagnose the neurotic structure in a direct and effortless way to forming an expectation from the treatment. Verhaeghe presents ordinary psychosis as a challenge for clinical practice since it eludes the very preconditions for a psychoanalytic treatment, and hence evokes the ethical question of refusal of this kind of treatment in such cases.

> This very first clinical experience met my implicit expectations based on my clinical training. Looking back I can define those expectations as follows: in former days, analysts expected a patient with symptoms in our meaning of the word, i.e. conversion

> symptoms, phobic constructions, obsessive-compulsive symptoms, etc furthermore, analysts assumed that the analysand had a notion that his symptoms meant something and that they had a connection with his history [which Verhaeghe also attributes to the fact that the proper clinical term was 'psychoneurosis' - instead of 'neurosis' - with a clear accent on the prefix 'psycho']. On top of that, we expected a more or less positive transference in which we obtained a position described by Lacan as that of a subject-supposed-to-know. This is more or less the summary of the criteria presented by Freud as the requirements for psychoanalytical treatment (Verhaeghe, 2015, p.68)

But what is characteristically different in our era, Verhaeghe stresses, is that "a positive transference does not come easily. In the best cases today, therapy starts with a rather indifferent attitude. Often enough, we are even confronted with distrust and a distinctly negative transference. This is the type of patient Freud undoubtedly would have refused". This is where ordinary psychosis as a question of structure assumes its significance, because, the ability to diagnose it also allows the clinician to position himself in the transferential relation, and hence for the treatment to be possible, despite not meeting the standards of neurosis regarding transference and the idea of meaning in the symptom.

But what presents itself as a challenge and linked with the question of contraindication to psychoanalysis is precisely the reason why there is indeed an imperative of a diagnosis which will allow for a treatment orientation which will support and reinforce what stabilizes the subject, or construct a sinthomatic solution which the subject can utilize in his relation with the Other as a mode of stabilization. For psychoanalysis then, the diagnosis is not only for the purpose of the prevention of a potential triggering, or the precipitation of a delusion, but fundamentally for orienting the treatment from what is most singular in each subject.

> ...the stake of making room for this new clinical category (at least from the epistemic point of view) is ethical, and ethical because practical. In connection with ordinary psychosis in particular, Jacques-Alain Miller raised this question during the Conversation of Arcachon: 'What is to be done so that the evolution of a subject be continuous rather than discontinuous, that is, to spare him the crises, the triggerings, the scansions?' This question emerges when the conversation bears upon the relevance of a continuist apprehension of the categories neurosis-psychosis. It thus precisely displaces the accent. The true stake is not that the different clinical structures can be envisaged in

> a continuum, at the heart of which their difference is effaced, but rather that, when one is dealing with an untriggered psychosis, that this be maintained within the continuity that the absence of triggering allows. In other words, the accent is placed on the direction of the treatment. (Lebovits- Quenehen)

However, the question of structure, as attested by numerous case presentations, frequently assumes the dimensions of obsession as it is placed at the forefront of the treatment. A paradigmatic vignette that illustrates this is Genevieve Morel's 'Ilse or the Law of the Mother' (2015). Indeed the entire body of the presentation is founded upon the question of structure: is it 'foreclosure of the phallus and body phenomena' or 'hysterical conversion'? 'Hysterical disgust' or 'phallic foreclosure'? Morel presents the case of Ilse, a young female patient, who, following the unbearable silence of her [male] analyst on the emerged "incestuous memories of her father", felt the need to change analysts, and requested to see Morel. Morel's primary concern and preoccupation during Ilse's treatment is evidently the question of ascribing her case into either the neurosis or psychosis category, a question which, once resolved, would presumably provide an 'understanding' of her symptom formation(s) and lead the way into a successful outcome:

> I had hesitated from the beginning of the cure. Was it a question, triggered by her entry into analysis with the [male] analyst, which had unfortunately evoked the phallus and the paternal silence - a revival of an incestuous fantasy incarnated in hysterical conversion symptoms? We could have indeed interpreted these corporal phenomena as a hysterical disgust for the masculine sexual organ. (Morel, 2015)

Morel begins with the affirmation: "there is no universal signifier for sexual difference in the unconscious". The 'unconscious' is employed by Morel as a name referring to the sexual ambiguity, or the lack of sexual rapport; in this particular case, it is a name to refer to the 'radical separation' between 'the world of men' and 'the world of women'. After contemplating the possibility of a neurotic structure in Ilse's case, and how her male analyst "could have provoked the return of the repressed", which she was "inclined to believe at first", she decided to opt for a psychotic structure, because if neurosis were the case, "...how

to explain that in six years of analysis the castration complex never emerged? Why has no construction of the fantasy of flagellation ever been elaborated?". She wondered:

> Is it not rather a question, in this difficult analytic beginning, of the outline of a delusion provoked by the appeal to the Name-of-the-Father in the transference towards the previous [male] analyst? It is not easy to be categorical in a case in which there are no disturbances of language and the subject has a pretty 'normal' life. All the same, I opted for a psychotic structure on account of the character of mental automatism of the somatic phenomena that repeated themselves ('someone acted on her body", 'someone' made her carry out an action) and because of a total absence of a phallic dialectic, which would be difficult to conceive in a neurotic subject. Indeed, we do not find in Ilse any problematic around penisneid ('penis envy') as we do in cases of neurotic homosexuality. Moreover, I have never glimpsed the least phallic demand in her. Nor do we find any possible passage between the separate worlds of men and women, marked by fixed and rigid traits, in which the subject only manages to integrate herself with the men, and only in an imaginary and fragile way. (Ibid.)

Morel postulates that this radical separation between 'the two worlds' and hence Ilse's psychotic structure could have been prevented by her "paternal grandmother, a strong woman, who could have presented the little girl with another dimension of femininity". This hypothesis is solely based on the fact that her death, when Ilse was twelve, was devastating to her. However, Morel appears certain in her line of thought:

> This is why she rejected the mutilated female sexual organ [an idea which is traced back to her family discourse, and specifically to the way that her mother spoke of her father, accusing him of disrespecting and disparaging her] and sided with the boys. But there was an obstacle: the masculine sexual organ was an emblem of violence. (Ibid.)

Indeed, Morel's main point is that the phallus, "as an imaginary emblem of rape and massacre", "a signifier of an evil power that Ilse's feminist culture links firmly to the masculine sexual organ" is rejected, yet this idea borrowed from the current cultural climate, is not tempered by a neurotic dialectic. For Morel, what stands out about this case, and hence

its clinical value, is that there are "no elementary phenomena [of psychosis] at the level of language, but only corporal. The castration is realized and non-symbolized". She proceeds to explain this point in more detail:

> The case of Ilse, if my diagnosis of structure is correct, demonstrates something further: there are cases in which the phallus is foreclosed. This provokes disturbances in the imaginary register producing body events. Yet the father as a signifier of creation and generation, as Name-of-the-Father, still functions. Speaking in the terms of the 'Preliminary Question...' there are cases where we note a foreclosure of the phallus (phi zero) without a foreclosure of the Name-of-the-Father.
>
> The sinthome 'being a parent' focuses Ilse's sexual ambiguity and stabilizes her. Ilse is no longer neither on one side or the other, she no longer needs to define herself in the 'old' categories man and woman that have tormented her to such an extent. She has taken on a new identity, sexual but not sexuated, and she has given it a name. From this point of view, 'the parent' plays an analogous role to the phallus in neurosis - it is valid for both sexes. Its difference from the phallus is that 'the parent' does not belong to the universal dialectic of Oedipus; it is Ilse's singular invention using a minority discourse. (Ibid.)

Morel ends her presentation by conceding that this particular invention/solution may as well only be temporary, as another can replace it at any time:

> But who knows what the future holds? Nothing can guarantee that the signifier of the phallus as emblem of sexual discourse will not be taken over by a multitude of individual sinthomatic solutions. There are signs of precursors. In order to console those with a nostalgic bent, we will say that the phallus has been a universal signifier for a very long period of history. (Ibid.)

Ordinary Psychosis as an Intellectual Endeavor

Ordinary psychosis is commonly employed as a conceptual tool to interpret and critically analyze contemporary sociopolitical phenomena and current affairs. Widely regarded within the Lacanian community as "the subjectivity of our time" (Bassols, 2018), ordinary psychosis is justified on the basis of the thesis of the inexistent Other which places each subject on the side of the exception, of the singular mode of enjoyment. This is a thesis that can be traced back to Lacan's 1959 formula 'there is no Other of the Other', which he first put forward in his Seminar VI, *Desire and the Interpretation of Desire*'.

In 'Normal Madness' (2018), Roger Litten refers to ordinary psychosis as a 'spectrum', and states that "the phenomena of subjectivity in contemporary times may become more decipherable if they are placed in relation to the structure of the not-all". He proposes that the binary clinic (of neurosis and psychosis) be abandoned in favor of this clinical category, this 'spectrum', which has an epistemological orientation. Litten suggests that similarly to how the binary clinic was once constructed on the basis of the belief - characteristic of the civilization of the time - "in the divine place supposed of the Other", the abandonment of this clinic "partitioned on the basis of the secure possession of attributes distributed by reference to a position of exception" is a sensible call in our time which is characterized by the decline in this belief. Indeed, Litten questions a certain tendency in the psychoanalytic community to stubbornly adhere to the binary clinic whose foundations are eroded precisely by means of this unquestionable decline, and refers to such tendency as "a residue of our belief in the existence of the Other". (Litten, 2018)

Thinking of ordinary psychosis as a 'spectrum', and as the new neurosis of our time, is to align it with the idea that the contemporary social order is no longer organized around the signifier of the Name-of-the-Father. It is hence to align it with the the concept of generalized foreclosure of this signifier as not any specific in language, but as one whose particular mode of functioning in the subject's speech has signifying effects linked to psychosomatic phenomena. As an intellectual endeavor then, ordinary psychosis falls under the register of 'madness' in civilization, rather than 'psychosis' as a clinical category that is ordered by the concept of limited foreclosure of the Name-of-the-Father. Pierre-Gilles Guéguen, in his essay 'Who is Mad and Who is Not; On Differential Diagnosis in Psychoanalysis' in *Culture /*

Clinic (2013), stresses that it is precisely the distinction between 'psychosis' and 'madness' that precludes a conflict between Lacan's earlier and later clinic:

> When Lacan says, 'We are all mad, that is to say, we are all delusional' one might take it as a strict equivalent of 'we are all psychotics'. If it were so, the option would totally be in favor of the late Lacan and erase the first part of his teaching. (Guéguen, 2013: 12)

Indeed Guéguen insists on this crucial point as he cites a Miller's quote from a lecture in 2008:

> The madness at stake here, this generic madness, is general, or rather universal. It is not psychosis. Psychosis is a category from the clinic with which we try to capture something which anyway inscribes itself in this very universal. (Ibid.)

Ordinary psychosis then becomes the 'umbrella' term for both general and limited foreclosure, between universal, generic madness and psychosis [as a clinical entity], between Lacan's discrete and continuous models. In other words, ordinary psychosis becomes the bridge between Lacan's earlier teaching, whose central axis is the predominance of the symbolic over the imaginary and the real, and his later teaching of the semblants, which as Guéguen explains, "means that human beings can never totally separate the imaginary and the symbolic register, the object itself being a semblant, i.e. an imaginary part of the body, symbolically elevated in the fantasy to an equivalence with the real". In other words, ordinary psychosis is where the line can be drawn between, on the one hand, the assertion that 'we are all mad', that there cannot be a segregation between 'healthy' and 'ill' in psychic reality, and, on the other, the clear-cut distinction between neurosis and psychosis.

This claim can be made under certain specific prerequisites: ordinary psychosis is not a separate clinical category that falls on the boundary line between neurosis and psychosis - its existence is not for the purpose of making the two clinics compatible in some way. For indeed ordinary psychosis falls within the span of psychosis, it can only serve as the line between the two clinics, of the continuum and the discrete, only conceptually, namely as a way to say that there is in fact a line drawn between the two clinics, since they were constructed vis-a-vis different reference points. Whereas the clinic of the continuum was conceived and created

with reference to the axiom of ‘there is no Other of the Other, that is to say, metalanguage’, the binary clinic of the discrete was with reference to clinical exigencies, pertaining to core thematic questions, namely the direction of the treatment and the analyst’s position in the transference. We can thus state that ordinary psychosis serves as the guarantee of the distinction between the two clinics, and hence of madness and psychosis, while ensuring that they complement each other without one canceling out the other.

As an intellectual tool, ordinary psychosis is employed as a way to point to the generalized foreclosure of the Name-of-the-Father, and thus to point at its progressive decline and its replacement by the injunction of ‘choice’.

> The contemporary era – in consonance with the crisis of classifications and the pluralisation of so-called 'identities’– thus confronts the subject with the radical question of choice without having recourse to the established discourses as the orientating element that would separate the waters at the moment of inscribing oneself in existence. In this sense, what follows from the 'there is no norm for all’ is that each one has to choose; hence, 'the rise of modern individualism is linked to the promotion of the category of choice [...] This is what Lacan states in clinical terms when stating that everyone is mad. From now on each one makes his own choice. We know that the world we live in and will live in will be animated by the frenzy of choice...’.(WAP 2018)

In ‘Psychosis in its Epoch’ (2018), Lebovits-Quenehen presents ordinary psychosis as the tool by which one can articulate the link between the particular way the subject has been marked by the master’s discourse of his era and his singularity insofar as it cannot be ascribed into the discourse:

> ...there is always a tension between the manner in which a subject is marked by his epoch and the manner in which, when one receives him, one apprehends him in his absolute singularity. And there is yet again a tension between the manner in which a subject is marked by his epoch and the fact that his jouissance, in so far as it has to do with the real, is, to some extent at least, outside of discourse. There is in this regard the same kind of tension between the consideration of the epoch which marks a subject and his absolute singularity, as there is between the structure to which one assigns him and

> the consideration that foreclosure is generalized. Generalized foreclosure underlines the fact that the Name of Father, whether it is in function or not, is only a symptom that allows jouissance to be localized, and that if it is absent, another symptom will stand in for it, in ordinary psychosis at least. In this way it will be a 'Compensatory Make-Believe' (or CMB), as Jacques-Alain Miller put it in 2008. There is thus a tension here, but a fertile tension, a tension to be kept alive or to be reabsorbed only in the modality of an Aufhebung. Without this the clinical category of psychosis and that of ordinary psychosis to which here we adhere become obsolete. (Lebovits-Quenehen, 2018, p.20)

As further underlined by another psychoanalyst (Shanahan) in the preparatory papers for the WAP Congress in 2018, under the theme of 'Discreet Signs of Ordinary Psychosis', ordinary psychosis is also the link between 'subject' and 'subjectivity':

> ...what is at stake is to highlight the transindividual dimension of subjectivity. That is to say, to consider the subjectivity of the epoch as a matrix to be deciphered and reconstructed through the effects it produces at the level of truth and jouissance. We are thus interested in the indications that each mode of subjective existence reports about what is proper to the epoch. In other words, how to investigate the pairing up (and the differentiation) between subject and subjectivity on the basis of the notion of ordinary psychosis. (Shanahan, 2018, p.2)

Ordinary Psychosis as an Aim at the Singular

'A psychoanalyst is not a clinician' is a frequently encountered statement in contemporary psychoanalytic works. This is not posed in terms of the psychoanalyst's position as a practitioner in the clinical context, but rather in terms of the function of the psychoanalyst being radically distinct from this of the clinician. For the clinician is above all someone who classifies, who perceives the illness based on the major classifications of psychiatry ... whereas a psychoanalyst has a relationship with the singular". Miller further adds that "the psychoanalyst is not a clinician also ... because at the hospital, the patient is made to speak the language of the doctor or the institution. It's completely the opposite in psychoanalysis. The

psychoanalyst learns the patient's language. He starts off from the principle that he does not understand. You do not ever understand the other...you only understand him through misunderstandings or approximations, but you absolutely never have any idea of the weight a word can have for someone". This way of conceiving 'ordinary psychosis', namely as a means to approach the singular in each subject, places psychoanalysis, insofar as psychoanalysts are concerned, in the distinct position of exception and uniqueness within the contemporary mental health framework.

However, if employing ordinary psychosis as a clinical tool that aims at the singular, challenging the rigid boundary between neurosis and psychosis, means that the analyst begins from the idea of the 'inexistent Other' in the clinical encounter, then, there is an imminent danger for psychoanalysis to 'fall for' its own [truth as] semblance. The analyst, in this way, does not respond from the the position of supporting the supposition of knowledge or meaning in the real but rather from the position of a short-circuit or reduction to a truth of psychoanalysis - a truth as semblance - that would provide its discourse with a mastery over its reality.

My argument is thus that an inquiry into 'what the question of psychosis means for us', and rearranging the psychoanalytic clinic in that way, must not begin from a belief in, or acceptance of, the inexistence of the Other but rather from the 'falling for' the supposition of the Other for the subject. This argument is important insofar as the challenge of ordinary psychosis lies in the question of how to make the tension between Lacan's earlier and later teaching fruitful without resorting to the eradication of the binary clinic of neurosis/ psychosis in favor of his later clinic. By arguing for the imperative of supporting the supposition even in cases of psychosis and in this way concealing the gap between neurosis and psychosis, the main point of disagreement amongst clinicians regarding ordinary psychosis can be clarified. It is neither about dismissing these categories, not believing in their rigidity and distinction any longer, nor about striving to preserve them by treating a case starting from the objectivity of the category, of its safety net in terms of knowing in advance what the symptoms mean and how to interpret them. Indeed, reinventing the Lacanian clinic in the light of the era of the 'inexistent Other' must be oriented by a belief in the Other of the subject, namely in the construction of the subject as sustained by a real, an impossible-to-say. To demonstrate this argument we have to focus on the three core questions in contemporary psychoanalytic practice: firstly, the teaching of the theory as one of the three parts of the analytic formation,

secondly, the ‘pass’ as the ‘fall’ of the Other, and thirdly, the contemporary demands that psychoanalysis faces today with regard to what constitutes a valid demonstration of psychotherapeutic effectiveness.

Specifically, how can the analyst not respond from the position of the theoretician of the ‘inexistent Other’, or of the passer, in the analytic encounter, but from the position of one who supports the supposition of the patient, or more precisely who supports the belief in this supposition by the patient? Further, how, in the face of such demands, can ordinary psychosis serve its purpose, as delineated by the psychoanalytic ethics of the one-by-one, without being reduced to a concrete concept, a diagnostic category by which psychoanalysis can prove its effectiveness in line with the instructive nature of these demands? In what way is it possible for psychoanalysis to not fall for its own semblance while immersed in the challenge of satisfying these demands which dictate a particular way of transmission of validity? These questions are indeed the challenges of the psychoanalytic clinic today, a clinic ordered by the conceptualization of ordinary psychosis as a way to aim at the singular. Ironically, it is precisely insofar as these function as ‘challenges’ and can be preserved as such, without the possibility of being resolved, that ordinary psychosis can function as a ‘trick’ and reveal a psychoanalysis that still believes in the Other. It takes for psychoanalysis to ‘fall for’ its own semblance for the formation of the unconscious to become materialized, the desire for knowledge to be produced leading up to the closing of the unconscious and hence the possibility of the renewal of psychoanalysis. Ordinary psychosis serves as a trick that renders this ‘falling for’ possible and thus allowing for this possibility.

The Question of ‘Normal’ and the Trick of Ordinary Psychosis

For psychoanalysis, the question of ‘normal’ as such is unequivocally non-existent, as, historically, in psychoanalytic literature, there are three basic structures of the human mind: neurosis, psychosis, and perversion. The structure of neurosis, considering there are no major symptoms, largely constitutes the ‘normal’ for psychoanalysis, however, this is not something one comes across often in such literature, which is understandably devoted to pathologies of the human mind, rather than healthy states.

> To promote in the practice of analysis a form of psychological normalization implies what might be called rationalizing moralization. Furthermore, to aim for the fulfillment of what is known as the genital stage, that is, a maturation of the drive and object, which would set the standard for a right relationship to reality, definitely embodies a certain moral implication. (Lacan, 1959-1960: 310)

In his seminar on 'Transference' (1960-1961) Lacan states the following regarding the emergence of 'normalization' from the mechanism of a 'trick':

> In any case, we have to put the accent on this, that it is really only by a piece of trickery that we can even bring into play any notion whatsoever, in analysis, of normalization. It is a theoretical partiality: it is when we consider things from a certain angle, when we start, for example, talking about instinctual maturation, as if this were all that were in question. We give ourselves over then to these extraordinary ratiocinations bordering on moralizing sermons which are so likely to inspire mistrust and withdrawal! To bring in, without anything else, a normal notion of anything at all that has any relationship whatsoever with our praxis, while precisely what we discover in it, is the degree to which the so-called normal subject is precisely what inspires in us, as regards what permits this appearance, the most radical and the most well-founded suspicion. As regards these results.... We must all the same know whether we are able to employ the notion of normal for anything whatsoever within the horizon of our practice. (p.304)

Such 'trick' is important to exist in the discourse of psychoanalysis, insofar as it delineates an ordinary, commonplace pathology and directs the avoidance of the subject from it and towards a wish to normalcy that has the function of 'exception'. Indeed, if neurosis was the ordinary state of human mind in Freud's era, and this has been replaced today by a form of psychosis without the extraordinary, classic symptoms of madness, then the contemporary subject's wish in psychoanalysis is to occupy the place of exception.

In his text, 'The Exceptions' (1914-1916), Freud points out cases of subjects who reject the psychoanalyst's suggestion "to make a provisional renunciation of some pleasurable satisfaction, to make a sacrifice, to show his readiness to accept some temporary suffering for the sake of a better end, or even merely to make up his mind to submit to a necessity which applies to everyone...". Such cases could be rightfully claimed to be 'exceptions' in Freud's

era, however, in ours, the concept of ordinary psychosis refers precisely to the value of exception that each subject proffers to be, namely the rejection of a universally present reason to renounce momentary satisfaction for the purpose of attaining a more sustainable end in the future. However, even if ordinary psychosis is precisely conceptualized on the grounds of Freud's original idea with regard to 'exceptions' in terms of privileges over others, sense of guiltiness and self-entitlement, as well as rejection of giving up temporary surplus-value for the benefit of a long-term aim, the difference lies in that Freud gave a universal value to such cases, ascribing them in general, vast categories - 'women' for example - and offering solid justifications on the basis of infancy and early childhood's experiences.

> Now it is no doubt true that everyone would like to consider himself an 'exception' and claim privileges over others. But precisely because of this there must be a particular reason, and one not universally present, if someone actually proclaims himself an exception and behaves as such. (Freud, 2001, p.313)

Today, on the other hand, the exceptions as such form categories on the basis of one or more similar characteristics and demand recognition and acceptance of their symbolic identification from the wider social Other, while in fact promoting themselves as the Other amongst Others. The value of exception is hence different in our era insofar as exceptions share signifying characteristics as the exceptions in Freud's era (for example, demands for privileges over others, sense of uniqueness, feeling of injustice, etc), yet they form categories and small communities on the basis of a common symbolic identification which renders them 'exceptional' and ascribes them in the particular category of 'exception'. The trick of ordinary psychosis is intelligibly then precisely the claim of such function of the exception in contemporary era; its aim is to ensure the perseverance of neurosis, as to avoid being 'ordinarily psychotic' one has to assume Freud's approach and inscribe oneself in vast categories while remaining exceptional in his place within these categories and interrelationships with others.

II. But-Not-Without

Lacan makes use of the term 'but-not-without' throughout the corpus of his work firstly, and most frequently, to refer to 'truth', and secondly, and most rarely, to refer to 'humor'.

Although ‘humor’ is not the first thing that comes to mind upon hearing the word ‘psychoanalysis’, it is not by chance that Freud dedicated an entire book on the relation between humor and the unconscious, entitled “Jokes and their Relation to the Unconscious” (1905). This book might be considered of secondary importance when compared to some other of Freud’s works, however, humor is indeed how the truth of psychoanalysis, which one cannot talk about, namely this delusion, can reveal itself in language as the impossible as such, as the lack in what is missing. How one arrives at this final moment in analysis, this ultimate joke, is the most crucial, the most major, problem for psychoanalysis, as accentuated by Lacan in his 12th seminar, *Crucial Problems for Psychoanalysis* (1964-1965), as this joke designates the moment where the unconscious is identified with the singular of the subject, while, at the same time, marks the point where the real unconscious meets with the transferential unconscious. In other words, this final moment is the moment where the unconscious is one with transference, and hence the real is transference as such, a point of sexual rapport, an ultimate connection, where in language can only manifest itself as the lack in the hole, the lack as such.

In his book on *Jokes and Their Relation to the Unconscious* (1905), Freud accentuates the factor of economy in the construction of the joke: “it is a question of an avoidance of psychical expenditure in general, such as would be involved by the greatest possible restriction in the use of words and in the establishment of chains of thought.” He underlines that “a joke‘s brevity is of a peculiar kind - joking‘ brevity”.

But for the possibility of the arrival at this moment, the problem for psychoanalysis must already be in place, namely the problem of the singular. Indeed the problem for psychoanalysis is the singular: not starting from presupposing its existence but actually proving it. If one starts from such presupposition, then there is no problem to be concerned about. Thus, creating this problem for psychoanalysis is actually delineating the field of psychoanalysis as such. The genesis of psychoanalysis is arguably then the creation of the conditions which render the possibility of the emergence of this problem. Creating such conditions is basically constructing a discourse which takes its bearings from this presupposition, hence a discourse which lies upon this problem as such, concealing its existence. In *Turin Theory of the Subject of the School* (2000) Miller points to this by asserting that the School is essentially a subject, and thus, according to Lacan’s formalization of the subject as an effect of discourse, his constitution as this particular subject that is constructed by an other, a plus-one, depends upon the discourse of psychoanalysis:

> The School is a subject. This subject is determined by the signifiers of which it is the effect, because that is what determines a subject and nothing else. It is for this reason that the act of setting the signifiers that determine the School is an act of absolute responsibility, because it is an act of interpretation, operating on the subject through the bias of speech. It is also why Lacan thought that the School needed analysts, Analysts of the School, analysts capable of analyzing the School as a subject. The school needs legal statutes, perhaps, no doubt, but above all it needs interpretations of itself as subject. (Miller, 2000, p.3)

However, the problem of the singular is also the impossible that fundamentally belongs to psychoanalysis, as it is the only practice that can recognize it as such. And this singular can only break out and reveal itself if the discourse of psychoanalysis, for a particular subject, has become so crystallized and concretized in its inconsistencies that it has become a discourse of comfort and refuge by analysts and analysands alike.

> In this sense, the School is a logically inconsistent set. It is Russell's set, that of the catalogues that do not contain themselves, a set without universal, 'outside Universe', where the 'for all x' does not apply. It is not-all, which does not mean that it would be incomplete, that it would always lack some bit, as one usually understands. It is not-all in the sense that it is logically inconsistent, and presents itself in the form of a series in which a law of formation is missing. It is also by reason of structure that the lacanian movement presents itself in an essentially dispersed form; the WAP itself is only one-among-others. (Ibid.)

> There is no all of the School. The School is an anti-totalitarian set par excellence, ruled by the function that Éric Laurent recalled yesterday, of the S of the barred big Other. It follows that, paradoxically, the only statement capable of collectivizing the School is the one that affirms its being not-all. It further follows that to institute a School, constitute the lonelinesses into a School community, is nothing other than to subjectivize it. (Ibid.)

This ‘not-all’ of the School resides in the interrelationship between didactic and training analysis and hence underlies the problem of the singular for psychoanalysis. Although any analysis is didactic and brings forward the singularity of one’s desire, a training analysis concerns the cause of desire as such, namely the subject’s ‘wanting-to’ be in analysis and being propelled from a ‘real’ place irreducible to the law of language. Miller accentuates this in his text as follows:

> The discrepancy there is between the cause of Freud’s desire and the Freudian cause as such, Lacan interpreted, decanted, formalized it. He logified Freud’s desire to separate it from his particularity, to uproot it from the paternal fantasy, to bring out of it the form called of the desire of the analyst .
>
> This desire is nevertheless not a pure desire. It is the desire to separate the subject from the master-signifiers that collectivize him, to isolate his absolute difference, to define the subjective loneliness, and also the object of surplus enjoyment which sustains itself with this void and fills it at the same time. This is Lacan’s desire. The School comes out of it. (Ibid.)

To “subjectivize the School”, as Miller stresses, means that “each one, one by one, to adopt the School as an Ideal signifier. But that implies that each one measures the gap between the cause particular to his desire and the freudian cause as ideal signifier. That means not to imitate but to repeat Lacan’s interpretation for one’s own sake”.

Intelligibly then, my argument can be formulated as follows: the objective reality of psychoanalysis, crystallized in the discourse of psychoanalysis, needs to have some humor in it that one can eventually come to discover. In his text, *Witz: Transmission and Drive in the Social Bond* (1998), Pierre Theves underlines that this discovery is experienced by the subject as a libidinal push to transmit the Witz, attesting to the existence of a moment where *the drive becomes transmission.* Theves quotes Freud as saying that “The psychical process of constructing a joke seems not to be completed when the joke occurs to one [*Einfall*]: something remains over which seeks, by communicating the idea, to bring the unknown process of constructing the joke to a conclusion”. This discovery is hence nothing other than the encounter with the real, in the closing of the unconscious, leading up to an encounter with

reality, radically different than the encounter with reality in the discourse of psychoanalysis. The latter encounter is one that 'patches over' and eradicates the gap between the psychoanalytic and the scientific real. It is about merely replacing an impossibility in psychoanalysis with the reality of the common discourse, that is to say, the reality of psychotherapeutics. However, as I will proceed to argue, the illumination that the ultimate joke of psychoanalysis offers is one that is centered around two master signifiers of the discourse of psychoanalysis, namely 'gap' and 'surplus'. It is an illumination attached to a satisfaction which, once its effects fade away, will lead the subject back to perceiving psychoanalysis (didactic/ training) as one, closing up the gap and hence the distinction between didactic and training analysis.

> ... in so far as it realizes the drive to transmission, the Witz, par excellence, becomes [se fait] social bond. Let us resolutely envisage the Witz in this way. It becomes [se fait] an act, originating from the drive of the bond which produces it. The sanction of the Other is itself an affair of this drive. (Theves, 1998, p.1)

The following formulation by Lacan of this point underlines the very therapeutic action of psychoanalysis:

> A twofold movement through which the image, which is at first diffuse and broken, is progressively assimilated with reality, in order to be progressively dissimilated from reality, that is, restored to its proper reality. This action attests to the efficacy of this reality. (Lacan, *Écrits*: 69)

The emergence of the joke as the newly formed psychoanalyst, similarly to Socrates as arguably the most famous philosopher who was satirist of the elitists, questions those in power as possessing knowledge. Lacan's statement - "the psychoanalyst is the guardian of the collective reality without even having the competence"- is indeed pertinent to this point as the psychoanalyst, at the end of his training analysis, arrives at this moment, with the construction of the joke.

Drive and the Urge to Communicate the Witz

The Witz holds a prominent place not just in Freud's work but also Lacan's. This is both explicitly and allusively accentuated throughout the corpus of Miller's work who claims that witticism is essentially what distinguishes the Lacanian orientation and the School One (WAP) from other orientations and traditions of psychoanalysis.

> I spoke of the Freudian moment, which is behind us. The Lacanian moment is not less behind us. It was both, in a baroque conjugation, existentialist and structuralist, that is, scientistic. Lacan himself left this moment behind him, and he sketched out for us the configuration of the contemporary moment, which is pragmatic. Yes, we are pragmatic as everyone is today, but somehow still apart, — paradoxical pragmatists who do not practice the cult of it works. The it works never works. Our good humor probably comes from the fact we know that it misses the mark, but we believe we hit on the side of the target in the right way. Have no doubt that we are needed. (Miller, 2007)

The witticism of the spirit of psychoanalysis, namely its essence as the subject-supposed-to-know and the place from where it is inscribed as effect (Miller, 2000), is grounded upon the principle of the distinction between the comic and the joke which was first put forward by Freud in his Jokes book:

> An urge to tell the joke to someone is inextricably bound up with the joke-work; indeed, this urge is so strong that often enough it is carried through in disregard of serious misgivings. In the case of the comic as well, telling it to someone else produces enjoyment; but the demand is not peremptory. If one comes across something comic, one can enjoy it by oneself. *A joke, on the contrary, must be told to someone else*. (Freud, 1905, p.194-195)

Based on this latter axiom, Lacan accentuates in Seminar V (1957) that "the Other posed as product is distinguished from the Other as place. Address and sanction become the very products of the semblant of the as yet unspoken (inedit). The *Witzarbeit*, as elaboration, provokes the emergence of the Other as symbolic function as such". Further, he stresses that "...that which [the joke-maker] produces with this separation, it is the Other.' It is thus clear

that the witty semblant interpolates an Other not already there, but an Other which is as new, in the manner of an 'empty Grail'." In seminar VII, *The Ethics of Psychoanalysis* (1959-1960), Lacan stresses that the comic is too "...a question of the relationship between action and desire, and of the former's fundamental failure to catch up with the latter." Theves, in his aforementioned text, punctuates the importance of the Witz for psychoanalysis, as it carries and guarantees its very spirit: "When, in his course, 'La fuite du sens' , Jacques-Alain Miller broaches the antinomy of the One and the Other, their profound divorce, he does not fail to re-read at length Freud's Witz in front of his audience. Why? In order to show that the latter is the only formation to lift this antinomy. Indeed, it allows for the establishment of a link [lien] of inclusion between the One and the Other, between jouissance and discourse, and for the institution of a 'not One without the Other', the renewed import of which belongs to what is conventionally called the late teaching of Lacan." This, as Theves points out, "leads towards the Other of the late Lacan 'made of jouissance', according to the expression of Jacques-Alain Miller and, from this, leads us to consider this Other as including a, which then becomes the motor of a link, however tenuous it may be, between the Other and the One."

Arguably, the construction of the joke is centered around the master signifiers of 'gap' and 'surplus' as they are both employed in the discourse of psychoanalysis to refer to the antinomy between the One and the Other, namely the cut in the double inscription of the signifier in the symbolic and the real, attesting to an impossibility of transmission and hence a hole in the Other of language.

> The matheme proffers itself from the only real at first recognized in language: to wit, the number. Nonetheless the history of mathematics demonstrates (it is the case to say) that it can extend itself to intuition, on the condition that this term be as castrated as it can be from its metaphoric usage. (Lacan, 1973, p.22)

This is why Lacan, in his aforementioned Seminar VII (1959-1960), states the signifying value of the phallus in the formulation of the joke:

> A preliminary sounding of the space of comedy shows it is less a question of triumph than of a futile or derisory play of vision... The sphere of comedy is created by the

> presence at its center of a hidden signifier, but that in the Old Comedy is there in person, namely, the phallus... (p.321)

As there is no norm but also *push-to-the-norm,* according to Lacan's teaching and contemporary psychoanalytic theory, the transmission of the joke is also push-to-the-drive, operation on the surplus-jouissance as such, as *surprise-effect in the Other*. In the same Seminar (1959-1960), Lacan emphasizes the dimension of 'tragicomedy' laid bare at the moment of the delivery of the joke, provoking laughter:

> One must simply remember that the element in comedy that satisfies us, the element that makes us laugh, that makes us appreciate it in its full human dimension, not excluding the unconscious, is not so much the triumph of life as its flight, the fact that life slips away, runs off, escapes all those barriers that oppose it, including precisely those that are the most essential, those that are constituted by the agency of the signifier. The phallus is nothing more than a signifier, the signifier of this flight... (p.322)
>
> The pathetic side of this dimension is... exactly the opposite, the counterpart of tragedy. They are not incompatible since tragi-comedy exists. (Ibid.)

In his text, *The Flirtatious Remark* (1996), Miller states that "the successful flirtatious remark is a witticism". He asks, "what does its excellence consist in?"

> Like all witticisms it owes its excellence to a certain form of incongruity. What is necessary, for there to be a witticism, a joke, is for the message not to be featured in the code in an already firm and recognized manner. This wit is valid as such insofar as it implies a certain infraction of the code of decency. The message - that message - is valid because of the fact that it differs from the code. But for there to be a wit, an infraction of the code is not enough. It is also necessary- this is well known- that the other to whom it is addressed should want to smile or laugh. Therefore, what separates a sheer vulgarity from the most exquisite wit is the sanction of the Other to whom I address myself. Likewise, a flirtatious remark is truly accomplished only when the other to whom it is addressed - in this case the un- known woman - sanctions it, either with her amiable smile, or with the sense of being offended it produces in her. (Miller, 1996: 88)

In *L'Etourdit* (1973), Lacan situates the witticism in the sexual non-rapport:

> This around a hole of that real from which is announced that to which after-the-fact there is no pen that does not find itself testifying: that there is no sexual rapport. Thus is explained this *midire* by which we come to the end of our tether, that by which the woman since always would be a lure of truth. Might heaven finally be broken from the way you open milkily, that certain of being not-all, for the *hommodit* come to be made the hour of the real. Which would not necessarily be more disagreeable than before. That will not be a progress since there is nothing which does not cause regret, regret for a loss. But if one laugh, the language I serve would be found to remake the joke of Democrites on the meden: extracting it by a fall of the mé of the (negation) from the nothing which seems to call it, as our strip does of itself, to its rescue. Democrites' in fact makes us a gift of the *atomos*, of the radical real, in eliding the "pas," mé, but in its subjunctivity, that is, that modal of which demand remakes the consideration. By means of which the den was indeed the stowaway whose clamour now makes our destiny. (p.30)

I do not believe I can be accused of not having given ordinary psychosis its fair shot; I investigated it as a question of structure, an intellectual endeavor, and an aim at the singular. Of course my conclusion is that the 'ordinary psychosis' analyst behind all three is 'destabilized' and 'all over the place'. My argument in this chapter was that Miller was aiming at the crystallization, clumsy or not, of a 'norm' which would give ground for the emergence of the unconventional, underpinned by the spirit of the Witz. Indeed ordinary psychosis has been taken too far by analysts, who, by means of which, have locked themselves in their own bubble and feel protected by how radically separates them from the rest of the practitioners in contemporary mental health realm. This is because they have convinced themselves (subconsciously, or due to the need to gulp everything Miller throws out there, at once, without any thought-process or interrogation as this would indicate betrayal of Lacan, of psychoanalysis, in the best case scenario, and in the worst, would force them to self-diagnose as psychotic due to their inability to trust what is said to them) that thinking of a patient as a neurotic would mean that they knew their fantasies and underlying logic. It was my contention in this chapter that with ordinary psychosis Miller asked clinicians who self-

identify as Lacanians and/or are active members of the WAP one question: do you want to know the singular? If so, then listen to what is said to you, yes, understand it, do not just hear it, do not fear to understand while leaving any tools aside. I find this chapter to be a good logical predecessor to the chapter that ensues and which has to do with how psychoanalysis functions as a semblance to contemporary Lacanians, a chapter which I believe evokes a certain nostalgia for the spirit that is missing in psychoanalysis today, and can hopefully inspire some action to be taken.

CHAPTER THREE

I. Introduction

In *The First Session*, a 2009 documentary by Gérard Miller, subjects were invited to share the story of their first psychoanalytic session. The then First Lady of France stated the following:

> I was completely hermetic. I didn't know anything about psychoanalysis. I thought I had no need for it. My life was totally in action...then something broke...when my father died. I entered into psychoanalysis body and soul. (p.148)

She proceeded to describe the initial interview as a 'human encounter' between 'two people' which she accounted for setting the ground for her transference to psychoanalysis:

> The first consultation with the person I was going to do my analysis was incandescent. This has something to do with the beating of the heart. It's about two people who meet one another. It's a human encounter, which established, in my case, my involvement in and my commitment to psychoanalysis. (Ibid.)

Psychoanalysis is strictly a subjective affair, as very clearly and simply put in the above quotation. The self-description of psychoanalysis, by its practitioners, as purely a 'case-by-case' clinical practice does not then refer solely to its staunchly resisting any attempt at standardization and objectivization, but also points to the indispensable interpersonal dimension of this practice lying at its very core.

In other words, 'case-by-case' is a term linked not only to the ethics of psychoanalysis with respect to serving the subjective cause of desire that resists assimilation to the universal, but also to the person of the analyst and the object of 'pure desire', namely the empty referent born from articulation, that he is called on to 'incarnate' (or 'embody') for each patient. This interpersonal dimension of psychoanalysis is clearly reflected in its method of demonstrating the effectiveness (and efficacy) of its practice, namely case presentations and pass testimonies (as constructions and presentations of one's own case at the end of analysis). In both types of presentations, especially the former, the analyst testifies to the subjective effects produced

during an analysis that somehow changed the coordinates of the subject's discourse and hence modified in some respect the subject's mode of relation with the Other.
But since psychoanalysis is a dialectical practice, placed within the realm of speech and language, or as Lacan defined it in seminar 17, a discourse or a form of social bond between speaking beings, such effect is only presented in relation to something that the analyst 'said' at a specific 'logical' moment within this discourse. The analyst's 'saying' is considered as an 'analytic intervention' precisely because the effect precipitated was one of the 'real', namely a 'body event' that could not be fully treated by the symbolic and hence 'imaginarized'. It is an intervention that implicates a 'risk' on the analyst's part, meaning that the analyst did not know in advance whether his 'saying' would induce an effect and of what signification for the patient, or did not even have such intention to begin with.

But since this interpersonal dimension is precisely what gives psychoanalysis its specificity, it must, by the very definition of 'specificity', imply a certain objectivity, namely a common line of practice. At first glance, this can be perplexing and produce misconceptions about the psychoanalytic practice, leading to disapproving and hostile attitudes against it, generally accusing it of charlatanism, theoretical vagueness and intellectual abstractness, placebo treatment, exploitation of the patient, as well as describing any 'objectivity' as simply a blind loyalty to a particular School of psychoanalysis and the whims of the individual who founded it.

However, Lacan is very careful throughout the corpus of his work in broaching the relationship between 'subjective' and 'objective' in psychoanalysis, as precisely and elaborately as possible. He mainly articulates it in terms of how the 'learned ignorance' of the analyst, namely the 'objective' in psychoanalysis - what the supervisory work aims at 'controlling' as much as possible - gives space for what is most singular in each subject, namely what is at stake in one's desire that may create symptomatic suffering or difficulties in one's rapport with the Other. Indeed, any 'objectivity' in psychoanalysis always has to do with the analyst's 'know how to ignore what he knows', and his 'response-ability', which essentially implicates the separation of his 'being' from the jouissance of his 'ex-sistence', namely from imaginary meaning stemming from the inscription of his 'ego' in the Other, in the context of a fantasmatic construction. Lacan's effort to illustrate this relationship between 'subjective' and 'objective' (the analyst's 'know-how' to 'not-know') can be exemplified by the following excerpt from his *Écrits* text, "Variations on the Standard Treatment" (1955):

> If the analyst is subjected to the ideal condition that the mirages of his narcissism must have become transparent to him, it is in order that he be permeable to the other's authentic speech... (Lacan, 1955, p.292)

Here, Lacan puts a different accent to the notion of the 'know-how' of 'non-knowledge': the analyst can never in fact 'not-know', can never actually retire from the imaginary, but his speech can insist on and be inclined towards the symbolic, supporting the patient's speech, rather than muting it or shutting it down. He proceeds to elucidate how the analyst can recognize such 'authentic speech' through the discourse of his patient:

> ...this intermediary discourse, even qua discourse of trickery and error, does not fail to bear witness to the existence of the kind of speech on which truth is based; for it sustains itself only by attempting to pass itself off as such, and even when it openly presents itself as a lying discourse, it merely affirms all the more strongly the existence of such speech. (Ibid.)

The subject's speech is then proved to be 'authentic' by the fact that it is sustained at the level of an always missed encounter with (truth as) jouissance. Indeed, for Lacan, the notion that the 'truth' can never be said 'in full' but only 'half-said' is one that lies in the foundation of his teaching regarding the status of the subject as 'divided' in the field of the Other (of language). The subject's investment in a truth that can only be 'half-said', and thereby the subject's speaking from a place of a supposed 'full' truth, namely from a place of a 'subjective real' that can only be supposed or believed to exist - since there is only the Other's discourse, as Lacan affirms in his work - is what renders his speech 'authentic'.

Thus, the analyst's confidence that he operates according to the principle of 'knowing-how' to abstain from his own narcissistic investment in the Other stems from recognizing in his patient's speech an always missed encounter with the "target of truth". It is only insofar as it is a 'missed' encounter, namely an encounter marked by an impossibility to say it all, yet by a wanting-to-say, that the speech can be considered as 'authentic', as being anchored by a 'real', by a 'truth' impossible to say. Such speech is then proof that the subject is maintained at the level of his division, namely between surplus jouissance, as the locus of the supposed full-truth, the missing object that gives truth its full status, and the truth that can fall under the

auspices of the law of the signifier. This is how the analyst functions in adherence to the ethics of the subjective cause of desire, that is, the belief in the unconscious, or in other words, the belief that language creates a hole in knowledge, that not the whole of the living being can be organized under the law of the signifier. By maintaining himself at the level of desire and not at the level of the imaginary, the analyst situates himself in the gap between 'being' and 'existence', supporting the object of subjective cause of desire - the so-called 'object-a' which Lacan places at the core of the drive's functioning, insofar as it becomes irreducible to its semblance in the Other - and subsequently giving space for the formations of the unconscious. Intelligibly then, Lacan's mysterious definition of psychoanalysis as "the treatment that one expects from a psychoanalyst" makes sense if we consider this dissymmetry between the position of the analyst and the position of the analysand, the former supporting this which can only be 'missed' in speech, and the latter being engendered from what is missed.

However, even though Lacan is meticulous in his development of this subjective-objective relationship in psychoanalysis, making up the interpersonal dimension of its practice, the 'misunderstanding' around it, causing criticism against it, essentially boils down to the radical disjunction between theory and practice. Indeed, it is of no coincidence that this relationship is both what specifies the Lacanian practice and the cause of any criticism against it, for it is in fact 'transference' that links up theory and practice attesting to the axiomatic principle that psychoanalysis is fundamentally a subjective experience. While transference, as a supposition of knowledge in the Other, exists in any 'talking therapy', any psy practice operating on speech, it is given significant weight and attention in the Lacanian orientation of psychoanalysis, because, for this orientation, it assumes a very particular status. Indeed, for the Lacanian practice, transference can only be put into work insofar as the analyst "pays with his person" (Lacan, 1958, p. 490), surrenders his person, is a "dead" person (in terms of his ego and narcissistic investment in the Other). "The analyst does not cure so much by what he says, but by what he is", Lacan underscores in his *Ecrits* text,'"Direction of the Treatment and the Principles of its Power', underlining that the interpersonal dimension of psychoanalysis lies in the distinction between 'being' and 'saying', the latter pertaining to the register of 'existence'.

In 'Paradoxes of Transference' (2014), Pierre-Gilles Guéguen points out that, for Lacan, the paradox of transference is situated in the handling of transference:

> In Lacanian practice, the analyst is the pivot for the analysand's desire; he/she does not take himself for the ego ideal that the analysand superimposes on him/her. The analyst must know that 'his interpretation, if he gives it, will be received as coming from the person the transference imputes him to be.' And Lacan, somewhat mysteriously, adds: 'his being being elsewhere.' This is a warning on the handling of transference that is valid throughout Lacan's teaching and wherein the paradox of transference is located. (Guéguen, 2014, p.4)

He gives two examples of pass testimonies which illustrate that transference in psychoanalysis is essentially love missing its target. Firstly, the testimony of Anaëlle Lebovits-Quenehen in 'The question on the reality of love in transference':

> ... depends, she said, on the idea that we have of what is real. The response that she formulated for her case is the following: transference 'is a real fiction of love.' It is thus about a real love insofar as real love misses the target of the real. Love is above all a love letter as Lacan mentions in Seminar XX: when one falls in love, one is persuaded that it will last forever, even when one knows that it is a wager... Effectively, from the very beginning of analysis there is a difference, a dissymmetry between the position of the analyst and that of the analysand. Lacan studied extensively what the theoreticians of the object relation called counter-transference in his Seminar *Anxiety*. He does not deny that it may exist but considers - contrary to numerous analysts of the IPA – that the analyst must not use it in interpretation. (p.6)

Secondly, the testimony of Bruno de Halleux which included an enactment in his analysis:

> He evoked the difficult relationship he had with a father who he considered to be distant and authoritative and of whom he never stopped complaining. He recounted the trajectory of a long analysis with an analyst who had been, during the entire course of his analysis, the contrary to his father, that is to say, never aggressive. One day, the analyst made the following interpretation, 'De Halleux, I like you.' The interpretation frightened him, he said. He fled and changed analysts. It is necessary to read the

> numerous testimonies by our colleague of his analytic treatment, but this moment illustrates the fact that the reaction to an interpretation is difficult for the analyst to calculate. We could think that in our colleague's case, the symptom of fearing his father was a part of his transference; to put it simply, under transference he was 'in love' with a mean father he was able to complain about. An interpretation – a rather friendly one – with which the analyst attempted to drive out the jouissance from the symptom, from a paternal position that the analysand had established in transference, had the effect of provoking a negative transference enactment: he could not bear that the place of the 'father' in which he was putting the analyst could address himself to him in a 'kind' way. This verifies Lacan's warning that the analysand will take an interpretation as though it were coming from the person that he imputes you to be and also another well-known saying by Freud: 'The patients like their symptoms as much as themselves'. (p.7)

The paradox of transference can intelligibly then be articulated in the following terms: analysis is not a person-to-person, namely an ego-to-ego, interaction, yet the very possibility of an analysis rests upon the analyst's 'having' a person for the analysand, a person that he can have, insofar as he 'is not', insofar as he is not identified with the semblance of this 'person' in the symbolic register. In other words, as Laurent points out in his text "The Ethics of Psychoanalysis Today" (1999), the analyst is a 'partner-symptom' for the analysand insofar as the bond established (the subject's rapport with the Other of the analyst) is not pursued in the register of love but in this of the drive.

In the present chapter, I take my bearings from this fundamental notion of 'non-knowledge', or 'learned ignorance', since it is precisely this which specifies the function of the analyst and the analytic operation for the Lacanian orientation. What I will attempt to interrogate is the relationship between the success or failure of the analyst's 'know-how', on the one hand, and the therapeutic effects of an analysis or the perseverance of transference and continuation of analysis, on the other. Indeed, while a lot of focus in psychoanalytic works is laid upon the therapeutic effects in relation to the analyst's know-how and the benefits of supervision in controlling and maintaining this know-how in challenging moments in an analysis, there can also be occasions where the failure of the analyst to operate with his 'know-how' can precipitate therapeutic effects and reinforce or modify the transferential relation in a beneficial way for one's analysis. In other words, can the success or failure of the

analyst's know-how (his occupying the place of the semblance) be determined outside the effects on the analysand? As psychoanalyst Lauren Dupont stresses, the analyst always fundamentally remains an analysand, even after the 'pass'; once an analyst has received the 'pass' and is formally recognized as an 'Analyst of the School' (AS), he still has to work - for as long as he practices - with his own push-to-jouissance and commit himself to the work - also referred to as 'control' - of supervision. Transference then does not dissolve but becomes muted, and hence transforms into 'work transference'. The latter mode of transference indicates that the subject's truth is realized outside its reduction to knowledge, since the transferred knowledge to the Other becomes destituted, and so, the subject itself in its relation to the Other of knowledge becomes destituted. What thus remains is a transference that does not implicate a knowledge that is being enjoyed (and through which the subject itself is being enjoyed) - it is a transference towards occupying a position that is not a 'desire to know'. Indeed 'work transference' indicates a subjective transference towards a position that is constantly being emptied of an object of desire as knowledge and, in this way, it can be the locus of the drive to desire for each subject, namely of an object that can only be of semblance and never of a reduction of the semblance (of its identification with) to truth (as an imaginary object). But what this crucial point implicates is that the analyst continues to carry within his position with respect to the analysand his own transference to psychoanalysis and hence his own expectation from psychoanalysis that can be traced back to when he first entered an analysis himself in the position of the analysand. According to Lacan's paper 'Logical Times' (Écrits), the notion of 'expectation' pertains to an imaginary construction of 'reality', implicating the subject's fantasmatic relation with the Other. The subject's expectation is thus essentially underpinned by a supposition of knowledge in the Other.

The notion of 'reality' in psychoanalysis exists in Lacan's work mainly in relation to the lucubration of knowledge within the analytic encounter. The knowledge that one brings to analysis, is a construction, a fiction, a delusion, a dupery, a semblance of truth that is presupposed to implicate a scientific truth - that is, a universally-valid truth guaranteed by the Other of the Other. As he puts it: "psychoanalysis is not a science [...] it's a delusion - a delusion that is expected to carry a science". However, there is also a 'reality of psychoanalysis' that drives one to seek a psychoanalytic treatment, sustains his position as an analysand, orients his discourse, and directs his functioning as a practitioner with a psychoanalytic orientation. This reality is also a delusion since it carries one's belief in the

Other, namely the guarantee of the Other of psychoanalysis. Of course this is a no different reality than the reality in psychoanalysis, the reality that one brings into his analysis, however, it is a reality that implicates an idea of what 'psychoanalysis' is for a particular subject. To provide a clinical example that illustrates an analyst's 'reality' of psychoanalysis and his responsibility with respect to it, in a LS/NLS seminar, *Discreet Signs in Ordinary Psychoses: Clinic and Treatment* (2016), ELP/WAP psychoanalyst Gustavo Dessal gave the following account from his private practice: he received a patient who proclaimed that the unconscious was located in the stomach. Dessal confessed to the audience that, before the patient had made this proclamation, he was surprised about his demand to enter an analysis, since he appeared to be fulfilled and satisfied in every aspect of his life. The patient initially justified his demand for an analysis on the grounds of his wish to experience 'transference'. At that point, Dessal stated that he became suspicious of the presence of a psychotic functioning, and thereby, he simply went along, without further questioning. The space provided by the analyst allowed the patient to proceed to make this proclamation which, as he insisted, was his own discovery, and his demand to encounter an analyst was thereby based on his desire to let him know about it. Dessal replied to the patient that the world was not ready yet for such a discovery and it was best to keep it as a secret between them. He then sent the patient away, wishing him well. He justified this 'act' on his part by stating that it was a way to prevent psychotic triggering.

With this clinical example, Dessal makes a very specific and striking argument on the analytic ethics and the analyst's responsibility: prevention is a form of treatment. Preventing the triggering of a psychosis by refusing to take on the treatment of this patient, and hence invite him to elaborate on this delusional knowledge, was the analyst's act, in this particular case. His intention was to pacify the jouissance lodged in this delusional construction, by sustaining it in a reduced symbolic form where the real jouissance is deactivated, and which allows the ego of the patient to function in the Other. However, one could easily argue against this decisive 'act' by the analyst on the grounds of the principle that a demand for an analysis must always be taken seriously, as well as of the claim that an analysis could, if anything, assist in maintaining the delusion in a stabilizing, pacifying status, preventing the onset of an irruption. But the fact that this 'act' was not debated following Dessal's justification clearly shows that, in psychoanalysis, there is no search for a universally-valid truth for what is only supposed to exist is the analyst's response-ability. This raises the question of what exactly qualifies as a 'response-ability' in psychoanalysis in relation to what

could have progressed the knowledge and advancements of the School, to how this responsibility relates to the analyst's 'subjective reality of psychoanalysis', namely to his expectation, and to how this 'subjective reality' relates to the 'objective reality' of psychoanalysis that has to do with the latter's immersion in sociopolitical affairs of our time.

My question, regarding the relationship between the failure of the analyst's know-how at a given moment in one's analysis and the therapeutic effects induced by it or the perseverance or modification of transference towards a therapeutic direction, is important insofar as it is not implicitly directed towards an 'objective' psychoanalysis, a fixed compass of orientation. For the question of where the subjective meets the objective in psychoanalysis is not about creating an infallible or ideal psychoanalysis, or about guaranteeing infallible analysts in the name of such an ideal, especially since it is a core psychoanalytic principle that the analyst is also a subject, like the analysand. Indeed such approach is important insofar as it holds as its objective the examination and exposition of how much of the analyst's person - or more precisely, responsibility - is involved in one's analysis and its ending. I predicate this question on the hypothesis that the analyst's expectation from a patient is in some respect and some degree responsible for the very possibility of the analysis and of its successful outcome. This can be supported by Lacan's affirmation that the analyst is within the work of the unconscious, not his unconscious, as being determined by a supposed knowledge in the real, in the Other, but within what his desire has provoked.

> Analysis does not occur by a co-incidence, it is an effect of a particular desire...The analyst's responsibility is to respond to the ultimate worker, the tireless if sporadic and unpredictable worker, that is, the unconscious (Lewis, 2000, p.140).

More precisely, my work in this chapter takes its bearings from the common statement underlying all the clinical case material which I will examine: psychoanalysis is the only treatment possible, or the best treatment possible, despite the apparent challenges. Indeed, in as much as current psychoanalytic literature and theoretical works presented in conferences and any community events these days point to the challenges and even the impasses of psychoanalysis in the face of newly formed and ever emerging sociopolitical changes and phenomena in the structure of the master's discourse of our time, clinicians' works are underpinned by the affirmation that psychoanalysis is the best form of treatment for symptoms correlated with such changes and phenomena. For instance, while it is asserted, and

theoretically supported, that, due to the pragmatics of the contemporary master's discourse, an analyst does not frequently encounter subjects who are willing to make themselves the dupe of their unconscious, and this is provided as a reason for psychoanalysis' marginalized place in contemporary mental health field, engendering further questions and concerns over how it can face up to this challenge, clinicians take a different stance and outlook in their presented works. While making oneself the dupe of one's unconscious, namely loving one's unconscious, symptomatic investment in one's surplus jouissance, or enslavement to the drive of one's fantasy, is a necessary condition for a psychoanalysis, and the reality of the master's discourse appears to not favor it, clinical psychoanalytic works are underpinned by a visceral optimism. Indeed one needs to look no further than the shift on the perspective of the possibility of a psychoanalytic treatment in psychosis: Freud affirmed that psychoanalysis is not possible for psychosis, Lacan questioned this firm position and introduced certain conditions for such possibility (especially related to the analyst's position in the transference as being a specific, fixed symbolic position, rather than the position of the enigmatic Other), and contemporary analysts claim that not only is it possible, but psychoanalysis is in fact the most appropriate treatment for psychosis.

An even more illustrative example of this would be psychoanalysis' battle in the field of autism, where it is more categorically opposed as a form of treatment, and the behaviorist model is almost exclusively favored. In a commentary on *Report on Autism* (2012) by 'The Higher Authority for Health' (HAS), ECF psychoanalyst Agnes Aflalo attributes this general opposition to psychoanalysis in autism to pharmaceutical greed and the favorism of the collective good and socioeconomic order over the singularity of each subject within the capitalist model. Pointing out the shortcomings of the behaviorist model in the treatment of autistics, she confidently sticks up for psychoanalysis, as a practice with "human dignity" that offers space for singular invention, before she proceeds to elucidate with substantial examples of how the 'autistic spectrum' is an invention of the DSM and the pharmaceutical companies that was basically propelled by the desire to create a new 'market' that obviously needed a 'target audience'.

Further, the clinical material that is considered most valuable in the Lacanian clinic belongs to cases where the patient had already undergone another form of therapy (or analysis), or been given a psychiatric diagnosis, including diagnoses of contemporary symptoms such as addiction. In his paper, *From the Work of Transference to the Transference to Work* (2000), Andrew J. Lewis stresses the importance of re-introducing and re-examining

the relationship between work transference as it operates in the clinic and transference as determined by institutional politics and the politics of psychoanalytic treatment. His paper, as he claims, is a response to questions posed regarding the transmission of psychoanalysis in the wake of the WAP crisis in 1998/1999, a crisis which concerned "an often obscured dimension of transference", namely "transference as a political factor". He puts forward the definition of 'work transference' as given by Lacan in *Proposition of 9 October 1967 on the Psychoanalyst of the School*:

> Work transference produces a particular kind of knowledge, which is not knowledge as such, 'but knowledge in the sense of a writing in which what he (the analyzed subject) has come to know ... [can be] articulated in chains of letters that are so rigorous that provided not one of them is left out, the unknown is arranged as the framework of knowledge. (Lewis, 2000: 149)

He articulates what is at stake in terms of the analyst's 'knowledge', in the sense of familiarization and discernment of this phenomenon, in the way that it operates in the clinic, while transference in the politics of psychoanalytic institutions "operates as a political factor in the sense that it is used as a mode of power".

He writes:

> In the recent crisis I think it is fair to say that this intrinsic relationship between politics and transference showed yet again that the the object in a transference, the position of the analysis, is not in a neutral position. (p.138)

Although today the WAP is not under any crisis of that nature - at least not a crisis that has been formally expressed or acknowledged by its members - there is an undergoing involvement of psychoanalysts, equipped with a certain knowledge pertaining to the politics of the institution to which they belong and which they represent in the social Other, and to its politics on what 'psychoanalytic ethics' is. This was very clearly reflected in a major part of the Pipol 7 in Brussels in 2017, which was dedicated to pressing questions and challenges in modern political era, such as the rise of populism and the extreme right in Europe and the US,

followed by initiatives and urgent appeals of the School towards its community members and those sympathetic to its cause to be actively involved.

Lewis poses the following as a paramount question: “How can the desire of the psychoanalyst worker - the ‘determined worker’ as referred to by Lacan - not seek a Master?” In other words, how can the analyst’s desire not be driven by an Ideal? As an example, psychoanalyst Albert Ciccone (2003) states that, although, according to his experience, subjects with a rigid ideological position do not usually make a demand for an analysis, he encountered a subject with a militant ideological position (not evident in the beginning of the treatment). Inevitably, he had to face his patient’s position in ‘countertransference’, a position which opposed his own (ideologically). He concedes that his conduct was characterized by a systematic resistance and was systematically ‘contre-interpretative’. His way of assuming ‘responsibility’ was to finally admit that to maintain itself in the cure, the ideological position requires [and supports a more generalized assertion in psychoanalytic treatments] that the analyst can work with such position, by means of an act at the level of structural arrangement rather than the constitutive elements of such a position which organize it for the subject on the imaginary axis. Lewis stresses that the analyst’s act can only be judged at an ethical level, in the face of this joined demand by both institutional politics and the politics of psychoanalytic treatment (which are also marked by an Ideal, if not by an ‘ideology’, namely by a signifying articulation functioning as imaginary truth and organizing one’s conduct in the Other, as in the above example). He concludes that this is possible only insofar as “the institutional forms of psychoanalysis do reflect transference to work in which work is completely emptied of its imperative. This can occur on the basis of the cause remaining an empty place so that the analyst never becomes the Slave to the psychoanalytic cause”. Indeed, as he underlines, “the institution itself must incarnate a politics of the lack-in-being, the empty cause, so as to enable an analytic discourse to handle the transference of its members”. But Lewis does point out that this is not an easy task in a pragmatic sense: “the problem is that this empty cause continuously becomes embodied in the semblances of authority and turns psychoanalysis into a homage to the father. This occurs at the point where....the institution incarnates a demand implied by its mechanics.”...“...the real question is how is one with regard to the agency of the institutional demand. The fact is that there is a Demand of the institution also implies that there is a jouissance of those to whom it is made.

The question of ‘analytic extimacy’ certainly constitutes a problem for psychoanalysis today, unlike in Freud’s or Lacan’s era, Miller affirms (2008), a point also stressed in ‘Echoes

of Pipol 4“ :’the risk to psychoanalysis of the social insertion of analysts” needs to be taken into serious account. In the following subchapters, I will endeavor to examine the analyst’s position in the transference, his responsibility and act, for the purpose of reaching a conclusion on the influence that his immersion in sociopolitical affairs, underpinned by the politics of psychoanalysis as an organized body of work, exerts on his functioning as an analyst in the clinical encounter and specifically on his handling of the transference and occupying the position of the semblance for a given subject. On the basis of the question of ‘analytic extimacy’ and the question of the insertion/ disinsertion of the subject in the social, I will examine, by looking at specific cases, in what ways the analyst’s ‘subjective reality’, that is ‘expectation’ from psychoanalysis, is determined by the ‘objective reality’ of psychoanalysis, that is what the School as the place of formation of psychoanalysts and guarantor of their practice expects from him (if its reality becomes ‘idealized’)? While the School itself cannot have a ‘reality’, as it is not actually a subject, there can be nonetheless a ‘reality’ that underpins the structure of the school and its process of transmission. This can only be in the form of an ‘ideal’, namely Lacan’s teaching as a body of theory with theoretical underpinnings, or an object-language, or meta language, to be used in the construction of a patient’s case, or in the act of interpretation and the analyst’s accountability with regard to an act or intervention. Especially given Lacan’s affirmation that the responsibility is always on the side of the analyst - whether attached to a succeeding/ successful or a failing/ failed case - we need to ask whether this is something that the analytic community of this orientation is content about, even if such response-ability was proved to be an impediment for an analysand’s treatment or formation. One could further argue that the analyst’s responsibility ought to be scrutinized on the basis of the fact that psychoanalysis faces criticism against its effectiveness not only because it does not demonstrate it based on scientific methods, but also because it is widely considered to be obsolete as a system of theoretical knowledge and hence as an understanding of psychic/ social reality. What does this rapport between analyst and Institution reveal about the way that the notion of non-knowledge exists in the discourse of psychoanalysis (as a semblance)? Moreover, this line of examination can lead us into throwing some light on what makes the ‘non-knowledge’ of psychoanalysis appealing to the subject and impels him to make a demand for a psychoanalysis?

The examination of this question regarding how the analyst’s ‘subjective reality of psychoanalysis’ and hence function in his practice by means of his responsibility underpinned

by a fundamental ‘not-knowing’ is determined by the School’s ‘objective reality of psychoanalysis’ can also shed light on the distinction between the psychoanalytic position and this of other psy practices on the question of the subject’s insertion/ disinsertion in the Other. More explicitly, while both psychoanalysis and other psy practices agree that there is a strong correlation between contemporary mental health problems and the master’s discourse (common, everyday discourse most prominent in a society or given community), and both practices also concede that one needs to look at the latter to understand the former, their approaches are fundamentally different. Indeed, mainstream psy practices urge adjustments to the latter in an effort to ‘fix’ the former. For instance, they urge the public to tackle a prominent mental health issue, for example, anxiety/ depression in adolescents, by making suggestions or giving specific instructions on how to verbally engage with the individual in question, and what particular words to use as a replacement for those deemed as problematic and contributing to the problem. Psychoanalysis, on the other hand, does not try to ‘fix’ the subject, since this is something that does not even exist as a notion for psychoanalysis. Indeed, psychoanalysis examines the master’s discourse solely from the perspective of the singularity of each subject’s speech, namely from the singular way that each subject is ‘spoken’ by the master’s discourse, for the latter does not exist independently from/ externally to the subject, but can only exist in the way that it is incorporated by each subject in his own particular discourse. The following excerpts exemplify the aforesaid psychoanalytic approach:

> We can only note the paradoxical effect of the ‘care’ and ‘management’ psy practices for the purpose of [social] insertion. Without considering the link between psychic and social reality, as Miller points out, these practices set in motion the forces of dis-insertion. The clinic of the Lacanian orientation implicates that there exists a hollow place for the subject, which one can use over time to produce a singular connection (2010, p.93)

> ...our operation is not based on the desire to heal, the will to evolve or insert which stems from the master’s discourse, its ideals and standards for ‘thinking’ and ‘practicing’. (Ibid.)

> Our axis is anchored in the transference as it can be deployed in psychosis. It is characterized by the sobriety that is essential in the conversation and the different facets

> called (by Alfredo Zenoni) 'the partner instrument'. This furnishes the speaking being with the guarantee of a locus where what he deposits and constructs from his rapport with the Other and jouissance is recognized as such. Likewise, it can exist the type of social link that he invents as minimal as it is. (Ibid.)

This approach is justified on the basis of the claim that psychoanalysis has not been 'devoured' by the discourse of the master, meaning that it has neither assimilated with it, nor taken any imaginary position with respect to it (opposing or otherwise). The current optimism of the Lacanian clinic lies precisely on this sense of failure vis-a-vis the current master of mental health. In his book, *Twenty-First Century Psychoanalysis* (2017), US psychoanalyst Thomas Svolos proposes the following thesis: 'If psychoanalysis is to survive in the twenty-first century, it will be the psychoanalysis of the Lacanian orientation'. He argues that Lacanian psychoanalysis not only stands a chance to survive, but can also lead in the realm of mental health in our time, precisely because of the fact that it has failed to 'make it big' in the United States, namely to not succeed on a mainstream scale. In a 2009 public lecture, 'Why Psychoanalysis Today', Jean-Pierre Klotz also affirms this point by stating that the demand for psychoanalysis today is "coordinated with a more recent public criticism of psychoanalysis and a sense of its failure". But Klotz further underlines that many of the signifiers associated with the experience of 'psychoanalysis' in its own discourse, such as 'failure' and 'impossible encounter', become solidified in the actual experience of the subject's encounter with psychoanalysis in the form of the acknowledgement of one's singularity. Indeed, he refers to this point as "a feature of psychoanalysis' own ironic/ iconic split"; such signifiers give psychoanalysis its distinctive trademark in the Other, yet, at the same time, when actualized in the experience they lose their [common] meaning. The 'impossible encounter' for example does not take the form of an impasse in the experience, does not leave the subject on the side of jouissance, impossibility and loss of the sense of oneself and of one's rapport with the Other (which would necessarily implicate the deactivation of transference and hence the subject's departure from the treatment), but is "transformed into an enigma by psychoanalytic experience". What Klotz stresses, citing Lacan's declaration that the subject already has the answers and what he actually needs to find is the questions, is that "psychoanalysis is not about the eradication of suffering but rather about each subject's

singular way of connecting the bad with the good. The contradictory meaning found in suffering must not be eradicated but attain the point of impossibility in understanding".

II. There Exists One Who Wants to Listen to the Unconscious

Vastly used across the mental health realm since it was first popularized by Freud, the 'unconscious' arguably constitutes the most obscure and fluidly conceptualized notion in the psy domain today. Although historically associated with the theory and the practice of psychoanalysis, the unconscious (or 'subconscious', as it is also commonly named), is omnipresent as a signifier and a concept across disciplines of human sciences, especially when intellectually engaging with a psychological factor or perspective. There are theories of the human mind that present the unconscious as an underlying process of cognition, namely the way by which each subject forms cognition and experiences emotions, a process which once identified and deciphered by being fully integrated into language will presumably offer symptomatic appeasement and build or reinforce defensive mechanisms assisting the subject in his overall mental functioning. But in theories of various psychoanalytic orientations and traditions, which draw mostly from Freud's theory of the drives, the unconscious is presented as a psychical realm which can never be fully integrated into language. In a practical context, it usually goes hand-in-hand with the 'rule' of 'free association', which supposedly allows for the production of unconscious derivatives. In Lacan's work however, the unconscious is an even more complicated matter: it is 'structured like a language', there is a discourse of it, it is born out of the analyst's discourse yet it is made out of the master's discourse. Further, it exsists outside the Other's discourse, can never be fully integrated in the Other [of language], and as an 'Absolute Knowledge' (namely the way by which each subject can be reintroduced and reintegrated into the master's discourse by means of the analytic discourse), it is transmitted from one subject to an other through the phenomenon of 'transference'.

> ...this phenomenon of transference is itself placed in the position of a support for this action of the word. At the same time as transference is discovered, it is discovered that, if the word has an effect as it had an effect up to then before it was perceived, it is because transference exists. (Lacan, 1960-61: 170)

Indeed, for Lacan, the unconscious does not exist independently or separately from the dialectic of transference, namely from the subject's encounter with the Other within the parameters of speech and language. More specifically, in his 1960 Seminar on transference, Lacan situates the phenomenon of transference within the framework of the dialectic of desire in the analytic encounter. He underlines that one must distinguish between transference and the formations of the unconscious, describing the latter as psychical phenomena constructed to be understood, calling for signification, and the former as a 'fiction' which insists in the signifying chain and manifests itself as a need for repetition.

Transference is, according to Lacan, a "fiction … whose source and object are in question"; it is an "intrapersonal" phenomenon whose manifestation can be articulated in the form of the question - where does the subject speak from and whom is he addressing? It is intelligible then that the subject for whom the analyst is a subject wanting to listen to the unconscious, namely to what he wants to say, to the place where he comes from when he speaks, is already a subject under transference. Placing the analyst in the position of the one who wants to listen to the unconscious implicates the analyst already occupying the position of the supposed knowledge for the analysand, already being there for all the subject has to say, supposedly knowing the subjective cause of his constructions and hence what constitutes him who he is as a subject. Wanting to listen to the unconscious thereby necessarily equates to the analyst being an other who enjoys the cause of the subject's position in the Other.

> Over the course of an analysis, the unconscious takes its status from this supposed position... The transference, far from being an effect of the unconscious, on the contrary adopts the position of cause in everything of Lacan's that has passed into parlance. It's through the transference that one renders present, mobilizes and binds the unconscious. (Miller, 2018: 35)

The analysand's expectation from psychoanalysis is thus dependent upon the particular way that the unconscious is conceptualized in the theory, creating a certain semblance of what the unconscious is and how it manifests itself in practice, a semblance inscribed within the discourse of psychoanalysis. Perspicuously then, transference as the subjective cause propelling and orienting one's speech is predicated upon the generalized context of the 'unconscious' within the discourse of psychoanalysis, and hence with its symbolic

associations and -what have become - standardized interpretations. Following this line of thought, we can say that the belief that there exists one who wants to listen to the unconscious is the same as 'hope' for a psychoanalysis that is true to its cause, namely the subjective cause of desire. Lacan uses the term of 'hope' on a few occasions in his work, firstly to refer to clinical cases of psychoanalysis, and secondly, to his teaching. In *Television* (1990), he makes a remark that is ambiguous and perplexing even for established psychoanalysts: "Happy are those cases in which fictive 'passes' "pass for an incomplete training; they leave room for hope".

For example, François Leguil (2010, p.83) conceives this sentence in relation to constructing one's own 'novel', namely fantasmatic construction, anew once he completes the procedure of the Pass, a construction which will "signal to the subject what is impossible for him to say in what he wants to know" (p.87), and which constitutes "the analyst's training a humanity". For Leguil then, it is the very possibility that the pass, as the dissolving of fictions and the falling of the subject-supposed-to-know, does not leave one forever satisfied and secure in his relationship with psychoanalysis, but constantly propels him to confront anew the irreducible element of desire which he has consented to be a forever lost object in his analytic encounters, that is 'hope' for an analytic training beyond the pass. Another example is psychoanalyst Elizabeth Tamer's take on this quote, as she conceives it in terms of the failure to be nominated for the pass. Indeed, Tamer points out that what is really of value is to draw benefit from the pass in one's analytic experience, that one should take the risk of doing the pass even if it leads to no nomination (Tamer, 2018, p.67). In *Autres Écrits* Lacan remarks the following: "Of course, one of my principles is to hope nothing from my discourse being taken as teaching." (Lacan, 1970, p.298). These two remarks are intelligibly interrelated: if one employs Lacan's teaching as an instruction manual of how to conduct an analysis, then an analysis has the value of fiction and its results are predicated upon acts of interpretation and interventions in accordance with the theory as a source of techniques and understandings.

But of course this is not all that Lacan tried to put forward: in the *Television* quote, he alludes to dissatisfaction with the pass as emanating from hope for something that is not a mere acceptance of and contentment with the so-called irreducible of the symptom. It is hope for arriving at where one already is as a subject, for a reintegration into the master's discourse with the cause that makes one a subject, while, at the same time, ensuring that his teaching does not become a dogma, that not only is not a meta structure offering legitimate understandings of one's position and symptom causation, but also that it should not be

employed as a compass of how to speak as a pathway leading to insightfulness, enlightenment and ultimately successful treatment. In other words, an analysis, to be considered complete, must not end with one's mastery of the analytic discourse, but must overcome it, and by means of it, one must be led to his own cause serving him as a compass in his life. Of course this can only happen if the analytic discourse as such becomes symptomatic for the subject who is desperate to break out into the master's by means of what drives him as a subject, which is why Lacan's discourse is characterized by the use of common words in a peculiar way, ascribing to them differential meaning, or put differently, in the peculiar use of the common discourse. This, as Miller underlines in *Lacan, The Teacher* (2011), ironically constitutes the very difficulty that many find in reading and understanding Lacan's teaching. Intelligibly then, the first remark by Lacan with regard to 'hope' in psychoanalysis can be understood as his own hope that his discourse gains a symptomatic value that can be overcome, namely that through his discourse one gets re-introduced and hence gets to re-discover the common discourse anew. For indeed in any other case, one will be stuck at the analytic discourse, and will never be fully integrated into the master's, common discourse by means of his own subjectivity. Such psychoanalysts will only be part of the social by means of an idealized version of the 'trained psychoanalyst' which will allow them engagement in it through the lens of the analytic discourse. Starting from particular ways of looking at the structure, adhering strictly to the symbolic articulation, and hence excluding any subjective involvement in terms of perceiving the cause of the drive in one's speech, such analysts are led into constructing conclusions that only reaffirm their superior and exclusive status in the universe of understanding. But given the fact that the analyst's function is expected to be this of 'non-knowledge' and 'learned ignorance', what prevents an analysis from being 'self-analysis' is ultimately the analysand's wish for the existence of a subject who wants to 'listen to the unconscious', and in this way, being able to enjoy the unconscious on the basis of the presupposition of a belief in its existence. In other words, it is the hope that there exists one who wants to listen to what the subject presents as 'unconscious', namely the unknown, the mysterious cause, presupposing a belief in the subject's fantasies and articulated logic as indexed on objective truths underpinning the psychoanalytic theory as first introduced by Freud and developed by post-freudians.

Miller accentuates that Lacan actually wanted his discourse to invoke desire rather than hope, shedding light on the interrelation between Lacan's aforementioned quotes, namely that

hope from his teaching would only have the disastrous consequence of the analyst being content with not-knowing what can only be presumed to not be known, the irreducible of the symptom, lying at the core of subjectivity, and hence of feeling too comfortable occupying the position of non-knowledge.

> Let's say that he held a discourse that made psychoanalysis desirable; desirable to people in the nineteen-fifties, marked as they were by the Second World War; desirable to people in the nineteen-sixties, who were going to be swept up by the 1968 revolt; and desirable to people in the nineteen-seventies. The Word of Jacques Lacan is turned towards the transference-effect. It is only today that there is a teaching of Jacques Lacan, in the sense that others take him for teaching matter. (Miller, 2011: 47)

Miller proceeds to warn us of the luring power of the psychoanalytic concepts, centered around the 'unconscious':

> Psychoanalysis will only be able to go on in this century that is just getting underway if psychoanalysts manage to strip the fundamental concepts of psychoanalysis of their enchanting aspect. The reference of the unconscious will not be saved by chattering on about the neurosciences. The unconscious is not an idol, and it must not be turned into an idol. (Miller, 2011: 50)

It is however strikingly evident today in the psychoanalytic community of Lacan's orientation that it is through the very engagement with the neuroscientific discourse and studies that the unconscious as the object specific and exclusive to psychoanalysis is not only argued to exist and vigorously promoted, but also 'idolized', as it is directly associated with what is claimed to be 'the pure singularity of each and every one'. In other words, it is precisely through this juxtaposition with the alleged 'pigeonholing' techniques and methods of the mainstream psy practices today, and the reduction of the whole of the subject to neurological correlations, that contemporary psychoanalysts present the effects induced on the analysand through the dialectic of the transference, as effects attesting to one's singularity. The analyst's belief in the unconscious today is presented in terms of reaffirmation of the unconscious, as an effect of his words on the analysand, and in this sense, it entails a narcissistic enjoyment. His identification as 'psychoanalyst' provides him with the concealed belief that there was such

effect precisely due to him being a psychoanalyst, part of an institution that serves as a guarantee of his status and as an ideal master-signifier. Taking thus responsibility of his words, in many cases, is not required as it is asserted to not matter, since this would make it about counter-transference. Indeed, this is a notion detested within the Lacanian community, as it is taught to be an ego-to-ego relationship, or in other words, the analyst operating from his own ego position in his encounter with the patient. Moreover, getting to know or understand why it had such an effect is also insignificant, since this would only invite further chattering on the subject's fantasmatic construction. All in all, all that matters is that there was an effect.

The social insertion of psychoanalysts can arguably only become a problem if it does not come into direct conflict with the analysand's presupposition - and hope - that there exists a subject who wishes to listen to the unconscious. The question, to what degree, and in what form, psychoanalysis ought to distance itself from mainstream psy discourses and their principles of practice, is one that inevitably stems from the desire to preserve this presupposition, as a hope and a wish. The insertion of psychoanalysts into the social should paradoxically thus be underpinned by the analyst's occupation of the non-knowledge position in a way that backfires, namely in a way that propels the subject's discourse to be oriented by the desire for his cause to be recognized by the Other. The subject's wish to have his unconscious be listened to can hence only be crystallized in the form of a discourse addressed to an other who presumably knows - in the sense of 'recognition' - the subject's intention, namely his wanting-to-say. Perspicuously, this means that one's singular cause of desire that resists assimilation to the universal needs to be invested in the semblance of the discourse of psychoanalysis, as created by the points of conjunction and disjunction between this particular discourse and the master's discourse of a given era, orienting one's expectation from psychoanalysis. Lacan's remark in *Television* (1974) - "Let us rather say that psychoanalysis operates on hope. It removes hope and thereby provides a certain relief." - alludes at the psychoanalytic operation being based on the perpetuation of hope on the subject's part for the resolution of dead-end points between the two discourses, namely of points guaranteeing a particular mode of drive circulation, leading up to the drying up of the formations of the unconscious and hence the giving up on the hope that these points can ever be resolved as they are subjected to interpretation and analysis according to the theory.

III. Objection to the Clinical Assumption of Normalcy and the Average Man

The first thing that one comes across upon his first theoretical encounter with psychoanalysis is unequivocally the ubiquitous assertion that there is a radical distinction between psychoanalysis and any other psy theory or/and clinical practice, on the basis of the unceasing accentuation that psychoanalysis operates rigidly on the principle of the one-by-one, giving each case a singular treatment that cannot be applied to another. This is claimed to be rendered possible insofar as analysts in their practice begin with learning the way that each subject is inscribed in language, namely the way that one comes to construct meaning and situate oneself vis-a-vis the [social] Other. This core principle is paradoxically in alignment with the current social injunction of 'each to their own', namely their own 'normal', their own singular mode of being in the world, which psychoanalysts are critical against when - that is, constantly - they moan about the inexistent Other and the pluralization of the 'Names-of-the-Father' as various modes of accepted normalcy. This only reaffirms that psychoanalysis has - yes - 'succeeded' in civilization in lecturing about the segregation between a healthy and an ill humanity being a social construct, a learned, false mentality. Indeed, in her text, *My Practice with the Psychotics* (2002), psychoanalyst/ psychiatrist Francesca Biagi-Chai declares that, for psychoanalysis, the prototype of normality does not exist, and contemporary psychoanalysis operates on the foundational principle, introduced by Freud, that one needs to look at the various structural mechanisms and speculate their consequences for each, instead of resorting to treating psychosis as a deficit or diminished version of neurosis. However, for another ECF psychoanalyst/ psychiatrist, Pierre Sidon, this same principle indeed applies, but precisely on the basis of psychosis not being a madness in the broad sense of the term, but rather an extension or exacerbation of neurosis: "But for us, psychotic structure is not a madness. There are confused neuroses: incomprehensible phobias, invasive obsessions, unlimited hysterias" (2018). This principle is echoed in the pathologization of manifold aspects of everyday life in every update of the DSM, right down to the most commonplace emotions. Limits between normal and pathological are noticeably collapsing across the mainstream mental health discourse, attesting to the DSM crisis, with the constant and ongoing extension of the domain of depression as one of the most striking examples. Indeed it is blatantly evident that contemporary researchers prefer a model that privileges continuity, over categories that entail the risk of mistaking normal for pathological, and vice versa, underpinned by deep-seated fear for errors implicated in the determinant factors of each

category, and hence for categories that can lead to belief in inaccurate distinctions. There is thus no norm in contemporary psychodiagnostics, but only push-to-the-norm:

> Within a classical scientific approach one has to start with observation and description in order to take the step towards categorization and generalization. This is the approach of prefreudian and postfreudian psychology and psychiatry, and it is an approach which is doomed to fail. The step from the observation of an individual to a generalized category proves to be a very frustrating business. Everyone who has been trained in psychodiagnostics, being the first step in this kind of scientific approach, knows exactly what I mean. By means of observation and interview with an individual patient, you sample a number of characteristics, which have to match the characteristics dictated by a psychiatric handbook. They have to match, but, of course, they never do. Still within the classical approach, the solution is always a variant on the same theme: one differentiates between primary and secondary characteristics; in that respect, you have for example the primary and the secondary characteristics of schizophrenia. The modern solution to the same problem is illustrated with the DSM, in which there remains an element of choice: a patient is called borderline if he shows at least five symptoms out of a list of eight, etc (Verhaege, 1995, p.1)

However, psychoanalysis' protestation is that calling into question what is 'normal' is taking place "within a clinic that forecloses the subject with no possibility of return".

> The flipside of the 'medicalization of everyday life' process is precisely the recognition that psychiatric patients are merely people who are a little less 'normal' than the rest. In its difficulty to set down the limits between normal and pathological, the DSM-5 is confirming in its own way that 'everyone is mad, i.e. everyone is delusional', as Lacan said in his reformulation of Freud's'"everyone is neurotic' on the side of madness.

For psychoanalysis, on the other hand, calling into question what is 'normal' is currently happening almost exclusively within the framework of 'ordinary psychosis', namely of the acknowledgment of our era as the era of the inexistent Other. In fact, it is even stressed that this is the only way to engage with such question, otherwise, analysts are in danger of falling

prey to understanding dictated by concepts and ideas pertaining to the domain of neurosis, which is essentially the classic psychoanalytic theory as introduced and developed by Freud. Determining what is normal for each subject is thus to be achieved only by means of the 'tool' - as it is also very pretentiously called by some analysts - of the ordinary psychosis, namely of accepting that the Other does not exist as a universal in order to come to know the Other of the particular subject. Lacan, in his *Écrits* text, 'The Situation of Psychoanalysis and the Training of Psychoanalysts' states the following:

> '*Psychanalyse, c'est la science du particulière*' that is: Psychoanalysis is the science of the particular. One of the reasons why Freud was so innovative lies in his solution to this problem. Instead of making his own categorial system in which every patient had to find his proper place and trying to convince the world that his system, and his alone, was the only useful one, he chose a completely different line of approach. Every patient is listened to, and every case-study results in a category into which one and only one patient fits.

But he proceeds to bring to our focus the problem that emerged out of this approach:

> But this abundance of data, which were sources of knowledge, quickly led them to a knot that they managed to turn into an impasse. Having acquired these data, could they stop themselves from taking their bearings from them in navigating what they head thereafter? In fact, the problem only arose for them once patients, who soon became as familiar with this knowledge as they themselves were, served up to them pre-prepared interpretations that it was the analysts' task to provide."... "No longer believing their two ears, they wanted to find anew the beyond that discourse had, in fact, always had, but they did not know what it was. This is why they invented for themselves a third ear, supposedly designed to perceive that beyond without intermediary. (Lacan, *Ecrits:* 387)

This 'third ear' is undoubtedly for today's psychoanalysis the 'tool' of ordinary psychosis, linked with the non-knowledge position of the analyst which he employs to the maximum when he is confronted with these pre-prepared interpretations.

> All of his [Freud's] efforts from 1897 to 1914 were designed to distinguish between the imaginary and reality in the mechanisms of the unconscious. It is odd that this led psychoanalysts, at two different stages, first to make the imaginary into another reality, and then, in our times, to find in the imaginary the norm of reality. (Ibid: 388)

This quote by Lacan cannot but only be prophetic since today ordinary psychosis as the analyst's approach has indeed become both. 'Foreclosing the subject with no possibility of return', as the main criticism on psychoanalysis' part targeting mainstream practices governed by the DSM, is in conjunction with the warning that 'the hypothesis of the unconscious is under attack' (PN 16, p.132), the unconscious which is politics and which is structured like a language, and thereby the unconscious which can one grasp only by means of ordinary psychosis. Chai provides two examples from her practice (both of which I translated from the French) to demonstrate how psychoanalysis is the science of the particular, by using two cases of psychosis. What her two examples attest to is this analyst's 'reality' of psychoanalysis which links up theory and clinically pragmatic exigencies: Firstly, Chai rejects the 'structure' as an "objective self-consciousness under the form of a transparent knowledge communicable to the Other". Secondly, she states that, in the ECF, the analyst does not make a judgment of a given patient's suitability for psychoanalysis solely on the basis of his demand, but considers his engagement with his symptom, as well as the persistence of his demand as manifested in its reformulation(s), which she situates in the register of the analyst's responsibility.

First example:

> A man, after exiting a long psychiatric hospitalization, began an analysis to understand what had happened to him. He had been specifically told that psychoanalysis is not for him, so he sought a psychotherapy instead. A cultivated man, he had read Freud, and was interested by the causality [of his mental troubles]. At the ECF, we do not accept or reject the demand on the basis of the structure alone, but take into account the engagement of the subject concerning his symptom. The reformulation of the demand and its persistence pertain to the register of the analyst's responsibility and function vis-a-vis the politics of the School and its cause.

> Despite his apparent docility to what was said to him, the man reposed the question of the difference between psychoanalysis and psychotherapy. The analyst responded quoting Lacan: "psychoanalysis... is the cure that is expected of a psychoanalyst" and explained that the psy modalities vary depending on the subject: "...for one it can be indispensable, for another formidable or disturbing." Precisely because he knows enough about the 'threat', this interpretation is decisive of his commitment in the cure. The patients know very well that what is involved is of the order of discourse and they verify its authenticity. The analyst's desire is to render a cure possible. No formalism is needed here. (p.196)

Second example:

> A woman has tried to avoid the strangeness of the body and of sex by means of love. After episodes of erotomania and sexual wandering, she has met a companion no less difficult than her with whom she has established a reasonable pact: 'to love is to be all for one another, to say the slightest embarrassment and to share everything equally.' But they have become so similar that she is persecuted. It seems to him that he stripped her off of everything. At the edge of the rupture, she wishes for something to happen that will put an end to this mortifying relationship. This gives a glimpse of the possibility of a passage-to-the-act. The analyst tells her that in life each has their own style. She seized it as something that she had never formulated before: there is the style of the man and the style of the woman. From then on, she will be preoccupied with her absolute difference: the femininity. She will endeavor to manifest it in her relationship in the re-found couple. There will now be a distortion in the mirror effects which will attenuate this which may have been mortifying for her. She has become, she said, 'normal'. The analyst was able to accommodate a libido that did not fall under neither repression nor sublimation, but under the dependence of a manipulative and menacing Other, external to the subject, which is often one of the consequences of foreclosure. It is about permitting the subject to invent a solution which 'tempers' her. If there is only one foreclosure, there are many responses to it in terms of non-phallic jouissance. Where the phallus is absent, the permutations ('ins and outs') of signification abound. (p.198)

Chai contends that the specificity of the formation of the Lacanian analyst lies precisely in his ability to assist the subject in diverting from the worst invention of a singular response, warning that "if this is the best for the subject, it can also be the worst, and if the worst is not always certain, it is often possible". But in psychosis, Chai states, it is not a matter of questioning the subject's position on the imaginary register, because, for the psychotic subject, it is all about the encounter as such. Indeed because knowledge, for such subject, does not implicate a negation, a limit within its parameters, it essentially identifies the subject with the Other - an identification experienced as the Other knowing the subject or completing itself with the subject - and marks the Other's enjoyment. She accentuates that "it is on this side of knowledge, as a waste, a surplus, that gives consistency to the subject, that the subject belongs to the signifying field of the Other". As for the diagnosis of the structure, Chai states that it is the absence of the phallic dimension alone that suffices:

> The phallus gets caught up, said Lacan, at the point where the symbolic 'becomes' body, becomes imaginarized in the face of the Other. This point where the signifier is written as affect in the body, where the words make one tremble and awake their passions, emotions and fears, where [the signifier] is founded on the intimacy of the vanishing 'I', this point can go amiss. This lack is the abyss where the most estranged (foreign) phenomena of fragmentation can be precipitated. (p.198)

Indeed, in his *Écrits* text, 'Preliminary Question', a fundamental text of orientation in the treatment of psychosis, Lacan conceptualizes the psychotic mechanism under the term of 'foreclosure' [of the paternal metaphor], and remodels entirely the psychoanalytic approach to madness, creating the theoretical tools by means of which a singular response to one's suffering can be sought over the course of the treatment. Lacan's famous aphorism is that in psychosis what is foreclosed in the symbolic reappears in the real (seminar III), that the subject as pure, unregulated jouissance irrupts in the Other. He formalizes 'Verwerfung', as the foreclosure of the signifier [of the 'phallus'], namely the Name-of-the-Father, as follows: "...at the point at which the Name-of-the-Father is summoned […] a pure and simple hole may thus answer in the Other; due to the lack of the metaphoric effect, this hole will give rise to a corresponding hole in the place of phallic signification."

What Chai stresses is that her direction of treatment in these two cases was not marked by a pure speculation based on the logic of the signifier, since the signifier produces jouissance effects on the body. She explains, for example, that in the case of the female patient (the second vignette), the analyst had to face what was at stake for her: "she could not stand any gap between sex and love, by betting, not on the interpretation of desire, but on the 'dressing' of sex by love". Indeed, Chai asserts that, as indexes of the real, the delirium, the hallucination and the neologism, "do not have to be interpreted but identified and situated in their place. The subject can insert them in his history by a semblant of causality, or consider them like non-sense and accept them as such". This is why Chai insists that the analyst must not await for such effects, that they must not be interrogated, but rather to allow a transmission to be taken by the ego. The analyst's intervention, in the second vignette - "in life each has his own style" - resembles the contemporary common expression 'each to their own' [mode of enjoyment]. This intervention separated the "style" of the woman from this of the man, giving 'femininity' an imaginary apparatus for the subject, namely social and personal consistency.

Chai's approach is clearly not one indexed on interpretation, reducing the 'reality' of the unconscious to a signifying structure, but one ultimately showing how interventions echoing common, banal expressions in popular discourse of our time allowed the patients to invent singular solutions.

IV. Self-Help: How to Not Actualize the Other's Enjoyment

Aside from the technical and more literal definition of 'self-help' in contemporary mental health realm - as a self-implemented psychotherapeutic treatment, precluding an encounter with an other - 'self-help' exists conceptually in a more vague fashion within mainstream clinical treatments to refer to the patient's own efforts and active engagement in the course of the treatment. This term, although conspicuously absent in psychoanalytic literature and the discourse of psychoanalysis in general, exists implicitly as a concept in its discourse and in a quite radical way. Indeed, for psychoanalysis it is the analysand's function as the bearer of the cause of desire which renders the treatment possible and it thus lies at the heart of such experience. 'Self-help' would in this respect refer to the analyst facilitating the subject in being the bearer of the singular cause of his desire and in this case preventing acting-outs in

the form of actualizing the Other's enjoyment for the subject, namely the way the subject perceives the Other to enjoy him. In this way, the analyst's responsibility is knowing-how to not get in the way of one's self-help, by means of knowing-how to acknowledge this position of the Other for the subject and not-knowing-how to embody this position himself. Contemporary Lacanians describe this technique as not falling into the 'imaginary trap' and employ it as a main way to argue for their practice following the orientation sketched out by Lacan. However this is not a technique exclusive to the Lacanian orientation; quite the contrary, it is a widely accepted and implemented technique in clinical practices. Indeed what makes this technique 'Lacanian' is solely the diction and standardized ways of articulating it in theoretical and clinical papers. What is important thus to examine is not any substantial difference in practice between Lacanian and other practices using this technique, but rather how the objective reality of psychoanalysis, in the form of a symbolic or signifying construction, can actually stand in the way of one's self-help and actualize the Other's mode of enjoyment for the subject. Contrary to Freud who believed in the Other, Lacan devoted his teaching to arguing for the inexistence of the Other, and this is why the direction of the contemporary psychoanalytic clinic of this orientation is one adhering to this notion, linked with the 'non-knowledge', which has progressively become a major principle for psychoanalysts in their community.

As a pertinent example showcasing self-help in psychoanalysis, not as the intellectual concept and technique described above, but as the signifying concept reduced to its signification, we can look at psychoanalyst's Anaëlle Lebovitz-Quenehen's pass testimony, "The Spice in the Grain" (2013), where she reduces the essence of her analysis to two fundamental imaginary identifications: 'the woman to be rescued' and the 'rescuer'. The latter, she states, "veiled identification with the woman to be rescued, a threatening identification against which I continued to defend myself". She explains that "to rescue - in whatever form I gave it - was thus a semblance whose only goal was to try to fill up a hole that covered the absence of the sexual relation". In Lebovitz-Quenehen's case, according to her testimony, self-help was a defense against identifying herself with a subject in need of rescuing, implicating castration, by an empowered Other. She claims that what pushed her to becoming an analyst was actually her identification with this defensive position, refusing her castration. But even though this position assisted her in her practice with her patients, she continued her analysis:

> ‘Now that I was an analyst for all the best reasons, I still needed to know for what bad reasons, as well.’ ... ‘It was necessary to go through psychoanalysis and its signifying elaboration in order to get to the outside-of-meaning.’ ... ‘What could be more amenable to being outside meaning than a name stripped of any universal definition?’ (Lebovitz-Quenehen, 2013:167)

This analyst then makes it clear that she rejected both imaginary identifications by accepting castration, yet castration stemming from an Other that does not exist, and hence, in this way, repudiating the very notion of castration which fundamentally stems from the [belief in the] Other. Although, ostensibly, the abandonment of the Other altogether and the vociferous claiming of the non-knowledge position aligns with the case-by-case principle of psychoanalysis, and can certainly be effectively argued to facilitate the subject in finding his own singular way in analysis precisely by not actualizing or realizing the Other that each subject supposes to exist and the particular mode of enjoyment he assigns to it, it can nonetheless be met with challenges. These challenges, as I argue, are linked to the non-knowledge position of the analyst as such, which implicates the adamant refusal to acknowledge any knowledge of the patient as truth by pretentiously dismissing it as one’s own construction and - subconscious or unconscious - choice. If the Other of the subject, as his fundamental fantasy, is not acknowledged as [universally-valid] truth and hence supported by the analyst, then the direction of the treatment does not take its bearings from this Other, but rather the aphorisms that the analyst can never know, and that the Other is inexistent. Indeed the latter, according to Lacan’s teaching, is what marks the end of analysis, and hence must only reveal itself to the subject at that point, in the form of a deciphering of the elements of the fantasy and the falling of, namely the contentment with, an element within the fantasy that can never be reduced to signifying logic, and thereby can never be articulated within the law of the symbolic. Intelligibly, such position begins with the inexistence of the Other as a truth that the analyst has come to learn at the end of his own analysis. By implementing it in his encounters with the patient, the analysis assumes a didactic value as the patient also needs to accept that the Other is his own instigation, construction, choice. In this way, the analyst’s interpretations and signifying position in the dialectic cannot be believed as genuine by the patient, but only be perceived as ‘testing’ for what is going to have an effect on him. Psychoanalyst Eric Laurent, in his text, *On today’s uses of psychoanalysis, possible and*

impossible (2005), underlines that the only existence left to psychoanalysis is now "the singular existence of the patient's demand." He explains:

> The paradise of essence is now lost, there are no valid classifications anymore. This is the anchoring and knotting point for a pragmatic use of a clinical practice no one much believes in – or only enough to do what has to be done, to have the simple desire to get up each morning. The result is a clinic of narcissism, in which each person only believes in his own point of view and the only universal clinic would be a clinic validated by a biological model. With fundamental consequences for the statute of the symptom, consequences we need to explore. (Laurent, 2005, p.3)

Faced with the current reality in the mental health realm - the dichotomy between the utopian vision of a universal clinic that only the biological model can create, and a clinic ruled by the narcissism of the ego, where each practitioner is left to his own devices and is exempted from any accountability to the Other - Laurent points out that psychoanalysis cannot but only be the knotting point of the two. This Laurent does not really explain how it can be practically possible in the clinical context, but we can only assume he refers to a couple of points constantly drummed into our ears in psychoanalytic seminars: firstly, for psychoanalysis, the biological model only exists in whatever form it assumes in the discourse of each subject in analysis, or in other words, it is the way that each subject speaks about his diagnosis or symptom(s) influenced by how such symptoms are spoken about in the master's discourse, that matters.

However, this 'knotting' that Laurent speaks about is not possible without a general understanding amongst Lacanian analysts of how a presupposed universal clinic based on the biological model exists in the discourse of the contemporary subject. The 'one-by-one' principle - underpinned by the injunction of 'not-knowing' - of psychoanalysis then does not get translated into the idea that the analyst does not need to know anything about the predominant discourse on such a presupposed clinic leading him to employ this principle as an excuse to evade responsibility that such a knowledge would give him. Secondly, clinical supervision is said to be given special significance and particular attention in this orientation. In fact, it is what psychoanalysis employs to shoot down claims that it lacks transparent standards of quality control, which are mainly linked with its controversial idea of 'self-

authorization'. This is an idea that really takes on shape after Lacan's excommunication from the IPA in 1963 and the founding of his own school *Société Française de Psychanalyse* (SFP) in the following year. It is central to his vision of creating a non-authoritarian, non-hierarchical psychoanalytic community, and hence one that is situated in the split of his school from the organizational structure of the IPA.

> The idea of self-authorization directly challenges what is for most the reassuring notion of psychoanalysis, like other professions, and particularly like other medical specialties, works with a clear standard of quality control. What seemed obvious to Lacanians about self-authorization was bitterly opposed by almost everyone else. Outside of the Freudian School the policy of self-authorization was generally seen as irresponsible to the public at large for refusing to maintain a standard of quality and for refusing to recognize that analysts who are 'listed' at the Freudian School are implicitly legitimated. (Turkle, 1992, p.122)

But psychoanalysis's way of responding to any such criticisms is by laying stress on the role of supervision, as "a possible place of verification of the efficacy of psychoanalysis" (*The Principle of Supervision in the School*, 2000). Supervision is indeed claimed to be "about defining a politics that is disjunctive from regulation", as it is a place where the act of the analyst is constantly put into scrutiny, interrogated and commented on, as a way to verify the particular analyst's approach of the real at stake in a particular case.

> Supervision is not the search for a technical solution nor the adjustment to the tactics, but it is the verification of the strategy and of the position of the practitioner in relation to the transference and of the politics which allows the extraction of the logic of the treatment." (2000, p.4)

The 'knotting' that Laurent refers to is thus another way to say that the Lacanian clinic is a subversive clinic, based on the idea that psychoanalysis is beyond the clinic, subverts the notion of the clinic, and hence it is not a substantialist clinic, but formalizes itself through phenomena of clinical experience.

> This in no way authorizes the psychoanalyst to be satisfied in the knowledge that he knows nothing, for what is at issue is what he has to come to know.

The tension between theory and clinical reality is inevitably present at this point, and if not, it is precisely what should raise serious concerns within the psychoanalytic community. For if the tension is not manifested, then analysts clumsily use vague theoretical concepts to their own advantage, or more precisely to justify clinical interventions and ways of approach in a convenient way. Indeed the so admirable and fascinating non-knowledge position can function narcissistically for the analyst, in terms of bringing him closer to the idealized version of the 'psychoanalyst', and exempt him from any responsibility of having to know anything about the patient. This is where psychoanalysis - or more specifically, what psychoanalysis truly is - can get tricky, as the assertion that psychoanalysis is a practice of speech, linked with the idea that 'only what can be said actually exists', has the analyst buying into a didactic aspect of analysis, and hence operating from it, having come to 'know' it an the end of his own analysis, namely that the subject speaks from an irreducible to language place, a place of pure impossibility. Intelligibly then, the analyst can be falsely led into believing, even if not entirely consciously, that he does not need to incarnate whom the subject coming from the place of the drive, the cause of the drive, imputes him to be, since what he has learned from his own analysis is that this is an element of pure waste, a jouissance linked with the subject's construction of his fantasy, as fiction. He is then led into thinking that psychoanalysis is a merely 'learn-how-to-speak-well' practice, breaking down signifying articulations to get to the core of the fantasy and subsequently letting go of this element of the drive, by constructing a 'knowing-how-to-do' with it. 'Hearing' what the subject says, rather than 'understanding' him, a yet another common instruction within psychoanalysis, also comes in handy here as the analyst justifies his position in the transference and in the analytic discourse in general on the basis of the symbolic articulations of the subject taken at face-value. My contribution with respect to this problematic is that the analyst needs to acknowledge the existence of the drive-object of the subject, what he wants to say, how he wants to come across; he does need to enjoy it indeed and it is precisely this which makes the analyst perpetually an analysand. If he does not occupy this position of the enjoying Other for the subject, what can ironically happen is that he unintentionally and surprisingly for him actualizes the Other's enjoyment for the subject.

In his essay 'The Real in the 21st Century' (2012), Jacques-Alain Miller states that, in the analytic experience, the analytic discourse establishes itself, takes on a form, through an elucubration of knowledge about a real, namely a transferential elucubration of knowledge, "when one superimposes on this real the function of the subject supposed to know, which another living being consents to incarnate". This elucubration of knowledge indexed on transference concerns the libido, according to Miller, giving meaning to it, which renders possible to interpret the unconscious. However, Miller punctuates, this interpretation is always subjugated to the preceding interpretation by the unconscious itself, namely to the fact that the subject's discourse in an analysis is the unconscious interpreting the real. So when Lacan affirms that 'the unconscious is structured like a language', he indeed does neither mean that the unconscious is in itself the symbolic articulation, nor that the unconscious is an underlying articulation veiled by what is said which once interpreted correctly it can be unveiled. He moreover does not mean that the unconscious is something that can never be said, can never be integrated into language which would make it equivalent to the idea of pure body jouissance. Lacan, with this aphorism, simply means that the unconscious exists in the saying, in what is said. Self-help then can or cannot be the same as self-analysis depending on whether the analyst occupies the position of the enjoying Other for the subject or he activates the enjoyment of the Other for the subject. In the latter case, he assumes the position of jouissance for the subject, which indeed would make it a self-analysis, since it would be an open invitation for the subject to embark on interpretations and analysis of his own case. In the former though, he occupies the position of desire, of the cause of desire, keeping it at a safe distance from the I of identification, namely from refusing to reduce it to what is articulated as such, which would make it self-help, as he would only facilitate the subject in sketching out his own singular path.

V. The Subjective Good Outside of Cure and of the Semblance of Psychoanalysis

Psychoanalyst Francisco-Hugo Freda, specializing in the area of addiction and substance abuse, makes the following deafening remark in his text *My Practice with Toxicomaniacs* (2002): "Psychoanalysis is the only treatment possible for the toxicomaniac, although the subject does not lend itself voluntarily to this practice". Indeed, for psychoanalysis, addiction is a problem in need of a solution only on condition that it is regarded as such by the analysand, a principle which essentially places psychoanalysis in direct opposition with

mainstream practices and the master's discourse. Intelligibly then, this is a strange, yet interesting, remark by a Lacanian analyst practicing in an institutional setting in France, especially since he claims that it is precisely his work that urges him to occupy this "extreme" position. It is a unique position insofar as it abandons the conventional idea in the contemporary master's discourse, predominated by science and capitalism, that addiction is a disease in need of a cure, and further challenges the mainstream view that addiction is most effectively treated by non-psychoanalytic practices. As a general observation, Freda states that the toxicomaniac does not lend himself willingly to the analytic work, as he introduces a paradoxical fact: he demands to be relieved from a habit, a behavior that in fact gives him more satisfaction than suffering. To be a toxicomaniac is presented as a solution, but a solution that implicates an impasse of the phallic position. He underlines that a solution does not constitute a symptom, as the latter is by definition enigmatic for the subject. From the first moment of the analytic encounter, the subject's demand is to find a solution that can serve as a reason for his symptom. With the toxicomaniac, Freda accentuates, it is necessary to give the solution that he has found a symptomatic status, namely for the solution to acquire the value of the symptom. Creating a symptom from scratch is the first task of the analytic work, although this might be at first glance seen as an odd approach, since for Freud the symptom is determined by a structural order. But for Lacan, Freda affirms, a solution can acquire a symptomatic status, not linked to suffering, but to a new nomination which allows the subject to 'hold' in the world. Freda's position is also one that reflects his position as an analyst:

> It is the name 'toxicomaniac' that marks the beginning of the toxicomaniac subject's history. The moment that he is given this symbolic identification is also the moment that he is given a knowledge that represents him in the social Other. The name does not constitute a symptom but simply a knowledge that the subject possesses and uses as a means to introduce himself to the analyst and to represent himself in his discourse. However, the nature, value and power of this name remain enigmatic to him. (p.208)

For Freda, the analyst's position in his work with such subjects must be determined by the desire to modify the subject's encounter with the drug by means of an error of interpretation. This point is also underlined by another expert in the field of addiction, psychoanalyst/ psychiatrist Pierre Sidon (2018) who argues, by putting forward the formula, "the

transference, it is politics", that the analyst aims to say something that will be 'misunderstood' by the addict and produce an effect that counteracts the appeasement that he knows. Sidon accentuates that psychoanalysis considers addiction neither "as an organic illness of a mysterious cause" nor as a "modality of jouissance that is like any other". For psychoanalysis, addiction is "consubstantial to man, constitutive of his sadness or happiness according to the particular". Freda justifies the importance of this specificity of the analyst's position in the treatment of an addict on the following account:

> If in order to sustain his reality, his bond with the Other, the subject chooses to make the reality of a product - the drug - the very cause of this bond, he cannot measure the degree of mortifying alienation that is implicated in his decision. The drama of the toxicomaniac is the monotony of his gesture. (Ibid.)

Addiction however is conspicuously absent in psychoanalytic literature in the form of a stereotypical, substantial theory, and not without a reason. Although it is often remarked that a lack of such a theory is surprising given the fact that the subject of addiction has many references in Freud's work (Loose, 1998), psychoanalysis considers addiction to be a psychopathological phenomenon, which, like many others, does not require a separate theory of its own. Indeed, addiction is a focal point of study in the contemporary Lacanian clinic, as it is commonly present as a symptom in clinical papers discussing particular cases, and is treated like any other, elaborating on the specifics of transference, interpretations and acts of intervention. In Lacan's work, there are no direct references to addiction, not because it did not exist in social and clinical contexts of his time, but because it did not have the gigantic dimensions that it assumes today in these contexts. Further, in Lacan's time, 'addiction' did not have any prominent place as a signifier in the common or the psychiatric discourses. Psychoanalyst Marie Hélène Brousse points out in her article, 'The experience of Addicts or the Superego in All its States' (2014) that 'addiction' is a generalized term in contemporary common discourse to refer to a set of behaviors and lifestyles previously described as 'passions', 'habits', etc. And this is why it has only recently been given any significant attention by the DSM and subsequently established into a clinical category of its own:

> The field of addictions has undergone dramatic changes in recent years. In 2001, Constance Holden wrote an article ... discussing the concept of 'behavioral addictions', and since that time, the issue of how best to conceptualize addictions and what to include under the umbrella of addiction has been the focus of considerable research attention. (Grant and Chamberlain, 2016, p.1)

Not surprisingly, both the DSM-5 and the ICD-11 (International Classification of Disease, 11th Edition) have attempted to address the nosological issue of whether 'addiction' should be expanded to include not just psychoactive substances, but also types of behavior. If so, what types of behavior should be included is a question constantly pursued. As compared to DSM-IV, the DSM-5's chapter on addictions was changed from 'Substance- Related Disorders' to 'Substance-Related and Addictive Disorders' to reflect developing understandings regarding addictions (2016). These 'understandings' with regard to what sorts of symptoms must be included in the addiction realm are largely determined by whether these [repetitive] behaviors displaying addiction can be statistically measured and evaluated according to a supposed 'average' extracted from widely established and recognized study results.

> For example, the DSM-5 rejected its own Sexual and Gender Identity Disorders Work Group's proposal to include 'hypersexuality' based on an objection to the implicit normative reference to the 'right amount' of sexuality. (Ibid., p.2)

The same applied to other 'repetitive behaviors' such as, compulsive buying, Internet use, stealing; however, with 'compulsive stealing' (kleptomania), the case was different. Indeed kleptomania was debated whether it fit to be included in the category of 'mental health disorder', on the basis of this 'disorder's' formal definition and its constituent parts appraising neurobiological, environmental, psychosocial, psychobiological factors, before it was concluded that it was in fact a better fit for 'Disruptive, Impulse-control, and Conduct Disorders'. On the other hand, 'gambling' was concluded to be eligible to be classified as 'addiction', having been determined to be a behavior that resembles 'substance abuse' insofar as the latter is deemed as such on the basis of an existent 'limit' between substance use/ abuse.

For psychoanalysis, it is a social symptom of our time (Miller, 2008) because it is "closely related to the social context of contemporary society, which has as a prominent

characteristic the self-centredness and individualism. In this sense, drug addiction is considered to be a postmodern symptom serving to prevent pain and to escape from subjectivity". (Verceze1 and Cordeiro, 2016). There is however a psychoanalytic theory of addiction which - although does not treat addiction as a separate clinical entity, in terms of structure and symptomatology - is centered around, and develops, Freud's idea that masturbation constitutes the prototype of addictions, an idea that was presented in his *Letters to Fliess*, on December 22nd 1897.

> I realized that masturbation is the greatest habit, the 'primary addiction', and that only as a substitute for it other addictions --- alcohol, morphine, tobacco, etc. --- acquire existence. (p.272)

This theory is developed in Rik Loose's, *Subject of Addiction* (2002), where it is argued that masturbation and addiction essentially represent a single phenomenon or two separate phenomena with similar properties. Loose's theory is loosely based on the thesis that addiction offers the complete satisfaction that masturbation, as the exemplar of autoerotic behavior, precluding undergoing an encounter with an other, fails to provide. Linking addiction to a disturbance at the mirror stage, Loose argues that addicts are driven by a libidinal push to seek out something more than masturbation in pursuit of complete satisfaction. This is why, for psychoanalysis, addiction is neither measured and distributed to levels of severity, nor even has a standardized definition, but is rather subjected to each one's particular grasp of it.

> The real toxicity in addiction, when considered as a separate clinical entity (by being related to the actual neurosis), is not situated in the drug or alcohol itself, but concerns that jouissance of the body which threatens to devour the subject when the phallic or sexual jouissance of the signifier is unable to contain it. In 'libido and toxic substance' I argue that, in this case, addiction takes the form of a kind of 'floodgate' which governs or regulates, in a homeostatic movement, the lethal attraction to the jouissance of the Other. (Loose, 2002: 275)

In ‘Malaise in Civilization’ (1930), Freud’s purpose was to point out that both masturbation and addiction serve the common principle of avoidance of unpleasure. Lacan, however, in his reading of this text, drew a clear distinction between enjoyment and jouissance, showing how the law of language orders, distributes and regulates enjoyment and jouissance in their two respective registers. In the contemporary clinic, analysts witness a ‘dis-insertion’ or ‘dis-contact’, as Miller, according to the book, *Lacan and Organization* (edited by Cederstrom, Hoedemaekers and Glynos), is stated to proclaim the following:

> In a time where the Other no longer exists, the radical nature of discontact or disinsertion indexes the subject’s movement away from the pole of symbolic identification with the big Other qua ego ideal and towards a jouissance contingent upon the consumption of objects. (2010, p.193)

Freda points out that phallic jouissance, as a sexual jouissance, emanating from the translation of body jouissance by the signifier, and hence being a jouissance linked to the Other, but situated outside the body, limited and subject to castration, is “rejected by the drug addict, since they do not submit to the universalized jouissance of civilization”. He underlines that the relation of the addict with the drug is dictated by a form of jouissance that is subordinated to the jouissance of the Other, but is differentiated from the traditional, sexual or phallic jouissance since it is not of the order of the symbolic (namely the phallus), but of the real. Thus, he concludes his point that being intoxicated is a way of the subject to not go through castration, and hence to suppress himself as a subject of desire. For psychoanalysis then addiction also takes its bearings from a delineated limit, yet not one inferred by the signifier as a countable unit, leading to the establishment of lists. This, Miller, in *The Era of the Man without Qualities* (2004), refers to as “the most stupid of master-signifiers to have appeared on the stage of history, the least poetic, but also the most elaborate, since it is precisely cleansed of any signification”. Indeed, for psychoanalysis, it is a limit that draws a demarcation line between jouissance and enjoyment regulated by the law of the signifier, rather than the signifier as a signifying unit, S1-S2.

This ‘extreme’ position by Freda is thus exemplary in the fact that it showcases how psychoanalysts are not discouraged but rather motivated and incited when employed by institutions urging them to work in ways that principally oppose psychoanalysis. Ostensibly, Freda has to abandon the general idea in psychoanalysis that if the subject’s symptom already

functions as solution giving him more satisfaction that suffering, then a psychoanalytic treatment would not be of much use. If the subject's demand, like in this case, is to basically exchange this solution for the solution that a justification for his symptom can be, then it is still not clear how psychoanalysis could offer must of a difference. However, Freda takes it in stride and states that psychoanalysis is the only treatment possible for the addict, even if his demand is to determine a reason for his addiction, a reason which will supposedly enlighten him in a therapeutic way, namely in a way that will get him to overcome his addiction. This does indeed oppose psychoanalysis at its very core, as providing an explanation as to why one suffers from a specific symptom is considered to be a fantasmatic construction that cannot as such designate the end of the treatment. Freda underlines that his work has taught him that there is no definite conclusion in a psychoanalytic treatment, however, he remarks that it is necessary to extract a minimum knowledge from the encounter with the patient. Addiction can be thus considered as an invaluable clinical and social phenomenon for psychoanalysis, as it allows the analyst to be confronted with the reality of a situation urging him to put aside the aspiration of a cure or a definite conclusion, and even more so, to go against the Lacanian superego of 'enjoyment', namely the common semblance of psychoanalysis amongst psychoanalysts, that a Lacanian treatment is specified precisely by aiming at supporting or reinforcing a symptom that functions as both a solution, and at the same time, entails an element of enjoyment, in favor of a predominant idea in current master's discourse that 'discovering' the reason for one's symptom will appease or eliminate it, an idea paradoxically associated with psychoanalysis and adopted by mainstream modalities of cognition. Most importantly though, it allows the analyst to support the patient's 'delusion' that such discovery will indeed eliminate it; for indeed every analysis starts with supporting the subject in his particular delusion, namely his own imaginary construction which provides him with his subjective position in the Other. In this sense, Freda's brief vignette is exemplary - even if unintentionally by the author - in making the point that, fundamentally, the job of the analyst is to work with whatever demand - explicit or obscure - the patient presents himself with, and to validate and support the patient's belief in terms of what is 'good' for him, even if that perception of good opposes the didactic message of psychoanalysis and hence its semblance in the psychoanalytic community.

VI. The Continuous Extraction of Jouissance from the Semblance Under Transference

According to Freud, transference is both the condition and the obstacle of psychoanalysis (Freud, 1905). There cannot be an analysis without transference, yet, at the same time, the danger of transference turning into an obstacle for the treatment is always omnipresent throughout an analysis. In the Introductory Lectures (1916-1917), Freud proposed a 'transference management' as a way to combat this obstacle whenever it surfaces.

> Where the transference arises, what difficulties it raises for us, how we overcome them and what advantages we eventually derive from it - these are questions to be dealt with in a technical guide to analysis, and I shall only touch on them lightly to-day. It is out of the question for us to yield to the patient's demands deriving from the transference; it would be absurd for us to reject them in an unfriendly, still more in an indignant, manner. We overcome the transference by pointing out to the patient that his feelings do not arise from the present situation and do not apply to the person of the doctor, but that they are repeating something that happened to him earlier. In this way we oblige him to transform his repetition into a memory.. By that means the transference, which, whether affectionate or hostile, seemed in every case to constitute the greatest threat to the treatment, becomes its best tool, by whose help the most secret compartments of mental life can be opened. (P.444-445)

Based on Lacan's aphorism "the unconscious is the discourse of the Other", rephrased by Miller as "the psychic reality is the social reality" (Miller, 2008), clearly indicating that symptom formations are determined by the social reality of a given era, how can transference be perceived as an 'ally' to an analysis today and how as an 'obstacle'? This question, in the contemporary psychoanalytic literature, and even more so in the Lacanian clinic, most commonly turns into the question of what determines one's suitability for a psychoanalysis. As the title of the present subchapter suggests, the semblance of the psychoanalytic discourse can function as a drive source for the continuous extraction of jouissance underpinned by the transferential relation with the analyst. In general terms, if transference is positive, it serves as an 'ally' to the process, and if negative, resting for example upon anger and hostility, it becomes a clear obstacle to the treatment calling for its early termination. However, the continuous extraction of jouissance from the semblance of the discourse under transference

can lead up to the formation of the unconscious, as the real which does not cease not writing itself (Lacan, Seminar XVIII, 1971). In such case, various questions emerge, such as the mode of the social insertion of the analyst in alignment with the psychoanalytic principles and ethics, the transformation of the analytic discourse into a master's or university discourse, and the identity of the psychoanalyst amongst other psy practitioners. If such questions are avoided to be addressed and examined, then one turns again to the question of what kind of cases are suitable for psychoanalysis and what kind must be refused. This just comes to reaffirm established ideas regarding this question, patching over crucial problematics for psychoanalysis in a given era, and hence contributing to its being drawn in by and assimilated with the master's discourse.

What is important to thus examine is the question of how transference today can be under the effect of the semblance of the psychoanalytic discourse, namely of how this discourse is perceived and how it functions for contemporary analysands. This can be examined by looking at how the discourse of psychoanalysis is constructed in relation with the master's and how it is employed by analysts in their theoretical and clinical papers, as they try to attest to the specificity of this discourse in relation to psychotherapeutic effectiveness. As the fundamental psychoanalytic principle - drawing a demarcation line between the practice of psychoanalysis of Lacan's orientation and other psy practices - is the function of the analyst as the analysand's cause of desire, namely as supporting the cause of his drive to ensure the continuation of the analysis, analysts mainly proclaim the uniqueness of their practice by pointing at their unconditional acceptance of each subject's singular mode of being in the position of the analysand. However this brings up back to the question of one's suitability for psychoanalysis and the question of transference being an ally to the analysis or an obstacle to it, presupposing that transference is determined or affected by the dynamics between the master's and the psychoanalytic discourse. In *Contraindications to Psychoanalytic Treatment* (2003), Miller gives a clinical example of a female patient, whose analysis of five years has not produced any therapeutic effects whatsoever, to the point that the analyst has lost all hope for any change in the patient.

> ... the patient has not shown any signs of change in those five years. She fills out the sessions with a monotonous, disaffected monologue in the course of which she meticulously narrates whatever happens in her existence. When the analyst speaks to try out what is commonly called an interpretation, she breaks off, allows him to speak, to

> finish, then she resumes speaking, 'as if nothing had happened', as he puts it. Short sessions, long sessions, interpretations or interventions, provocations or encouragement — nothing works. The analyst is at a loss. He no longer knows why she is there, nor why he is there, who he is and what he does. Nevertheless, he perseveres because he remembers that the patient, before coming to see him, was with a colleague, a psychiatrist, who saw her for almost a year before showing her the door, saying to her: 'you have nothing to do here'. A suicide attempt followed. Mr P. no longer has any hopes concerning therapeutic changes in the patient, yet he will not show her the door. He still remembers one thing she once told him, a long time ago: 'to come here is for me a guarantee of not going mad as my father did'. This suffices for him — of course it does, as he has nothing else. (Miller, 2003, p.4)

Miller expresses doubt that such a case could be legitimately described as a 'treatment' or an 'experience', and asks: "...who, except for an analyst, would take up this role in this game? Here, he lends himself to incarnate an object around which the statements of a patient, as vain as they may be, seem to coil, a patient of whom he will doubtless know nothing more." Miller employs this extreme example as a way to pinpoint to the exceptionality of the psychoanalyst amongst other psy practitioners on the basis precisely of his acceptance of the patient irrespective of her immunity to change or indeed to even being affected at all by the presence of the analyst. The analyst's acceptance is solely based on the analysand's assertion that being in analysis as such serves as a guarantee of her sanity; he does not question it, he does not attempt at analyzing it, but he rather accepts it as such, as being the analysand's irrefutable truth. However, this leads Miller to posing the question of whether psychoanalysis ought to be refused in certain cases - when there are no signs of change or of a possibility of change. He inscribes this question within the argument that today the 'right-to-sense' is a widely recognized 'human right', and hence, while he is not proposing that "a right to psychoanalysis be inscribed amongst the rights of man", he underlines that it is important to consider the potential repercussions of the refusal of analysis to a subject, "by telling him for example that psychoanalysis is not for him". Miller suggests this consideration on the grounds of the claim that such refusal does not have the same sense that it did in the 1960s or 1970s (in Lacan's later period); he does not provide specific evidence for this, but rather vaguely hinting at "archives" documenting a "change in language and [psy] practices".

Miller's example, although clinically exceptional and irrelevant to our question in this subchapter, gives us the opportunity to raise the question of how the suitability for psychoanalysis, and hence accepting or refusing an analysis, pertains to the register of psychoanalytic ethics, or more specifically to whether this ethics is situated in an 'opportunism', or in a 'purism'. Based on this example we can define psychoanalysis in two ways: firstly, as the analyst's enjoyment or narcissistic satisfaction from a sign of change or of potentiality of change in a patient, especially as a result of a direct intervention. Secondly, as the analyst's desire to accommodate the subject in his singular demand even if there is an indefinite stagnation in the treatment, or the transference as a dialectic which never took off in the first place. Freud's take on the question of analyzability and, in this sense, the shortcomings of psychoanalysis as a modality of therapeutic efficacy is more concrete and straightforward. In 1905 he stated: "Psycho-analytic therapy was created through and for the treatment of patients permanently unfit for existence". He then added:

> One should look beyond the patient's illness and form an estimate of his whole personality; those patients who do not possess a reasonable degree of education and a fairly reliable character should be refused"... "Psychoses, states of confusion and deeply rooted depression are not suitable for psychoanalysis; at least not for the method as it has been practiced up to the present. I do not regard it as by any means impossible that by suitable changes in the method we may succeed in overcoming this contraindication - and so be able to initiate the psychotherapy of the psychoses. (Freud, 1905: 263)

Freud further mentions the unsuitability of "those who are not driven to seek treatment by their own suffering" before proceeding to even address the question that psychoanalysis may actually do harm: "no harm should be feared for the sick in an analytic cure performed with sense and skill" (Freud, 1905) With these statements, Freud underlines the importance of an ethical decision on the part of the analyst based on the question of a motive rooted in psychic suffering formulated in the subject's demand, as well as reason, intuition and common sense in conducting the treatment. It is however ironic that several of Freud's case studies, (for example, the Dora (1905) and the Wold man (1918) cases), which serve as basic lessons for contemporary psychoanalysts, are in fact treatment failures. It is even more ironic in

mainstream psychoanalytic literature treatment successes by far outnumber and outweigh case studies that have led to failure. The psychoanalytic literature unquestionably contains more descriptions of cases with a good result than with a poor result. In fact, research in the PEP archive (Psychoanalytic Electronic Publishing, 2001), which contains the full text of nine premier psychoanalytic journals from 1920 to 1998 with more than 32,000 articles, yielded only three references with the word 'failure' in the title that were related to treatment outcome, two of which were book reviews (Ekstein et al., 1959; Meissner, 1973; Strupp, 1982). This does not preclude the possibility that negative cases have been reported, which is definitely the case, but indicates that it is difficult to use the clinical papers as a basis for evaluation. It is mostly in the research literature that negative outcome is discussed.

Even though today the discipline of psychoanalysis exists in both private and institutional settings all across the Western civilization, it is doubtful that we have acquired a better understanding regarding the question of suitability for being an analysand. This is attested by the fact that there is a lack of research in psychoanalysis regarding indications and contraindications regarding analyzability. Indeed. any research on this question is always counter-argued as any problems in analyzability are claimed to be rooted in the particular relationship between analyst and patient, and hence any initial observations are deemed as biased and groundless. In recent years, there has been a reaction against defining the suitable patient in terms of patient characteristics only. Several people have opposed this and have investigated the relationship between the patient and the analyst, claiming among other things that analysability is also a function of the analyst's personality, personal myths, theoretical orientation and so forth. The question becomes, 'By whom can this patient be analysed?' (Hirsch, 1983). The picture becomes more complex. We must not only ask which patients should avoid psychoanalysis, but also which patients should avoid analysis with which analysts under which circumstances. This depends upon both the personality of the analyst, including his/her theoretical orientation, creativity and flexibility, and on patient characteristics, However, it may depend primarily on the character of the relationship that can be created during the long analytic process. Bachrach, in a review of analyzability, ends with the following:

> The conclusion is that the most meaningful questions about analyzability are posed in terms of what kinds of changes occur, in developing mental processes necessary for creating meaning.

A prominent example of an endeavor to address the questions of analyzability and psychoanalysis being the best option to serve the patient's needs is Greenson's book, *Technique and Practice of Psychoanalysis* (1974). In a 2003 journal article, 'Which patients should avoid psychoanalysis, and which professionals should avoid psychoanalytic training: A critical evaluation', the authors, Varvin and Philos, point at the following aspects that, according to Greenson, an initial evaluation in the preliminary interview with the patient must focus on:

> ...motivation should be based on felt suffering coupled with a certain amount of interest and curiosity in the reasons or bases for the problems in one's personality. Impulse-ridden persons with a need for immediate gratification or masochistic persons with a need for the pain and frustration the treatment brings would not necessarily be suitable patients. Furthermore, the patient should be able to carry out antithetical ego functions, for example be able to regress and progress, be passive and active, give up control and maintain control, and both renounce and retain reality testing. The patient should thus be able to shift between living in the transference where conflicts and pain prevail and being in a working alliance. An excessive level of impulsiveness, which could make the patient lose control and not come out of a regression, that is, not be able to contain him/herself after the session, would make classical psychoanalysis difficult. (p. 51)

In the critical conclusion of the aforementioned article, Varvin and Philos conclude that "we do not have, however, after this short review, any clear recommendation as to who should definitely avoid psychoanalysis, except for Freud's advice that people in the throes of "psychoses, states of confusion and deeply rooted depression" are not suitable subjects." (p. 114) However, as we saw from Miller's example, an analysis cannot work if the analyst is not inscribed in the dialectic and hence occupies solely the empty place of a listener whose words have no impact whatsoever to the patient. As a further insistence on this point of the imperative of the intersubjective dimension of the dialectic of transference, in his text *Paradigms of Jouissance* (2000), Miller gives an example of a register of satisfaction which

does not conform to the imaginary agency of the ego, bypassing the intersubjective jouissance, and rendering it “intra-imaginary”. “It is not dialectical but is constantly described by Lacan as permanent, stagnant and inert.

> In the first instance, jouissance is fixated and regulated by signifiers that encode-'encipher'-the unconscious in the form of symptoms. Thus, a symptom is both a body of signifiers and a source of enjoyment. A symptom embodies jouissance- though 'embodies' is not quite the right word since a symptom is not invariably inscribed on the body but can affect thought as well, for example, in the form of procrastination or doubt or compulsive ideas. (Grigg, 2012, p.7)

Whether transference is an ally or an obstacle to the treatment thus depends upon the opportunism or purism question, namely what analysts today consider to be the coordinates of their territory, so that their practice does not become one of opportunism, but one of what can always be justified in the name of a purism in psychoanalysis. More precisely, it arguably depends upon the idea of what ‘pure’ psychoanalysis is, which can come to lure an analyst in viewing transference as an ally even in cases where it is ostentatiously an obstacle, and empower him to occupy the position that the analysand’s transference places him in. Again, this idea is dependent upon the particular construction of a discourse of psychoanalysis and the points which seem most foreign to the master’s discourse in terms of conceptualization by a particular usage of common language and way of speaking.

Following an overview and critique of ordinary psychosis in the previous chapter, in this third chapter, I wanted to focus on the creation and functioning of an objective reality of psychoanalysis, as it vibrates through the meticulously constructed discourse of psychoanalysis. In other words, I wanted to look more closely into the semblance of psychoanalysis, on how it appeals to contemporary practitioners of this orientation (insofar as *orientation* denotes the fact that the said practice is always oriented by and operating on the desire to know the singular) on the basis of predominant, master concepts that make up this semblance of psychoanalysis in the first place, such as the unconscious and transference. I tried to do this while showing how psychoanalysis is not out of touch, but quite the contrary, very much entangled in common symptoms, predicaments and discontents in contemporary life, as well as in current mental health system. This had hopefully prepared the way for what follows: more thorough and complete studies of clinical case presentations, which I, as the

reader may be able to tell, worked on in the first year of my doctoral studies, when I still thought [or wanted to think] that psychoanalysis possesses a distinct technique.

CHAPTER FOUR

Introduction

In the first case, I begin from the hypothesis that the subject entered an analysis with an expectation constructed on the basis of a core semblance-notion of the psychoanalytic theory, namely the unconscious. The subject's expectation, which became realized in her analysis, and thus led to its end, was the deciphering of the unconscious, in the form of a series of interpretations of her signifying articulations. The patient's analysis ended when she reached, what is presented as, an 'unconscious knowledge', namely an imaginary construction which provided a new 'knotting' in the imaginary register, and thus produced satisfaction. More precisely, in this study, I examine the analyst's functioning as an Other to whom this knowledge of cancer and of its verification is addressed to. The case is presented against the backdrop of 'transference-love' from the analyst's position, namely the implication of the analyst's wish to rid the patient of her conviction that her knowledge that 'she was going to die of cancer' was the cause of her falling ill with cancer. Although this case is unusual in that there is no demand implicating an expectation regarding the end of the treatment, it is presumed by the analyst - and author of this vignette - to be the patient's desire to liberate a veiled truth by deciphering the fantasy responsible for her false conviction.

In the second case, I argue that the discourse between analyst and analysand functioned as a complement to the patient's symptom. Although, unlike in the first case, the patient's expectation is explicitly articulated, it is rather opaque, simply indicating social disconnection, and does not implicate a supposed knowledge in the Other. The patient justified his choice for psychoanalysis with the claim that he did not seek a solution to an "immediate problem", and his demand was predicated upon his "difficulty dealing with people"; "he knew how to behave with people, but it all felt fake and superficial...and when he was alone... he did not like himself very much". His expectation then appears to be constructed in accordance with the semblance of psychoanalysis as a 'long-term' treatment underpinned by an opaque discontent with the Other, rather than an urgent, exigent subjective crisis requiring immediate 'fixing'. My initial hypothesis is thus that this 'expectation' is the patient's way of representing himself, a symbolic position that inscribes him, in the discourse vis-a-vis the analyst, rather than an implicated desire circumscribed by a hole in knowledge.

The analyst, and author of the paper, attributes the failure of the treatment, attested by his leaving the treatment unsatisfied and unchanged, to his inability to trust her, that is, to trust her interpretations without questioning or analyzing them. Albeit the analyst does not consider this to be a "negative therapeutic reaction" - another name for 'negative transference' for this 'analyst' - she nevertheless contends that there was no transferential relation of trust, as attested by his constant questioning and interpreting of her position and her way of functioning in analysis. While I agree with the analyst's assertion that there was no established transferential relation, I argue that the analyst functioned as an Other for the subject through which he reinforced his symptomatic position.

The third case is selected from a psychiatric journal, and concerns a patient who received an involuntary hospitalization as ordered by a court of law, with the designated correctional goals of 'social inclusion' and 'reduction of inappropriate behavior'. Due to the limited material provided with regard to the patient's own formulations and precise articulation of her delusional metaphor, I cannot endeavor in an exposition and analytic reading of this case. The report provides only two brief formulations by the patient, focusing solely on a descriptive account of her behavior from a phenomenological point of view, psychiatric history, result examinations and general information about the symptomatology of the two diagnoses and their comorbidity in this case. My aim here takes its bearings from the author's question at the end of the article: if the treatment had been "more permissive", would it have had a different outcome (than this of suicide)? Indeed this question is why I consider this case study important for and pertinent to my research question, and hence the reason why I selected it.The author argues that the "coping strategy" of the 'Syndrome' that the patient was diagnosed with is this of "leaving the treatment" once his "true identity is disclosed". This question thus assumes the form of a clinical and ethical dilemma constructed on the basis of the symbolic identification of the patient's 'truth' with the 'knowledge' ascribed under the diagnostic name, in the contemporary psychiatric discourse. This dilemma is then evoked as an imaginarized conflict between the order of the diagnosis, underpinning the 'subjective good', and the order of the law, situating the subjective good within the realm of the collective good. Since the order of the law - involuntary commitment - did not allow for the order of the diagnosis - the coping strategy of leaving the treatment - to become realized, the author postulates that the outcome of suicide was inevitable. More specifically, my aim in this study is to show the usefulness of psychoanalysis, outside its clinical confines, in demonstrating and exposing the imaginarization of this conflict, emanating from the erasure of the relation of the

particularity of each case with the Syndrome in modern psychiatry, failing to provide any account on the subjective logic. Since, prior to the involuntary commitment, the patient's demand for treatment was a reinforcement of her subjective position within the parameters of her delusional construction, namely "how to give more love to my father", how could a psychoanalytically-informed treatment unfold in a way that would reinforce this demanded 'know-how' in order to make her construction, as a defense against the lawless, real jouissance, more formidable? And how could this reinforcement be in alliance with the order of the law, namely in the service of the law's requirements imposed upon her case?

Lastly, the two last cases are from the Lacanian Clinic; the first from the private practice of a Lacanian analyst, and the second from an Institution in France which offers brief, targeted psychotherapeutic treatments on the basis of the psychoanalytic model. I chose the first case because the practitioner stated that her first thought upon encountering her new patient was, "How can psychoanalysis be of any use to him?", which implies that she has a crystallized idea of what psychoanalysis is, and according to this idea it is only suitable for a particular kind of subjects, and lastly, because evidently she was biased from the very start of the preliminary interview. Indeed, in my experience (please 'believe in my experience!') , when one decides to consult an analyst or a therapist with a view of a 'treatment' or a 'process' for an indefinite period of time, one always tries to impress at first, or at least what one says is not to be given much weight due to the initial awkwardness, uncertainty, and wanting to break the ice with chit chat. However, this is everything for psychoanalysts, because for us, it is in the manner (namely how one wants to be enjoyed as an appeal for love). I chose the second and last case because I was impressed by how the analytic practitioner wanted to make the point that "the result was not written in advance", as well as by how it was received by her fellow analysts in the panel and their respective comments following the presentation of the case.

Case #1: "Sorel: Somatic Violence and the Therapeutic Relationship" (1997)

The present non-Lacanian psychoanalytic case, from the *Canadian Journal of Psychoanalysis*, was selected because it paradigmatically illustrates the idea of a successful termination of a psychoanalytic treatment resting on the gratification of the patient's expectation from psychoanalysis. Further, it was selected because the direction of the treatment appears to be oriented by what is claimed to be the analyst's 'desire to know',

standing in direct opposition to the distinct proclamation by contemporary Lacanian analysts of the 'impossible to know', which, as I argue in this thesis, comes to justify the non-knowledge position of the analyst throughout the process. Although the latter position can be also defended as the analyst's way to sustain desire for further elaborate productions of knowledge and hence ensure the continuation of the analytic process on the basis of the cause of the drive, it is nonetheless a tricky position as it can fuel the analyst's resistance to recognize anything at all about the subject.

The case presentation is situated within the context of the analyst's transference to her patient, which the author implicitly underscores that the success of the treatment is to be attributed to. Joyce McDougall, the author of the present case presentation, which consists of an elaboration on certain aspects of her clinical work with her patient 'Sorel' - pertaining to her symptomatic 'psychosomatic' suffering - underlines that her clinical case is exemplary in showcasing the 'libidinal roots' in the analyst's 'choice of profession', namely the 'desire to know'. McDougall's purpose is to demonstrate "the transference-love as the vehicle of cure from the point of view of the analyst's love feelings"; she accounts her own 'libidinal investment' and "almost a passionate involvement with the analysand in question because her very life is at stake" for the success of the treatment, namely the eradication of her patient's symptom by the emergence of subjective desire and assumption of responsibility.

McDougall's clinical vignette presents two distinct phases of her patient's analysis, chronologically separated by the medical diagnosis of cancer; the first phase concerns the knowledge of the patient, in the form of the signifying articulation, "I am going to die of cancer", whereas the second, the verification of this knowledge by her cancer diagnosis. In the presentation, it is stated that Sorel entered a psychoanalytic treatment with the knowledge that she was going to die of cancer ("...I always knew I would die of cancer"). Her analyst's interpretation of Sorel's knowledge is stated: "Dr.A Told me he thought my conviction of suffering from cancer was a fantasy I had to use to hurt myself". This interpretation, according to the presentation, did not modify Sorel's knowledge, as it remained as such until she received her medical diagnosis of cancer. Post-diagnosis, her analyst became unavailable, and she made a demand for the continuation of her psychoanalytic treatment to her new analyst, McDougall. McDougall reformulated Sorel's knowledge as "destined to die from cancer", which led her to further interpret Sorel's position as passively submitting to her cancer, without assuming responsibility for the course of her illness ("it's as though you're

already giving in to death"; "she spoke as if though everything were out of her hands...as though she must accept death through cancer as an inevitable fate"). This lack of responsibility is attested, as McDougall points out, by Sorel's identification with her illness ("I am cancer"), and is attributed to the lack of desire, on Sorel's part, to stand against her illness and defend her life ("she seemed to show little determination to fight for her life"). It is evident that in both phases Sorel does not have a question; she knows. There is no demand for knowledge to the Other, but rather a subjective position in the Other vis-a-vis this knowledge. In the first phase, it is the knowledge that she was going to die of cancer that brought her into analysis, and in the second, the verification of the knowledge from the knowledge as such. More explicitly, the signifying articulation as such, "I am going to die of cancer", is, for Sorel, her symbolic identification and the cause of her cancer at once. McDougall states that Sorel was convinced that she had caused her cancer herself; it is the fact that she possessed this knowledge that caused her illness. "The bad news is that now I do have cancer!" comprises the present verification of her former knowledge - a knowledge that knows itself in the Other.

If we consider firstly, the medical diagnosis of cancer to be the divisive point of Sorel's analysis into two phases, the knowledge and its verification, and the psychoanalytic notion of the 'unconscious wish' to function predominantly in each phase, then what can we say about her expectation in each phase respectively? If Sorel entered a psychoanalysis because of her fear engendered by her knowledge, then why did she continue following its verification? The main body of the clinical presentation, following a brief introduction by the author on her motivation and reasoning underlying her decision to present it within the parameters of 'passion and countertransference', unfolds with a series of interpretations operating at the level of truth, namely situating the object-semblance at the place of 'truth'. Specifically, with this clinical account, McDougall aims at throwing light to 'the analyst's transference' as an essential component of the effectiveness of the transferential relationship and the results of the treatment. She asserts that the term 'the analyst's transference' is more appropriate than the term 'countertransference' because the former underlines that something "exists in the analyst prior to his encounter with the patient", and the transference is thereby a binary phenomenon. Sorel's analysis, as McDougall presents it in her paper, terminates successfully following the 'unveiling' of Sorel's 'truth' which was rendered possible by the series of interpretations on both the analyst's and the analysand's sides sustained by the implication of the analyst's 'love' and 'passion' in the transferential relationship. This 'unveiling' - or 'revelation', as McDougall names it - concerns an understanding - a

‘connaissance’ - that is presented as freeing the patient from her enslavement to a lifelong ‘fantasy’, namely that her knowledge, “I am going to die of cancer”, had caused her cancer - “the second predominating theme during the first year of our analytic voyage was Sorel’s conviction that she herself had ‘caused’ her cancer and must therefore passively submit to the death that it connoted”.

The series of interpretations leading to this ‘understanding’, in the form of ‘sense’, lodged in the imaginary register, are rooted in McDougall’s initial interpretation of Sorel’s knowledge ‘I am going to die of cancer’, as ‘passively submitting’ to what she ‘regarded’ as ‘destiny’ - not ‘illness’. Her knowledge (‘conviction’) post-diagnosis, namely that she had caused her cancer by means of possessing the former knowledge was merely dismissed by her analyst as false (“if we believed that everything we imagine is bound to come true, it would be a rather omnipotent way of thinking”). Concluding that Sorel’s mother (‘The Toxic Mother’), had ‘transmitted’ this - which ‘became an unquestionable reality’ – ‘perverse image of a human being’, an image of a ‘sick mind’, to Sorel, namely, that she ‘belonged to death’, ‘cancer’, ‘anti-life’, Sorel proclaims that she does not ‘need’ cancer anymore, and that she ‘wants’ to live. Specifically, as it is stated, her mother, by not being (emotionally) present in her infancy and early childhood, did her harm; she fed her ‘toxins’ as she did not breast-feed her with love (‘breast means mother’, Sorel accentuates), and thereby, she refers to her as ‘toxic substance’. Sorel accounts her ‘toxic’ mother’s absence for her belief that she deserved death though cancer (“...only a drop-out who deserved to die”), as she founds her interpretation on the signifying association between ‘absence’ and ‘death’. ‘Being for death’, namely existing only as her mother’s absence (being her death), invokes the symbolic identifications, on the imaginary plane, of ‘stone’ and ‘emotional outcast’. Sorel employs them to account for her interpretations regarding her physical symptoms, vomiting and diarrhea - her ‘revelations’ as McDougall refers to them as in the vignette - as ‘representing all the tears that I have never cried’. Further, her ‘hypochondriac symptoms of almost psychotic proportions’, as McDougall describes them in the beginning, namely, her multiple phobias, and her body auto-mutilation (“...Sorel had constantly squeezed and pummeled her breasts until they bled, to see if there were any lumps or unusual secretions”) were interpreted by Sorel, led by McDougall (“Might you be attacking someone else’s body through your own?”), as attempts to attack her ‘poisonous’ mother. ‘Cancer’ is employed, by Sorel, as “the name I gave to my fear” - “I was cancer” - and as the symbolic name of her mother; “cancer is my mother”.

Her fear of death, namely, of her mother's absence, was given the name of 'cancer' because it is an 'invisible' 'poison' that 'kills' life; her physical and hypochondriac symptoms are interpreted as her attempts to 'vomit out' the poison.

> I must have been, at birth, a strong baby with strong desires, which then were transformed into the battle with death. From the time I was very small and was forced to deny and 'kill' my drives, I had already started to kill myself. Death had invaded me and never left me until now.

McDougall explicitly and implicitly punctuates throughout the clinical vignette of Sorel's analysis that it was the experience of transference-love in the analytic encounter - one which implicated McDougall's own 'libidinal investment' in Sorel's analysis, namely sharing the 'imaginary' cause of 'the drive for life', the 'wish to be reborn' with her patient.

> ..If she were now in the world of the living this was due to as much her passionate with to be "born" as my own passionate wish to give her life.

In the conclusive sub-chapter in McDougall's presentation, entitled 'Sorel Discovers her Self and Takes her Life in Hand', McDougall presents Sorel's successful termination of her analysis at the level of her assuming responsibility for her cancer, by viewing it as 'illness', not 'destiny'. More precisely, Sorel is presented as having assumed responsibility for the course of her illness ('caring for her illness') by the emergence of her desire to determine the result of its course. Her exclaimed 'revelation' that she has 'waited for this cancer' and 'wanted it', as she 'let' her mother 'destroy' her with her 'full consent', is followed by the statement that now she does not 'need' death anymore, and thereby her 'treatment will work'. In her own words: "I am not a disease. I have a disease. And death can leave me now because I can let go of death". Sorel's treatment ends as she deconstructs her fantasy, namely her embodying the image that her mother had imposed on her, and states, following this 'understanding', that she is now free to live outside this image, by her own choice.

> She was constantly amazed to discover that she did not know who she really was nor what she really desired for herself and that her continuing psychoanalytic adventure must be devoted to discovering her true identity.

The vignette ends with Sorel's proclamation: "Even were I to die of this illness - at least I shall have lived!". The end of the treatment on the basis of this statement attests to the breaking up of Sorel's former knowledge - conviction - by the intermediation of 'if' in the formulation, and by the implicit wish to live in her articulation ("...at least I shall have lived!").

The success of Sorel's analysis and the justification of its termination - since the cause has met its purpose, according to McDougall - are thus attributed to the 'love' experience of psychoanalysis, namely the transferential relationship predicated upon the 'sharing' of the same cause between analyst and analysand, which allowed for Sorel's desire to live to emerge, undermining her fear of death manifesting in her obsessive efforts to avoid it. What McDougall's account of Sorel's psychoanalysis is an exemplary illustration of is what fundamentally distinguishes psychoanalytic practices falling under the aegis of 'ego-psychology' from Lacanian psychoanalysis. The former treat the subject's speech as 'object-language' awaiting interpretation; 'analysis' is intelligibly a term that designates 'deciphering' by means of interpretation, anchored by the imaginary register. The latter practice, on the other hand, is one that takes its bearings from the workings of the unconscious, namely, the logical mechanism that drives/ compels the subject to want (what it wants). Lacanian practice thus is predicated upon the presupposition that the subject is sustained from the place that guarantees its status as a divided, alienated subject; it is not what the subject says that the psychoanalytic operation of the Lacanian orientation aims at rendering transparent, but where the subject speaks from. In other words, it is indeed the logical contingency between signifier and signified in the subject's speech, one which guarantees the function of the fantasy, yet is irreducible to (imaginary) meaning, namely the law in the Other, that the Lacanian treatment ultimately aims at. Certainly, this case presentation is one that allows us to examine the question on what constitutes a 'successful' psychoanalytic treatment with respect to the meeting of the subject's expectation.

McDougall, presupposing that Sorel's expectation was to 'master' her fear of cancer, namely to render it an object-meaning susceptible to analysis and interpretation in order to remove its 'threatening', unknown, element that positioned her as enslaved and submissive to its inevitability, presents Sorel's case as successfully terminating on the basis of her assuming responsibility for her cancer, in terms of 'ego' mastering 'cancer'. Indeed, Sorel's analysis is successful insofar as she has separated herself from the object of her fear and assumed

responsibility for its ability to affect her. Her knowledge of 'dying of cancer', prior to the diagnosis, is interpreted by McDougall as the relation of Sorel's 'ego' position vis-a-vis the position of an external-to-her-ego object, namely, cancer. Post-diagnosis, Sorel's knowledge, with regard to having caused her cancer herself, is interpreted as 'guilt' on Sorel's part, namely an irrational 'belief' that emanates from her position that she does not deserve to live.

> Her talking extensively about her belief that she had not been desired and her enduring feelings of guilt about being alive allowed me to propose that she believed she should have died - but instead she went on living and therefore she had committed a crime. This idea struck her with considerable force as she recalled that throughout her childhood she had experienced deep feelings of guilt for some unknown crime.

McDougall notes that throughout their analytic work, Sorel was able to recall and 'piece together' many incidents in her life which indicated her 'guilt' feeling about thoughts of 'being truly alive', and interpreted those incidents as wanting to 'punish' herself for possessing such thoughts.

Following this recollection, Sorel's mistyping in her notes sent to her analyst – 'limb' instead of 'limp' - is 'analyzed' as her 'fantasy' that her mother would have been more acceptive towards her if she were a boy, a fantasy that fits well with Sorel's statement that she wanted to 'attack' her femininity by 'torturing' her breasts in search for cancer. Therefore, the 'success' of Sorel's psychoanalysis rests on the meeting of her presumed expectation from the treatment, namely to 'master' her ego's object relation, by means of reaching the answer regarding the cause of the formation of her symptom: her guilt about being alive and her creation of a 'false self', namely of 'death'.

For the Lacanian practice, although what the subject expects from a psychoanalytic treatment is precisely what propels and orients the coordinates of the treatment, the success of the treatment lies on the extraction of the fantasmatic element from this expectation, and thereby on the dismantling of the expectation in its form of '*connaissance*'. Returning to the questions I posed earlier in this case analysis, with respect to the functioning of the psychoanalytic semblance-notion of 'unconscious wish' as a means for the successful termination of the treatment, as well as for her continuation of her analysis after her knowledge did in fact become actualized, we need to shift our attention to what specifically, based on Sorel's elaboration of her symptom, would mark the coordinates of a Lacanian

psychoanalytic treatment. According to Lacan, 'the unconscious is not a notion'; it is rather a logical writing, made up of elements obtained in the locus of the Other, but which do not belong to the Other, in terms of being elements which adhere to its law, namely the law of meaning - metaphor and metonymy. As a logical mechanism underpinning the construction of the fantasy, namely the subject's relation to the Other, the cause of its division, the 'unconscious' is something which 'does not stop not being written', namely something that repeats itself - by resisting to be subsumed by the metonymic chain - in the structure of the subject's discourse. "The unconscious...subverts every theory of connaissance", Lacan punctuates in *Radiophonie* (1970); the encounter with one's unconscious then, namely with the impossible-to-know linked with a drying up of the formations of the unconscious, allows for a subversion of one's knowledge that guarantees one's inscription in the Other, of language and social bond, by revealing one's constructions that allowed for this inscription as works of fiction.

In Sorel's analysis, one which is a paradigmatic case of the psychologization of the ego, the unconscious is treated as a veiled object-meaning awaiting to be 'revealed' in the analytic process via the transference-love experience. Sorel's 'revelations' are presented as her 'truth', and McDougall's interpretations of Sorel's statements and elaborations, as also Sorel's 'truth', insofar as Sorel accepts them as such, and utilizes them to make an additional signifying articulation. Jacques Alain Miller's assertion in his text 'Interpretation in Reverse' (1996) - "To interpret is to decipher. But to decipher is to cipher again. The movement only stops on a satisfaction." - could not be any more pertinent here: The master's discourse was never exchanged for this of the hysteric, but it was rather simply reformed as a master's discourse , as one knowledge was replaced by another: "I am going to die of cancer" was reformed as "If I do (die of cancer), I will at least have lived!". While the latter articulation appears to have relieved Sorel of her knowledge in the form of conviction, as attested by the presence of 'if' in the formulation, it is in fact a de-activation of the former knowledge, in terms of the suturing of the non-significantizable element of surplus-jouissance by the application of a superegoic injunction. More precisely, Sorel's former knowledge 'does not matter', is not of value, because of 'having lived', having experienced something, namely the negation of death (life) which she was not avoiding, ("I was not aware of not wanting to live and only avoiding death").

The argument that the result of Sorel's analysis has met her expectation when she entered her analysis, namely to rid the burdensome jouissance encapsulated in her signifying

articulation, “I am going to die of cancer”, needs to be accompanied by the accentuation that the ‘meeting’ of the expectation is not equivalent to encountering the ‘cause of desire’. The ‘cause of desire’, namely the encounter of the void, one’s ‘lack-of-being’ - rather than the object in itself (‘I want life’) - in the Other, referring to the dismantling of the fantasmatic relation of the subject to the Other, would implicate the element of ‘surprise’ in Sorel’s analysis, an unsettling that would de-position her from being master of her knowledge, by causing a rupture in the metonymical relations within the signifying chain. In other words, the creation of a demand (to the Other) for knowledge would be possible following the ‘castration’ of her knowledge (conviction) which exists as such in the real without imaginary compensation. My assertion that there was no ‘surprise’ in Sorel’s analysis, apart from the jouissance invoked by her own interpretations named as ‘revelations’ by McDougall, is in alignment with the claim that Sorel’s expectation was met.

What I argue in this case discussion is that the patient did in fact get what she expected out of the analytic treatment: If analysis ‘masters’ this ‘unconscious wish’, in terms of deciphering it, making it conscious, and hence eradicating it, then the cancer will also disappear. The meeting of her expectation grounded upon the functioning of ‘unconscious wish’ as a psychoanalytic semblance-notion, namely one which exists for the patient as an object-meaning, guaranteeing and guaranteed by its own intrinsic truth, results in her submission to her knowledge, “I am going to die of cancer”. Certainly, the irony entailed in this case presentation is that the notion of Sorel’s ‘submission’ to her knowledge-conviction framing the course of the analytic work is precisely what the end of her analysis is grounded upon. Since her signifying articulation, “I am going to die of cancer”, is not, as I elucidated, intermediated by the imaginary register, it also functions as Sorel’s symbolic identification in the locus of the Other; an identification that evokes jouissance by being in direct contact with the real. In this respect, it is the 'I’ that caused her cancer, or more precisely, the 'I’s symbolic identification, namely her knowledge, “I am going to die of cancer”, preceding her diagnosis. Since ‘I’, for Sorel, is identified with “I am going to die of cancer”, then in the second phase of her analysis, her articulated knowledge (‘conviction’), namely, “I caused my cancer”, can be also formulated as ‘“I am going to die of cancer” caused my cancer”’.

The termination of her analysis on the basis of her ‘submission’ to her knowledge, or in other words, its pacification, implicated her expectation being met at the level of ‘unconscious wish’, namely, ‘one gets what one wants’. This is attested by Sorel’s exclamation at the end of

the treatment, one which she refers to as “the most important moment in my analysis”: “...I now know, deep inside myself, that I have waited for this cancer, and that I wanted it!”. According to Sorel, she got the cancer that she wanted, via her knowledge that she was going to die of cancer. What Sorel’s case teaches us is that the fundamental, for any modality of a psychotherapeutic treatment, notion of the patient’s ‘assumption of responsibility’, as a delineated aim of the treatment, is conceptualized and justified as such by the instrumentalization of the psychoanalytic concept of ‘unconscious wish’. The latter master-signifier in the discourse of psychoanalytic theory is intelligibly employed in the analytic framework to justify the validity of her ‘assuming responsibility’ at the end of her analysis. Her acknowledgement of her ‘unconscious wish’ to get cancer, in the form of an articulation following a series of ‘revelations’, is presented as ‘responsibility’ on her part, further supported by her ‘having the desire to live’.

In Lacan’s teaching, the concept of ‘subjective responsibility’ is essentially attached to the ‘knowing-how-to-do’ with one’s symptom, namely to recognize one’s singular way of compensating the lack in the Other, or in other words, one’s structural relation with the impossible encounter -with what constitutes a hole, as it cannot be integrated - in the Other. Sorel, in a Lacanian treatment, would claim responsibility for her knowledge, which constitutes her symptom in an explicit form, insofar as she would not ‘silence’ this knowledge by means of a metonymic reconstruction, but rather encounter its logical impossibility, namely its inability to ‘stop not being written’ as the repetitive-compulsive drive satisfaction in the body. By extracting this surplus jouissance, and recognizing it as ‘waste’, as irreducible to the law of language, to what can be significantizable, as something which does not exist in the Other as meaning, she would be given the choice to subvert her subjective coordinates anchored by what propels the demand of the drive, which Freud denominates with the term of Triebesanspruch, and reconstitute herself otherwise. “You don’t think I caused it (my cancer)?” Is certainly a question that contemporary cognitive-scientific practices would render as ‘magical thinking’. McDougall’s response, “that’s an omnipotent thinking if we think we caused everything that happens to us”, intelligibly rooted in this concept, is an attempt to ‘cure’ Sorel by ‘teaching’ her the concept of ‘magical’ thinking, in terms of irrationality. What is worth noting is that the ‘magical’ assumption of responsibility, by the mere articulation of her wish to live, following a series of interpretations on the basis of signifying associations, is ironically accepted as a valid reason to terminate her analysis and render it ‘successful’.

Further, her articulation regarding her assumption of responsibility for her mental torture, and the genesis of a desire to 'fight for her life' and 'live', is also implicitly presented by McDougall as responsible for improving her cancer treatment: "Dr D says for the first time now I fight my illness whereas before I seemed indifferent to my fate. New treatments are working." Albeit this 'responsibility' is indeed an effect of analytic interpretation while in a transferential relationship with the 'subject-supposed-to-know', it is nonetheless a ciphered knowledge, and not a response with regard to her real at stake, namely the real (the symbolic construction '"I am going to die of cancer" (I) caused my cancer"' as such) as an effect of meaning.

In conclusion, based on Sorel's present case analysis, we can say that what a subject can expect from Lacanian psychoanalysis, namely a psychoanalysis distinct from ego-psychology, is to instrumentalize the semblance of the 'unconscious wish', as structured in the subject's discourse, in order for the subject to experience, and account to the Other, the falling of the superego. The concept of 'choice' in the Lacanian orientation and clinic is thus radically distinct from this of other psychoanalytic traditions, and other psy practices in general, as it is predicated upon the deconstruction, and the laying bare of the logical elements of the structure of the fantasy, namely the Other's enjoyment of the subject. From the limited and selective, to demonstrate a certain result rendered possible due to - as asserted – 'sharing of the same cause' between analyst and analysand, presented as affirming the 'transference-love from the analyst's point of view', clinical case material, it is not possible to determine whether Sorel's case was a typically neurotic or psychotic one. Yet, it is safe to say that her knowledge and symbolic identification in the Other which is - as such, on a purely symbolic level - the cause of her cancer, would not be treated by the imaginary register in a Lacanian treatment, but by a symbolic intervention that would cause a rupture in the articulated knowledge. The expectation, as adhering to the structure of the fantasy, would not be met as such, but it would rather be instrumentalized by the analyst to orient the treatment and sustain the transference. The extraction of jouissance from her at once 'being' and 'having' this knowledge, namely an 'unconscious wish', interpreted as a wish which she used to hurt (or punish) herself with, a 'wish' that she could not not have insofar as she had 'unconscious', was evidently situated in the place of 'expectation' in the first phase of her analysis. In the second, the 'I', replacing her former knowledge (by being identified with it), is introduced in a new formulation of her knowledge: "I caused it (cancer)". Sorel's expectation from psychoanalysis, in this latter phase, is intelligibly the immersion into the aforesaid 'magical

thinking', namely a series of interpretations-truths lodged in the specific mode of utilization of 'unconscious wish' in her discourse.

II. Case #2: "An Analyst's Uncertainty and Fear" (2016)

The present clinical report by Judith Fingert Chused, published in the *Psychoanalytic Quarterly* journal (October 2016) of the International Psychoanalytic Association, has received significant attention in the psychoanalytic circle of its respective Institution, as attested by the three complementary commentaries by the author's colleagues, and Chused's subsequent response, also published in the same issue. The report evokes the question of the failure of an analysis to reach a successful completion, despite, as the author accentuates in her response, the implication of both the analyst's and the patient's wish ("...sometimes an analysis does not help... or it does not help to the extent the analyst and patient wish") to attain the desired outcome, as the latter is delineated in the patient's initial demand for an analysis. Chused explicitly and vehemently attributes the failure of her patient's analysis to his subjective position as one who "could not tolerate working with"; her strenuous and persistent efforts to form a "collaborative, working relationship" with her patient would, as she stresses, always fail, and she would subsequently always be left feeling "alone in the room".

The decision to write the present clinical case report was, as Chused underlines, predicated upon the desire to shed light on the emergence of the psychoanalyst's 'fear' within the psychoanalytic framework, as a consequence of the lack of a collaborative relationship with the patient. In her words: "The fear that comes when the lack of collaboration leaves me alone in the room, feeling that I do not understand what is happening, that I do not really know my patient ... and I begin to feel despair, questioning what I am doing." This specifically delineated 'fear' is intelligibly one that is presented by Chused as undermining the analyst's analytic capacity and putting forward the question of the futility of the analyst's desire in the case of a patient unwilling to work in alliance with the analyst. Accentuating from the beginning of her paper that albeit, throughout her analytic career, she has grown to feel comfortable in her analytic position during moments of 'uncertainty' - in terms of not knowing in advance the effect of an interpretation on the patient - Dr. S's analysis introduced to her the element of uncanniness, namely of 'fear' in this 'uncertainty', inducing discomfort and insecurity vis-a-vis her 'analytic capacity'. She writes:

> Prior to working with the patient I shall describe, I had become tolerant of the uncertainty of analysis; I even welcomed those moments when a patient and I were working together to discover something that neither of us could anticipate. Even when a patient was angry or disappointed in me, if he was there with me in the struggle, then I felt comfortable, confident, about the value of what we were doing. (Response to commentaries on my paper)

What this report compels us to interrogate is the question of how we can define a 'collaborative' relationship within a psychoanalytic framework, for indeed, as I will argue in this case report analysis, a therapeutic relationship can be 'working', yet not necessarily be of a 'collaborative' nature. Since it is general consensus within the parameters of the mental health domain that the prerequisite for any form of 'talking therapy' is the patient's 'trust', namely the 'supposition of knowledge', on the practitioner - which is another name for the clinical term of 'transference' - Dr.S's case was deemed as doomed to fail by Chused, precisely because it lacked trust on the patient's part. "His utter refusal to let himself trust, his need to control every interaction", Chused writes, was the challenge of Dr.S's analytic work. Indeed, the absence of a therapeutic alliance between analyst and analysand, essentially comprising the backdrop of the unfolding of Dr. S's clinical report, is attributed by Chused to Dr.S's inability to 'trust' her, and thus work collaboratively together towards the unveiling of a presupposed meaning 'waiting' to be discovered. Yet, what is important to underline is that this inability is not identified by Chused as 'negative therapeutic reaction', for, as she states, "in many ways, his life improved through the analysis", or as 'negative transference', but formulated as 'discomfort in connection': "His discomfort with connection led him to mishear most of what I said, to make requests I could never fulfill, and to withdraw into pain whenever I came near to understanding him".

Dr.S's 'dissatisfaction' with the analytic work was, for Chused, essentially the impasse that is to account for the failure of his analysis; "...it was just that he remained dissatisfied with him, with me, and with what we had done". As she implies in the conclusion of her paper - an implication made explicit by one of the commentators - her 'best' was still not 'enough' for her patient: "In our last session, before his departure, he ended with: "well, you did your best".

What renders Chused's case report an ideal follow-up to the first case selection is its presentation of a 'failed' analysis, whose 'failure' is claimed on the grounds of the failure of the treatment to meet the patient's expectation. Whereas in the first case we examined, the 'success' of the treatment was claimed upon the gratification of the patient's expectation, in the present case, the failure of the treatment to meet the patient's expectation underpins the assertion that the analysis 'failed': "...though I still believe the analysis and his self-understanding did not result in what Dr S had so long been seeking: the ability to take a greater degree of pleasure in relationships." In introducing Dr.S's clinical case, Chused informs us that Dr.S had pursued a psychotherapeutic treatment at an earlier point in his life - in his twenties - which was helpful with "his anxiety that significantly interfered with his social relationships...". She proceeds to punctuate: "now he wanted something else...Something to help him understand and feel comfortable with himself, not just to solve an immediate problem. He knew how to behave with people, but it all felt fake and superficial. And when he was alone... he did not like himself very much".

Dr.S, at the age of fifty-six, entered an analysis with Chused, with the complaint of having a "difficulty dealing with people". The aim that he wished to reach was, as Chused notes, to gain access to something 'real' about himself which would make his discomfort with himself and others - namely, with his relation to the (social) Other - cease. Following the elucidation on Dr.S's demand for analysis, Chused accentuates that the preliminary interview led her to contend that analysis was a "proper choice of treatment" for Dr.S:

> ...during the evaluation Dr.S had impressed me as an appropriate candidate for analytic treatment. He was thoughtful, intelligent and introspective, and seemed aware that the pain in his life was usually of his own doing - that from an external point of view, he had everything he needed to feel content.

Indeed, Chused credits its suitability, or more accurately, it being an 'ideal' case for psychoanalysis, for its result being exceptionally 'painful' and 'frustrating' to her. She calls it as 'the most painful' clinical experience of her career as a psychoanalyst, precisely because it met all the criteria for psychoanalytic suitability yet it was unsuccessfully terminated. In her own words:

> One of the most painful aspects of the work with Dr.S was that his self-understanding, excellent though it was, had a small impact on his behaviour or his relationships. He recognised how his past experiences with parents or siblings had shaped his relationships with family and friends, and with me in the analysis.

> These ... remained unchanged ghosts inside his head, transferred almost whole to cloth every relationship. Basically Dr.S was not able to let go of these internal objects, whom he used to protect himself against his vulnerability to trusting and having that trust betrayed.

What Chused identifies as an impasse in the analytic process, is also precisely what she holds accountable for her 'pain' and 'frustration' with regard to Dr.S's case, namely, the impotence of knowledge. She explicitly underlines that Dr.S's knowledge was incapable of helping him. His knowledge was useless. And this is what essentially frustrates her: encountering herself the impotence of knowledge, which, ironically, was a constant mis-encountering for Dr.S. This is primarily the question that implicitly underpins Chused's clinical report: How can knowing not be useful? How can the possession of knowledge not automatically ascribe the subject to the position of 'master', considering that 'knowledge' is 'power' as such? Or more accurately, how can the subject refuse the 'mastery' of his reality that his 'knowledge' provides him with? How can the subject render his 'knowledge' - symbolically identified with 'truth' - power-less, and insufficient for his 'master' position - to which he is formally ascribed solely by means of possessing the knowledge - to function as such? In other words, what is ultimately frustrating for Chused - whose clinical training, similarly to the analyst in the first case examination, belongs to the object-relations psychoanalytic tradition - is the encountering of the subject's possession of a power-less knowledge, namely of a knowledge that does not function as 'enabling power' for the subject, and thereby which is incapable of rendering him a 'master' of his reality: "As he talked, I realized anew why I found work with him so frustrating: he seemed to understand and feel so much, and yet nothing seemed to provide any lasting help". Then, if we state that 'knowledge is power' only on condition that the subject allows his knowledge to be power, we inevitably face the question of the subject's 'choice' with respect to the functioning of 'knowledge' as 'power' which irrefutably comprises the designated aim of any form of 'talking cure' within the mental health professional field.

Based on Chused's original paper, as well as on her supplementary paper written as a response to the report's commentaries, we can assert that both Chused and her colleagues/ commentators view Dr.S's inability to work collaboratively within a psychotherapeutic framework, not as a 'choice', but as a symptomatic reaction of which he had no control, and thus he is not accountable for. Yet, what is imperative to stress is that his 'intolerance of working with', namely his refusal to be 'submitted' at the hands of his analytic partner by allowing - namely, without scrutinizing, analyzing, putting into question - her interpretations to impose an effect on him, is a 'knowledge' that he possessed: "He said he knew he fought with me, but fighting was his problem - and wasn't he supposed to repeat in analysis what he did in life?" Quite intelligibly, the psychoanalytic semblance-notion with regard to the subject's 'symptomatic repetition' in analysis, is employed by Dr.S as a justification for his "sadomasochistic mode of relating": "Aren't I suppose to reenact my real life here?". His embodiment of this 'knowledge' appears to be yet another attempt on his part to have an 'authentic' analysis: "...saying he felt trapped by my words, that I was taking over his experience and not allowing him feel things authentically, and that I did not really know him". His wish to experience psychoanalysis 'authentically', namely to obtain a presupposed meaning existing in his real that only a 'proper' psychoanalysis would reveal to him, is 'acted out' by his constant preoccupation to rid of the obstacles preventing it. Thereby, his 'attacks' towards his analyst, which Chused refers to them throughout the report by the signifying associations of 'animosity', 'hostility', 'anger', 'withdrawing' etc, constitute a conscious effort on his part to 'do psychoanalysis right' by disposing of the Other. The 'symptomatic-repetition' semblance-notion, borrowed from the discourse of psychoanalysis, functions for Dr.S, on the imaginary/real level, as his own singular way of being in analysis and, on the symbolic/real, as its guarantee. By instrumentalizing this psychoanalytic semblance-notion he ascribes himself to this structural position vis-a-vis the Other; this construction gives 'body', namely an image, to his subjective position in the locus of the Other (of the law of language). In his analysis, Dr.S is in 'defense' of precisely what he explicitly articulates as being at stake for him: 'fighting' with the Other. Chused's praising of Dr.S's 'intelligence' throughout her paper is on the basis of his knowledge of his attitude within the analytic framework, namely his awareness of it, but also, his ability to interpret it. She specifically underlines that Dr.S knows that his present behavior in analysis is "shaped" according to his past experiences with 'important' others, namely family members and friends; that he uses intimidation as a tactic

for his resistance to be helped by an other; and finally that he wants to be failed – 'abandoned' - by the Other so that his 'walking away' would be justified.

Intelligibly, we are faced with the following paradox: Dr.S's possession of this 'knowledge' - his 'intelligence' which Chused symbolically associates with being "analytical" - does in fact render him 'responsible' for his symptomatic suffering, yet his position as 'powerless' in the face of this knowledge, exempts him of responsibility.

> He was aware that he was inhibiting me (as Chused would be careful with her words), and not infrequently, he would apologize and be angry at the same time, saying he knew it was his fault, and that he was hypercritical, and wasn't it my job to deal with it? He also said he was frightened that I was discouraged and would abandon him.

And this discrepancy is ultimately the locus where Chused's frustration with regard to Dr.S's responsibility lies: the possession of his knowledge (in the form of signifying articulation) of his symptomatic reaction, namely his conceding to it and his ability to interpret it, yet his knowledge (in the form of symbolic identification) of being 'powerless' when confronted with his knowledge. Certainly, Chused designates it as an analytic 'impasse' due to the fact that he 'knows' what it is, and why it is, yet not 'knowing-how-to-do' with his knowledge, which is essentially, according to Lacan's teaching, 'as far as one's responsibility goes'. In simple and concise terms, we can assert that Dr.S's case appears to be frustrating for Chused due to the realization that nothing can be done by means of the imaginary register, namely of meaning.

My thesis on this case report's critical analysis is that the recognition of the mis-encounter of the impotence of knowledge (in the form of connaissance, namely of imaginary meaning) by the Other was precisely what Dr.S wanted out of his analytic experience. For Dr.S, Chused occupied the position of the 'witness' of the impotence of knowledge, yet, at the same time, she was actively implicated in his imaginary construction. Her occupation of this dual position is precisely what her 'frustration' emanates from, since, by being a 'witness', she experiences the encounter of Dr.S's 'impotence of knowledge' via the intermediation of the imaginary register, and thereby she cannot understand it, and by being the 'Other' in the analytic framework, she 'guarantees' Dr.S's 'symptomatic-repetition' (which may be called as 'pleonasm', since a symptom qualifies as such from its repetitive nature). Ironically, as I have previously briefly mentioned, this 'impotence' is always a mis-encounter for Dr.S, namely a

logical encounter that does not stop not writing itself in the signifying chain - one that is not subject to the imaginary register, but rather in direct contact with the real. I propose my primary thesis on the basis of a twofold postulate with regard to Dr.S's expectation from his analysis: his expectation is constructed, firstly, upon the psychoanalytic semblance-notion of the patient's repetition of his symptom (referred to as 'problem' by Dr.S) in analysis, and secondly, upon the semblance-notion of 'unconscious knowledge'. I argue that the former functions as an imaginary construction that orients and guarantees his subjective relation to the Other, and the latter, as underpinning his wish to be in analysis, situated within the parameters of his formulation of a demand.

Apart from his initial demand for an analysis to Chused, Dr.S formulates continuous demands during the process of the treatment, as reported by Chused. His 'demandingness' – 'overwhelming' for Chused, as she confesses in her report - is mainly directed at Chused's performance as analyst, and consists of instructions on how to conduct the analytic operation: "I want you to be empathic, not interpretative"; "I want a tough analyst that I cannot intimidate"; and the implicit demand in the formulation - "I get turned off when I sense you're trying to understand me" - which may be explicitly articulated as, "Do not try to understand me". Further, his demands are identified with what he wants his analysis to be ((i.e. "allow him to feel things authentically") which is why he states, "you are empathic in order to trap me, namely "trap me with (your) words". Examining the separate functions of these two semblance-notions pertaining to the discourse of psychoanalysis as a theoretical framework, namely as a 'master's discourse', more closely, we can state that the 'symptomatic-repetition' pertains to the 'symbolic/real' register, without the imaginary intermediation - also designated by Lacan in seminar 24 by the term of 'purely symbolic' - whereas the 'unconscious knowledge' to the 'symbolic/ imaginary' plane - or 'symbolically imaginary'. These two functions are linked as the Other 'witnesses' the impotence of knowledge that Dr.S embodies, namely the lack in the Other as such. In other words, the Other gives recognition to its own lack on a purely symbolic level. Notwithstanding that in Dr.S's case there is no demand for knowledge to the Other, but rather a constant providing of knowledge, in the forms of observations, interpretations, conclusions, his demand for an analysis to Chused was based on his wish to obtain a presupposed 'real' that would empower him with a knowledge that is not 'empty', namely with a meaningful knowledge ('castrated' meaning, namely a meaning

implicating ‘desire’) that would allow him to be inscribed in the locus of the Other by means of this desire, whose object would be sought in the Other.

Having elucidated on the expectation of Dr.S from his analysis, we can proceed to examine Chused’s assumption of her assigned imaginary position in her patient’s expectation-articulation, which ultimately led to its satisfaction and the patient prematurely departing the treatment. “This man knew me”, Chused confesses as being the trigger of her fear in Dr.S’s analysis; “...his acute scrutiny of my responses to him, his careful reading of my vulnerabilities, had sharpened his capacity to unsettle me.” As a result, Chused writes, she became more cautious and careful with her choice of words: “...I began to monitor myself more and more; afraid of being spontaneous, I carefully weighed my words before speaking. I knew I was protecting myself from his attacks, but I was also trying to find a way to touch him that he could tolerate”. Undertaking a Lacanian approach in reading, deconstructing, interpreting, and critiquing this case report, I need to underline the irony: Chused assumed the position of the ‘impotent’ - as well as the ‘witness’ of the impotence (of knowledge) - namely of the ‘impotence’ of the knowledge that Dr.S possessed, via her ‘knowledge’: “I felt abused yet at the same time I knew that underneath Dr.S’s taunting criticism and needling dependency was a true hunger for nurturance”. Indeed, this case report is exemplary in illustrating the inefficacy of psy practices that operate on the imaginary register, namely the ‘ego (mis)cognition’, precisely because Dr.S’s case is one in which what is at stake is the impotence of knowledge. More explicitly, what was at stake in his case was ‘knowing-how-to-do-with’ the knowledge that he was in possession of; the failure of the recognition that knowledge - as such - is impotent unless one ‘knows-how-to-do-with-it’ attests to the impotence of the psy practices operating on the ego-(mis)cognition. The commentaries by Chused’s colleagues seem to provide little satisfaction to Chused who remains dissatisfied over the unsuccessful outcome of Dr.S’s analysis, as evident in her response.

As the commentators, in their attempts to provide a comprehensive account with regard to what led to the failure of the analysis, and whether it could have been prevented, cite her ‘need to be trusted’, and her ‘inhibition of anger’, as possible factors that contributed to the failure of the analysis, they also offer an interpretative analysis of the nature of the analysand’s, Dr. S’s, transference to Chused, which, as they claim, made the successful outcome impossible: “Zimmerman suggests that contributing to his statistic behavior was a

“detailed identification with a well-elaborated perceived vision of the seductive, sadistic, rejecting, and self-congratulatory mother.””

It is clear from the commentaries that Chused is praised explicitly for her efforts to “seduce” her patient into a collaborative relationship, originating from her genuine desire to achieve a successful outcome, but also implicitly by means of the question of what makes the analyst himself to view an analysis as success or failure, or ‘partial failure’ (which Chused claims to be true in Dr.S’s case).

The common ground and conclusion of the three commentaries on Chused’s report is that there are indeed times when analysis does not work, or works partly (Chused’s view of Dr.S’s analysis as 'partial failure’, because the analysis 'worked and yet it didn’t work’ - it had a therapeutic effect on the patient while it lasted, but could not be 'carried through to its completion’), and that Chused did all that could be done in his case. It seems that the calling card of any respectable and respected psychoanalyst must include words that convey humility and a sober assessment of what he or she can accomplish: after name, address, and phone number come the words: ‘And please don’t expect too much.’ Although it is outside the scope of this report analysis the question of whether the reason leading to Chused’s decision to write Dr.S’s case report was to merely remind us that psychoanalysis does not always have a happy ending, or to obtain a concrete answer as to what she did wrong, or to simply share her frustration with the analytic community, it is imperative to concisely outline her articulated position of responsibility. ‘Without question’, is her response to her self-posing question, “Would I accept another patient like Dr.S?” “Did I learn from him? Yes, an enormous amount.” Although she does not specify what she has learned, she proceeds to state how her analytic attitude has consequently changed: “I am now less defensive, more tolerant.”

Chused concedes that she shared the same ‘fantasy’ as her colleagues/ commentators (‘what if”... “if Chused had done this or been aware of that, then the analysis would have accomplished more”), when she “felt guilty that Dr.S did not get everything that he came to analysis for”. Her articulation of what she identifies as ‘fantasy’ is explicit: “holding on the the wish that If I had done something differently, he would have had a better result”. But - she states - “we all do that. It is hard to accept that psychoanalysis, as important and valuable as it is, it is limited.” She had earlier stated that “...Dr.S feared it would be a relationship in which he was used as he was by his mother”, adding that if they had worked on their different perceptions ‘more deeply’ and ‘persistently’, then the result may have been different. As a

final note in her response, she vaguely states that she has "learned" from these commentaries - again, without transmitting any specific knowledge 'learned'. It is in fact quite comical that the gist of Chused's message, as articulated in her report and her response to her report's commentaries, is that she has learned from her colleagues' remarks but the 'knowledge' learned is, as a matter of fact, futile because, after all, the practice of psychoanalysis is limited. This certainly illuminates, on a larger scale, the ethical attitude towards psychoanalytic work on the part of the IPA practices. 'Psychoanalysis is limited' is employed as the - conveniently - 'painful truth' one needs to accept if one wants to be realistic. Chused's remark that she shared the same 'fantasy' as her colleagues, when contemplating in - what she now regards as - a vain 'what if' fashion, and thereby experiencing guilt and annoyance by imagining having undertaken a different approach resulting in a successful outcome, is followed by her starkly conceding that one ultimately needs to make peace with the truth of 'limited psychoanalysis'.

Albeit psychoanalysis oriented by Lacan's teaching does not oppose the assertion that psychoanalytic clinical practice does not always culminate in a successful outcome - in terms of either its proper termination as formalized by Lacan, or its reaching a fair conclusion on the basis of a dismantling of the 'symptom' as a subjective construction undermining the subject's imaginary relation to the Other - the question of the limitations of psychoanalysis is certainly not accepted as a justification for the analyst not assuming a position of responsibility with regard to an analysis' failure.

It is in fact, for the Lacanian research field, a question that is always re-approached, reconsidered, reevaluated, precisely based on knowledge acquired from the study of clinical case material. What Chused does articulate as a response to Dr.S's 'partial failure' case was his 'intolerance to collaboration', which is extensively and meticulously interpreted in terms of his 'sadomasochistic' relationship with his mother; "he turns everything into a power play", she notes. Chused's own structural position within the analytic framework is only scarcely mentioned in the report as a refusal on her part to participate in this type of relationship with him. Although, as I've already noted, it is not on the scope of my report analysis to examine the sincerity of her explicitly articulated reason underlying her choice to write the present case report - namely that she wanted to enrich the psychoanalytic literature with a case report with an unhappy ending, 'for a change', and thus help it represent a more realistic and complete image of the psychoanalytic practice - I need to utilize its questionable nature in order to illustrate my argument on how Dr.S's expectation was met.

Intelligibly, her self-profession of experiencing ‘pain’, as a result of the incomplete work with Dr.S - because, again, “it is not that it did not work, but that we could not stick with it” - clearly paints the picture of an analyst invested in the work, committed to it, introspective and self-interrogating, and most definitely fearless by the very admittance to her colleagues of feeling ‘fear’ and ‘uncertainty’ while occupying her position. The presentation of the analysis also demonstrates an analyst who is patient, tolerant, genuine in her desire to “help” the patient, willing to learn, and tenacious. This ‘image’ that Chused paints of herself falls into place with her articulated reason: no matter how much we hate it, and suffer because of it, we need to accept the fact that psychoanalysis is limited, and this is why we also have unhappy endings. Her self-proclaimed ‘knowledge’ on the true desire of Dr.S’s – ‘nurturance’ - and her validation of Dr.S’s ‘self-knowledge’ as correct, certainly frustrated her as she could not see how he could not go from his knowledge to attaining what he desired. The ‘frustration’ emerges as she is an analyst who knows and cannot understand. She appears to have no desire to know, which would implicate abandonment of her prior knowledge regarding Dr.S’s ‘object of desire’, but to rather experience a ‘painful frustration’ as Dr.S cannot get to what she knows he wants by means of his self-knowledge. Dr.S’s expectation from psychoanalysis, which, as I have argued, is to have the Other recognize the impotence of knowledge - an always logical mis-encounter for him - was intelligibly met via Chused’s ‘frustration’ upon encountering this impotence.

In a psychotherapeutic treatment oriented by Lacan’s formalization and development of the psychoanalytic thought as opened up by Freud, the analyst would instrumentalize the position which the patient assigned him in, namely of the ‘witness’, in order to intervene symbolically, rather than be invested in this position on an imaginary level. By this technique, the analyst would recognize - guarantee - this position, as an ego-identification, for the patient, yet would not be assimilated with it: Dr.S explicitly reassured her that he knew she 'meant well’, yet he also implicitly reassured her that he would not let her. Chused embodying the ‘o-object’, which Lacan situates on the side of the ‘Other’s enjoyment’ in seminar 20, and further develops it in seminar 24 as a meaning which contains something of the function of the drive , was ultimately how the patient’s expectation was met and the treatment ended. In the journal of psychoanalysis, ‘On the aim and ends of analysis’, the author underlines the fundamentality of the function of ‘identification’ in the analytic operation:

> Psychoanalysis goes around the circle of identification twice. Identifications have to be first recognized and deconstructed and then relinquished, or taken away. This process is part and parcel of the path by which the desire of the subject is recognized and differentiated from the desire of the Other or from the desire to be recognized by the Other. When identifications (with the analyst and other significant figures) are abandoned, the subject finds his or her identity in the larger symbolic structure and the wondrous emptiness of unbeing (*désêstre*) according to Lacan, 1966-1967.

The identification of Dr.S as the possessor of an impotent knowledge did not go through this 'circle', as the analyst failed to keep the distance between the 'I' of her assigned position and the 'a', and thereby she was reduced to her ego-identification which made the 'meeting of the expectation' possible. The patient's identification was reduced to its semblance, as the division was not only not sustained but never even made possible, to begin with. A commentator's pondering about Dr.S's sudden change in his 'collaborative ability' before he left analysis testifies to the ceasing of the functioning of the patient's construction when this reduction took place:

> I am not clear how this new collaborative ability on the patient's part was understood in the treatment. Was it a sort of parting gift to the analyst, or did it feel safer to the patient to work more collaboratively with Chused once he knew he would soon be leaving, or was there some other reason?

III. Case #3: "Stockholm Syndrome Manifestation of Munchausen: An Eye-Catching Misnomer" (2012)

Published in the *Journal of Psychiatric Practice* in July 2012, the present clinical report concerns the law-ordered involuntary hospitalization of a young woman. The treatment's 'primary goals' were, as it is stated, "social inclusion and reduction of inappropriate behavior". The success of the treatment would essentially be dependent upon the satisfaction of these correctional goals. The patient initially presented herself in the hospital manifesting symptomatology ascribed under the psychiatric name of 'Stockholm Syndrome', concisely

described in the report as "becoming a willing captive in a cult, sympathetic to the leader". Yet, soon after, her true identity was disclosed by police detection, and it was thereby determined that she had been feigning this symptomatology. She was subsequently re-diagnosed with 'Münchausen Syndrome' - the "intentional feigning of an illness" - and 'Dissociative Identity Disorder' (DID), "...defined by disturbed consciousness, recollections, identity, or perception of one's surroundings without an organic cause". Both diagnoses were postulated to be part of a post-traumatic stress disorder (PTSD), although there was no evidence for the occurrence of any traumatic event in the patient's life.

Her treatment, according to the report, was 'centered around' the DID diagnosis, because the patient was determined to have fabricated the content of her stories, 'pseudologia fantastica', but not the dissociate symptoms (which are rather about 'form', as it is accentuated). Although her reported experiences ('content') were fictitious ("she copied symptoms of the Stockholm syndrome among others..."), her dissociative symptoms ('form') "were regarded as serious and authentic". As attested in the report, in the psychiatric discourse, the signifier 'form' is symbolically associated with the patient's way of 'presenting' her dissociative symptoms, namely her way of embodying a certain fictitious identity inscribed within a fictitious story; "her presentation impressed us as authentic". This is in alignment with modern psychiatry's trend of constructing a 'clinical picture', namely putting together a 'case', solely based on observation, in cases when it represents a social service and has a policing function, as opposed to a mere pharmacological dimension. The 'clinical picture' of the patient also excluded the diagnosis of psychosis:

> Given the many moments of acuity and social responsiveness displayed by the patient, the picture was inconsistent with schizophrenia.

The report further states on this point:

> Although the patient's condition during her hospitalization might be considered to contain delusional components, fixed, irrational beliefs suggesting psychosis did not seem to be present based on many psychiatric examinations by several psychiatrists and resident psychiatrists during the course of the admission. Some of the evaluators did say that the patient's ideas resembled isolated delusions, but they interpreted these ideas as

> the result of indoctrination and brainwashing...While her stories were often improbable, they were never bizarre and no cognitive impairment was found.

The patient eventually committed suicide, following a short period of involuntary commitment.

My aim in this study is grounded upon the clinical and ethical dilemma which appears to be centre stage in the case report. It is best evoked by the following question:

> ...the question remains whether the fatal ending could have been prevented if the patient had not been hospitalized against her will, a measure that was taken because of the damage our patient had inflicted on herself and on society. It is not possible to know whether a more permissive treatment regimen would have ultimately been more beneficial.

A 'more permissive treatment' would essentially rely on a modification of the law's order regarding meeting the treatment objectives strictly within the confines of a hospital setting, and thereby on allowing for an alternative option, such as continuing the treatment as an outpatient, to take place. The articulation of this question attests to the hypothesis that in the psychiatric discourse the knowledge of the diagnosis speaks of the truth of the patient. The (most statistically prevalent) 'coping strategy' of the patient diagnosed with Münchausen Syndrome is, according to the report, "leaving the treatment" once his true identity is disclosed. Since the present patient did not have this as an option due to the law's order to be committed for a fixed time period - she had been "deprived of her coping strategy of leaving the treatment" upon her identity disclosure - the author postulates that the patient had 'no way out' and was thus inevitably led to the act of suicide. He writes: "How can we understand this fatal ending from the point of view of this differential diagnosis (Munchausen)?" My aim is to show how a psychoanalytically-informed treatment taking its bearings from the subjective logic could have unfolded. Without endeavoring in an in-depth psychoanalytic reading of this case and proposing interventions specific to the case's material, due to the limited information provided by the report regarding the patient's own articulations of her delusional construction, I will point out the distinctiveness of a psychoanalytic treatment on the basis of its own conceptualization of 'permissive treatment' in relation to the patient's construction.

Complementary to this primary aim is showing how this imaginarized 'conflict' - between law and psychiatric practice vis-a-vis the patient - emerging out of the author's postulate regarding a 'more permissive treatment', is one that is produced precisely by what psychoanalysis criticizes modern psychiatry of being reduced to, namely a treatment oriented by the presupposition of the guarantee of knowledge provided by the diagnosis. The relation of the singularity of the case with the 'Syndrome', which affiliated classic psychiatry with psychoanalysis to a great extent, is sutured and eradicated in contemporary psychiatry. In the latter practice, there is no space for the singular - it is effaced by the knowledge of the diagnosis that functions as its own guarantee. Although psychiatric practice operates within a particular framework circumscribed by the law, and legal practice is susceptible to psychiatric indoctrination and consultation, there are cases, such as the present one, where there emerges a conflict between, on the one hand, the subjective good, as dictated by the truth of the diagnosis for psychiatry, and, on the other, the legal order, which does not allow for psychiatry to operate on the diagnostic truth in the name of working for, and towards, the subjective good. More precisely, the stake in this conflict - and what is deemed as an impasse - lies in the psychiatry not 'knowing-how' to deliver the law's order by adhering to the order of the diagnosis. Does this 'conflict' then not emanate from the diagnosis being a law in itself in modern psychiatric discourse and practice?

The present case report, unfolding at the interface of law and psychiatry, presents a fundamental discontinuity between the two registers, in terms of meeting the law-ordered psychiatric treatment objectives by designing a treatment method as ordered by the 'knowledge' ascribed to the diagnostic name. Since the case is inscribed within the judicial realm, and thereby psychiatry needs to account to the law for its evaluation and treatment process, on what conditions then could psychoanalysis intervene to form an accountability, on the part of the psychiatric practice, to the law, by taking its bearings from the subject's logic? The report states: "when faced with these extraordinarily difficult disorders, mental health care professionals have to deal with surprising phenomena and an uneasy process of care". How can psychoanalysis contribute to the understanding and treating of clinical phenomena that modern psychiatric training fails to render the practitioner familiarized with, and hence equipped to handle efficiently in practice? The patient initiated contact with a treatment facility on two occasions within a short time period, and agreed to be admitted.

> Her isolation from the outside world, the power imbalance, her sympathy for her abusive father, and her unwillingness to escape the life-threatening situation were consistent with the clinical picture of Stockholm Syndrome.

On the second time that she entered the facility voluntarily, she was refused discharge once she demanded it, "based on her level of suicidal ideation and claims of unrestrained punishment by the father in case of her return to him".Once her identity was disclosed by police who had been conducting a 'missing person' investigation, it was revealed that she had been documented with a long history of psychiatric illness ("the patient had received psychiatric treatment, both as an inpatient and outpatient, since the age of 9"). The report underlines the 'unusualness' of this case, attributed to the patient's choice to simulate the Stockholm Syndrome in particular, as a means to present herself as a 'victim':

> Stockholm syndrome turned out to be misnomer in the current case, but the factitious presentation of the syndrome was eye-catching and much debated among the staff before and after the disclosure of the patient's identity and history. Patient's with Muchausen syndrome often present themselves as a hero or as a victim, in combination with a factitious disorder. Our patient, however, integrated her victimhood with a simulated Stockholm syndrome, which is unusual.

For psychoanalysis, psychosis is, in general terms, based on the notion of the foreclosure of the paternal metaphor, namely the law of language as castrator and regulator of jouissance. Intelligibly, for the psychoanalytic clinic of the Lacanian orientation, this is a post-triggering case of a psychotic patient who presented herself with an elaborate, fixed delusional construction. Ironically, because the patient's delusional invention, as a symbolic articulation, was identical with the signifying articulation underpinning the clinical picture of 'Stockholm Syndrome', it was dismissed upon her identity disclosure and re-diagnosis with Münchausen. "'Münchausen Syndrome', with imitation of both mental and somatic conditions, turned out to be the most likely description of the patient's condition". The replacement of one diagnostic name with another, on the basis of her identity disclosure, paradigmatically illustrates the dimension that the notion of 'truth' assumes in the register of contemporary psychiatry, as opposed to the register of psychoanalysis. It is important to note that 'truth', as a signifier, is symbolically identified in the report with its signifying association, 'identity',

and used interchangeably. Thereby, the disclosure of who she was, namely her 'truth', assumed a twofold function: firstly, effacing the truth-value of the former 'Syndrome' (Stockholm), and secondly, utilizing this effacing as a means to justify the truth-value of the latter (Munchausen). Indeed the function of this replacement as foreclosing the subjective truth, or more explicitly, as suturing the singularity of the logic of the subject's invention, orders the apprehension of 'truth' in the psychiatric register. This 'truth' is apprehended from the vantage point of a 'reality', as Lacan accentuates in his text, that appears to be compatible with an 'orderly state of affairs', namely with the notion of 'scientific subjectivity', which he defines as "...the subjectivity that the scientist at work in science shares with the man of the civilization that supports it". It is at the level of what this notion encompasses that we can grasp and formalize the distinct positions of psychiatry and psychoanalysis in relation to 'subjective truth', within the parameters of a clinical framework. Lacan's formulation lays the foundation for contemporary psychoanalytic thought and clinical research endeavors on this theme, as it explicitly links the master's discourse, namely the Other's discourse, with the discourse of science, in the conceptualization of 'subjectivity'.

In his later teaching (seminar XX, 1975), Lacan introduces the concept of the 'number 1' as incarnating a signifier which quantifies one's subjectivity in the social bond. This has been a major thesis in contemporary psychoanalytic literature, led by Miller's important text 'Era of the Man without qualities', where he takes up and develops Lacan's thesis on the reign of the '1' as a quantified signifier governing the subject and the social aggregate. Its significance and interest for the Lacanian orientation is attested by many recent and current works focused on this research theme (i.e., the 2018 conference paper by Pierre Sidon, entitled 'Era of the Clinic Without Qualities'), since its manifestation is now more pertinent than ever, and hence it demands that psychoanalysis put into question how its place in the contemporary mental health field can be specified in this climate of the 'push to the One', namely the 'norm' that embodies the 'normal', 'average' man, of quantification, and measurement. As psychoanalyst and current NLS president Lilian Mahjoub puts it:

> How can the practice of psychoanalysis, in its orientation within the various institutions of the medico-psychosocial field, engage to clear a place for the case by case, for invention, for uniqueness, singularity and the incomparability of each one? (Mahjoub, 2017)

In Lacan's afore-stated formulation, 'subjectivity' constitutes the object of science in its discourse insofar as the Other's discourse validates it as such. More precisely, the 'subjectivity' that science produces with its methods may only acquire a signification via its treatment by the Other.

It is thus within the parameters of this link that the number 'one', as a quantified signifier attached to its signified, gains its conceptualization. The 'average' subject produced by science, via the intermediation of the Other, is thus a subject extracted from the Other via statistical methods, and serves as 'the Other of the Other', namely a 'reality', according to which one's 'subjective truth' can be determined. For the register of psychoanalysis, on the other hand, it is precisely in the discontinuity of the 'scientific subjectivity' that one can localize the emergence of the truth of the subject as real that does not stop not writing itself in the structure, namely that it cannot be written under the auspices of the law of the Other, as meaning.

Miller in his 2009 text, 'Action of the Structure', clarifies the fundamental role of the function of 'subjectivity', or as it is stipulated, 'subjectivity qua subjected', in specifying the psychoanalytic operation:

> Subjectivity is required by representation, but not to the position of foundation with the causal function that implies. Its blank (lacune) repartitions conscious being along each of the levels induced by the imaginary in structured reality; as for its unity, subjectivity holds fast to its localization, its localization within the structuring structure. Thus, the subject in the structure retains nothing of the attributes of the psychological subject; it escapes definition, forever vacillating between the theory of knowledge, morality, politics, and law. (No pagination)

'Subjectivity', according to the psychoanalytic doctrine, as Miller accentuates in his text, is fundamentally linked to the notions of 'misrecognition' and 'alienation', since the imaginary is its means - the mediation by which the subject positions itself in discourse vis-a-vis the Other. It is thus 'qua subjected', namely via what is subjected to the law of the Other, that 'subjectivity', for psychoanalysis, comes to be formed as an imaginary unity that functions in the Other, as an essential (ego-) misrecognition. For what is 'subjected', namely what constitutes (causes) the subjective division, inscribes itself in the structure as the impossible-

to-be written ‘truth’, namely the ‘real’ residue that - insofar as it fails to be written, assimilated in the signifying structure - engenders and sustains ‘subjectivity’ as the (continuous) truth of the subject in the scientific discourse. The resemblance of ‘scientific subjectivity’ to ‘delusional subjectivity’ from a structural point of view is punctuated by Miller in his text:

> ...the closure of science effectuated a repartition between a closed field, limitless when considered from the inside, and a foreclosed space. Foreclosure is the other side of closure. The term is sufficient to indicate how all science is structured like a psychosis: the foreclosed returns in the form of the impossible. (Ibid.)

Lacan, in his text ‘On a Question Prior’ (1955-1956), also insists on this crucial point as he stresses that it is from the vantage point of ‘delusional subjectivity’, namely the point “..at which subjectivity surrenders its true structure, that structure in which what can be analyzed is identical to which what can be articulated”, that one can approach and perceive ‘scientific subjectivity’. We can account this thesis of the foreclosed real functioning as impossible in the two respective structures, of scientific, and of delusional, discourse, to the psychoanalytic treatment of psychosis being radically distinct from the treatment of psychosis in psy practices operating on the ‘ego’ of cognition.

> In his writing ‘On a Question Prior’, Lacan declared that in its treatment of psychosis, psychoanalysis differentiates and dissociates itself from all forms of therapy and care. These are to be put, by and large, into the same bag, insofar as they all ask the percipiens to account for a perceptum, in other words for a perception that imposes itself on the subject as primary and that brings perplexity. They cannot conceive of any way that a perception might be linked to the subject other than as relating to a unity, even a normality, equivalent to the integration of cognitive functions. (Ibid.)

Lacan, punctuates in the same text, that the foreclosure of the paternal metaphor, which is the essential condition of the psychotic structure, refers to the NOF “never having come to the place of the Other”.

The construction of the delusional metaphor in post-triggered cases, such as this report’s, operates on a purely symbolic level, without imaginary intermediation. It is thus

identified with the real - the symbolic is the real for the psychotic subject, according to Lacan's teaching - and compensates for the foreclosed paternal metaphor in the locus of the Other. "For psychosis to be triggered...", Lacan underlines, "... the NOF... must be summoned to that place (of the Other) in symbolic opposition to the subject".

"After the disclosure of her identity, it turned out that our patient had given an excellent imitation of the Stockholm Syndrome...". Since the patient's invention, as a symbolic construction, fit into the 'clinical picture' of the Stockholm Syndrome, it was dismissed as true-less and its proclaimed 'imitation' by the patient was explained by the re-diagnosis of Münchausen Syndrome, which is fundamentally an 'exclusion' diagnosis. Thereby, in the psychiatric discourse, she was ascribed in the truth-position of 'victim' by her diagnosis with Münchausen. Yet, as it is implicitly claimed, she chose to present herself in this position, namely to embody 'victim', precisely by simulating Stockholm Syndrome, and hence feigning to desire being a victim. In this way, paradoxically, she renunciated the truth-value of 'victim', which essentially implicates the inexistence of a subjective desire. What is then deemed as "unusual" about this case is intelligibly due to this discourse's approach to 'understanding' this case by means of the diagnosis as a truth guaranteed and validated by a presupposed metalanguage (Other of the Other). This lack of accountability underpinning this discourse is further evident in the articulation of the question on how the passage-to-the-act (of suicide) can be understood from the perspective of the diagnosis, namely one that is identified with its truth, and subsequently designates - 'orders' - its own treatment. The patient's precise formulation of her demand for treatment is stated: "her request of help at the time of her re-admission was, 'how to give more love to my father'".

It is thus a request on a 'know-how' to reinforce her subjective position, in a radical symbolic opposition to the 'Other' of the 'father', sustaining her delusional construction. This 'know-how' of course would not be a knowledge lodged in the Other, implicating castration of the signifier of the phallus which would allow for imaginary compensation, but rather a knowledge without signification, without the S1-S2 discontinuity. The subject would thus not have any distance from it, in the form of imaginary alienation, but rather be identified with it. It is a 'know-how' that functions as the 'name of the ideal' for the patient, namely a mission encapsulated in her demand for treatment. Eric Laurent, in his text "Psychoanalytic Treatment of the Psychoses" (2013), underlines that the subject's denomination in psychosis also

functions as the ‘name of the ideal’ itself, namely the subject’s place in the world, the ‘reason of its being’ identified with its ‘being’, in the form of a symbolic identification as such:

> We know that in psychosis, the more the delusion is systematized, the more the subject supports his effort to speak in the name of a mission, an ideal. The more systematized the delusion, the more solid the ideal: there you have the ‘name of the ideal’. (Laurent, 2013, p.107)

For psychoanalysis, the primary aim of the treatment would be “...to ensure that jouissance finds a limit in the invention that the subject produces”. In a psychoanalytic treatment then, the aim would be to ensure that the subject’s invention is one which functions at once as its link to the Other and its defense against the real, and is thus in this way stabilized by means of a limit. There are however cases in which “we have to respect the defense invented by the subject”, whereas “in others, on the contrary, we must disturb the defenses of the subject to untangle or even unknot what constitutes the complaint of the parlêtre in order to enable it to be written differently.” The complexity of this case, for psychoanalysis, can be claimed on the necessity to painstakingly respect the defense while discreetly modifying the knotting in order for the treatment to meet the law’s requirements and hence circumscribe a place for the subject within the social bond. This is intelligibly a fundamentally distinct operation than this of psychiatry’s mere dismissal of the invention and its subsequent replacement with another ‘reality’ imposed on the subject. In his Seminar III on ‘Psychoses’ (1955-1956), Lacan punctuates that instead of looking for what the phenomenon contains of ‘reality’, one must look at the structure of the phenomenon itself, namely how the phenomenon imposes itself as the very structure of reality for the patient, as the fixed relationship of the patient to the one-signifier which orders and organizes the structure of the delusion as real. For, from a phenomenological point of view, namely what allows for a ‘clinical picture’ to be composed, the patient’s delusional construction might resemble, or be identical with, the ‘clinical picture’ of a particular diagnosis.

The report also states that, following her ‘identity disclosure’ and prior to her passing-to-the-act, the patient proclaimed that “the ward was taking away her identity”. If ‘identity’ was her symbolic identification, under which she ascribed her position of ‘giving love’ to her ‘father’, and for whose reinforcement she demanded to enter a treatment, then the moment

that her identity became disclosed to the ward marked the precipitation of the unknotting of her construction. In her text, 'Jouissance, nomination, semblant' (2013), psychoanalyst and psychiatrist Francesca Biagi-Chai underlines the function of this identification for psychotic subjects

> One signifier, lodged...in the place of the Other whose decline it marked. From this perspective, it occupies the place of a semblant, a semblant arising from the failure of the function of semblance, which confers a particular status upon it, a status of nomination. (Biagi-Chai, 2013, p.134)

Based on Lacan's two main theses on the clinic of psychosis, namely that the delusion is an elementary phenomenon structured like a language, and what is foreclosed in the symbolic re-emerges in the real, we can state that the act of suicide, which was regulated by the law of her construction functioning as a NOF - "she stated that suicide was forbidden by the sect" - was precipitated upon the moment of the unknotting of her construction. According to information provided by the report, the disclosure of her identity marked the moment that the construction of her delusional metaphor, as her defense against the real, ceased to function as a stabilizing apparatus, and lawless (real) jouissance was unleashed as she proceeded to pass-to-the-act. The patient's reported formulation, "the ward is taking away my identity", was interpreted in the report, as her inability to escape due to her involuntary commitment that prevented the 'classic coping strategy' of Münchausen syndrome patients to take place.

> Because of the involuntary commitment we put in place, leaving and peregrinations were limited. The patient reported that she considered her stay on the ward as taking away her identity. Somatic problems (among them some feigned symptoms) were the only escape during hospitalization.

For psychoanalysis, on the other hand, her denomination of 'identity', sustaining her 'delusional subjectivity' as her stabilizing reality, designates her function as a 'victim' within her construction.

It thus gives her the identity of 'victim' - it is through the signifier of 'identity' that she identifies with her jouissance, namely 'victim'. Her demand for treatment can thus be

reformulated as, “how can I identify better as ‘victim’?” This constitutes her defense against persecution, against being a victim as such, being confronted with the hole of ‘victim’ in the Other. ‘Victim’ as being her ‘identity’ that the ward (the Other) did not know - did not possess - since she renounced it via Stockholm syndrome, was an identification which reduced the paternal function to an image “which isn’t inscribed in any triangular dialectic, but whose function as model, as specular alienation, nevertheless gives the subject a fastening point and enables him to apprehend himself on the imaginary plane”. This imaginary identification provided her with a stabilizing apparatus, namely, an imaginary compensation of the lack of the phallus which allowed her to maintain a particular relation with the Other for a certain time-frame. Since the construction of her delusional metaphor, identified with the imaginary construction of Stockholm Syndrome, was dismissed as a ‘misnomer’, her renunciation of being a victim in the Other, namely of ‘existing’ as victim via ‘identity’, of ‘being’ the ‘identity’ of victim, or in other words, the imaginarization of her victimhood via the intermediation of ‘identity’, was no longer possible. Once ‘identity’ was summoned in the locus of the Other, where, as foreclosed, it had never been subjected to, the Other (Ward) ‘had’ it, and by implication it was taken away from her. The Other ‘having’ her ‘being’ placed her in symbolic opposition to the Other, by occupying the place of the phallus as such, on a purely symbolic level, without it being sustained by an imaginary identification. Subsequently, ‘victim’ was summoned in the Other, assumed a symbolic place in the Other, and thereby could no longer function as an imaginary identification sustaining the knot of her delusion, namely her ‘identity’ in her real. As Lacan underlines, “...the imaginary mechanism is what gives psychotic alienation its form but not its dynamics”; ‘victim’ is the unconscious signifier, the imaginary identification that emerges as real insofar as it is not meaning, via the intermediation of the Other, but rather stabilizing sense. Her metaphor, structured around ‘victim’ via the form of the imaginary mechanism, affords her to be a ‘victim’, namely one who enjoys being one, insofar as ‘victim’ is not symbolically claimed in the Other.

The treatment of such a case would be exemplary in attesting how psychoanalysis, as neither a hermeneutic approach to meaning nor as a semantic approach to structure, can be expected to not dismiss the law of the delusion, namely the anticipated logic of the demand, as a ‘misnomer’ by dis-orderly dissociating ‘identity’, as the One-signifier the patient’s delusional construction is ordered and sustained by, and inscribing it in another (imaginary)

construction. This is precisely what Miller underscores in ‘Invention of Delusion’ (1995), referencing Lacan’s focal point in his seminar on ‘Psychoses’:

> Lacan suggests that when something from everyday reality calls this signifier that is lacking, which should be mobilized, it becomes evident that it is missing and the catastrophe begins and undoes the imaginary. The manner of which the 'I’, captured in the Symbolic register, imprisoned, escapes, and modifies its distribution and the distribution of its libido. This is Lacan’s first attempt to use the idea of jouissance. (p.26)

‘Identity’, in this case, was the signifier called in by ‘everyday reality’ which precipitated the dismantling of the patient’s construction, leaving her defenseless against the real. Lacan asks: “What happens when the truth of the thing is lacking, when there is nothing left to represent it in its truth, when for example the register of the father defaults?”. Since the semblance is the object as such in psychosis, namely a symbolic name without imaginary compensation, and the patient is not response-able for her ‘identity’ as ‘victim’, the patient is confronted with the hole as such. For psychoanalysis, as Lacan accentuates, the question in psychosis is what “the elective interest in the relationship [of the subject] to the signifier means”. In this case, what is the meaning of the patient’s elective relationship with ‘identity’, as a symbolic name which the patient ‘has’? ‘Identity’ is the subject’s ‘being’ as such, and has the sense of a ‘victim’ who enjoys being one. ‘Victim’ is the enjoying substance of the subject, namely what gives her body an image, an enjoyed image, and ‘is’ the patient’s ‘being’, namely her ‘identity’. In ‘Invention of Delusion’, Miller states: “The delusion is an interpretation. ...in the actual text of delusion we find it to be an explicit truth and almost meaningful”. This of course does not mean that the delusion is an interpretation of a veiled signification awaiting discovery, or that there is a meaning that implicates the Other of the law in the text of the delusion itself, but rather that the latter text pinpoints to the subject’s relationship with the unconscious signifier that is situated within its parameters. In this sense, the delusion is composed of the same elements as knowledge, although it is not knowledge in the form of a signifying articulation since the Other of the law of language is not implicated. But it is nonetheless knowledge, a self-contained and self-sustained knowledge, excluding the Other. Within its parameters, there emerges a signification, singular for the subject. Thereby, a ‘permissive treatment’, for psychoanalysis, is designated in relation to the subjective logic, or more precisely, its

function. A successful outcome of this case would not be envisaged on transgressing the law's order regarding involuntary commitment and, for example, allowing her to continue the treatment as an outpatient, but rather on not employing the psychiatric order as the word of the law identified with its own truth, and thereby suturing and eradicating the subjective knowledge. Such a treatment would thus lie in permitting 'identity' to function and thereby sustain the patient's construction in an operative mode while modifying its internal structure and mechanism by introducing a supplementary element that would situate her delusion as knowledge in the Other.

A psychoanalytic 'permissive' treatment would therefore not make 'identity' a transitional object-meaning, but rather make 'identity' a symbolic name, a supplementary NOF, that would provide her with a social function and thus inscribe her in the social Other. This distinct conceptualization of 'permissive treatment' for psychoanalysis allows me to argue that what one can expect from psychoanalysis today is not yet another theory of the human mind, not yet another way of articulating clinical phenomena by employing a particular set of terminology - a Lacanian diction - but rather a way of speaking well about the singular logic that relates the subject to its delusional construction. For indeed this is yet another criticism against psychoanalysis, or more precisely against its self-proclaimed radical distinction from other psy practices. In 'Four Preliminary Questions to a Renewal of the Clinic' (2000), psychoanalyst Serge Cottet asks: "Is psychoanalysis all about giving Lacanian names to entities which already exist, which have been established since the 19th Century? For each schizophrenic statement can the Bleulerian say 'weakening of the chain of association, ambivalence, negativism' and can the Lacanian displace it and say 'S1,S2, a, A'?" Exposing the logic underlying the imaginarization of the conflict between the orders of the two respective discourses assists in effectively arguing against the claim of clinical phenomena being reduced to the Lacanian diction, and hence against the claim that psychoanalysis does not have anything of its own to contribute to the understanding and the treatment of such 'complex' and 'unusually difficult' psychiatric cases.

IV: Case #4: "Inventing a Body of Work" (2018)

The Case:

The following case study is based on a clinical case presented at the 2018 NLS Congress under the theme of 'Transference'. The works of the Congress shed light on various forms,

conditions, and manifestations of transference in a psychoanalytic treatment, rendering possible its inception, sealing its process, and allowing its closure, but also imposing a challenge to the treatment if mis-handled. The presentation begins with the following words: "When Carlo first came to see me, my initial question to myself was, in what way psychoanalysis would be of use to him. He spoke about his art and seemed to me already in possession of a kind of Joycean solution. The one that, according to Lacan, is what the analysis has to offer: a successful sublimation. His productions functioned as an ego and formed a social bond". For Wulfing, her initial, self-directed question of the usefulness of psychoanalysis in Carlo's case was in relation to the case being one of psychosis, and specifically one where the subject had "a kind of Joycean" solution at hand, which functioned as a sinthome, a fixed subjective logic that determines one's relation with the Other. While in neurosis, the sinthome has its origins in repression, in psychosis, it originates from the foreclosure of the paternal metaphor, according to Lacan's elaborations on the subject.

This is why in the former, there is something at stake in the subjective logic, namely a hole in the locus of the Other, a hole in knowledge, a lack of guarantee in the Other, which causes symptomatic suffering, whereas in the latter, this logic is in itself the solution, because it is not circumscribed by a hole, since the Other as a locus of supposed knowledge is radically absent. This point is accentuated by Wulfing, who, in the panel discussion following the presentation, stated that "all knowledge was on his side". The assertion regarding the patient's possession of a singular solution, allowing him to inscribe himself in the discourse of the Other, and hence sustain a function-able place within the social bond, was not supported by clinical evidence, but stated as such. In other words, it is not evident how the patient's speaking about his art was the sinthome as the solution in psychosis, and not an elaboration of knowledge that marks the subject's position in relation to the Other in neurosis.

The paper, in its first part entitled as 'The transference that was already there', provides an answer to the question of the patient's expectation from psychoanalysis: "He presented a particularly clear version of the desire of the analyst: the curiosity to experience what the analyst would find useful. There was no question of being in any other position than the one of the object to be made use of." Wulfing makes it clear that Carlo had reserved a distinct position for his analyst - one that separated her from his other professional and social encounters defined by intellectual discussion of his artistic work. This position was marked by the specific desire that she was ascribed to by the patient, before the analysis even started

(hence the title referring to the transference as 'already there'): the curious listening interlocutor in search for something she can find useful. His expectation was thereby dependent upon the analyst's desire, or more precisely, upon the analyst coming to embody this pre-ascribed position, in order for the analysis to be made possible. The corpus of the presentation unfolds in three distinct points: The symptom, the trauma experienced in early infancy, and the relation between the two, one of "ominous proportions", which caused the patient anxiety.

> 'This anxiety was also present in the idea that occasionally imposed itself on him of sleeping with a woman. It would be inconceivable for him. He would not be able to confront the woman's sex and above all it is the woman's gaze he cannot tolerate.'

Wulfing notes that Carlo emphatically replied 'no' to her question on whether he minded "speaking to a woman about this". At this point, she remarks: "I later understand that it is speaking he enjoys"; "he constructs himself through his speech, through the intermediary of a listening interlocutor". The 'transivitism' symptom, according to Wulfing, was 'discreet' and "stood in connection with a childhood trauma":

> The problem that anguishes him is that when he works with performers, he takes note of specific flaws in their movement and their body. The uneven breathing, or the tense shoulder, before they themselves even notice it. He perceives these problems in his own body ... he feels the physical aches, or misalignments of the Other's body. He then has to take extensive measures in the form of relaxation techniques to counter these phenomena, to get rid of them. This is the connection to the trauma.

She continues with the presentation of the 'trauma':

> The initial failure of an imaginary function results from an experience in his early infancy in which an accident occurred, constituting a castration in the real. Precluding the mirror stage, replacing it, in this accident in which he is a participant his mother is injured. The Other is mutilated, screaming, leaping above him. His life proceeded along a sequence of signifiers around this inaugural event, up to his artistic practice which comes to treat the real contained in these painful signifiers. They are modeled into

> inventions based on a unique theory of the body, in which the right and left side are separated, searching for a coherent image.

Wulfing underscores the following conclusion that she was led to make:

> The body phenomenon that anguishes him, the transitive symptom is a residue and positions him as the prothesis of the Other - an aid to the body of the Other.

She thereby proceeds to underline the following 'translation' which set the ground for the direction of the treatment: "The Other's pain is transfigured into being the Other's crutch". This intervention, she accentuates, "functions as an initial anchoring point and inaugurates the point of relationship between the symptom and the trauma". It came to "orient the analysis" and gave her the function of "being the intermediary for his constructions". She also stresses that it "will limit the development of a more problematic delusion of [the patient] being the stigmata in the figure of Christ", adding that "he probably came to analysis to prevent the solicitation of this delusion".

> Here I intervened as the one who has listened to his precise words, extracted the structure for his symptom and at the same time has given no further support to his remarks about Jesus with stigmata on his hands.

This first intervention was thus crystallized in the emergent question on the relation between symptom and trauma. It led him to "interrogate the function of his art practice and the fact that the symptom occurred at a moment when he chose it as his profession". As a result of this 'interrogation', he came to "discover that it offered him support as a version of the optical schema. He explores this idea about the bodies that he co-models, the performers he directs and the function of the mirror in this". Wulfing draws attention to his 'startling sentence'- "I want to see what a movement looks like when there is not an image" - and remarks that it functions as "a conclusion to this theme" as it allows him to "give room to another - the role of music".

Entitling the next part of her paper, "The Rhythm of the Other", Wulfing stresses that her patient, "never liked the rhythm of a musical piece; he fought with it". But when his instructor suggested he uttered the sound of the rhythm while playing, 'something clicked',

and “involving his voice, his body took the frame that the rhythm constitutes for the piece of music”. She quotes her patient as stating in a session: “When I played without the rhythm, ignoring it, the playing had no reference. And with the missing reference, tension can enter the body”. Wulfing underlines that this point constitutes ‘an invention’ and functions “as a frame directly limiting the transivitism”. According to the paper, the patient “discovered that playing the piano, and including the rhythm of the musical piece, brings his right and left hand together. They connect. Joining the right and left side of his body means for him to be tied to his body. This invention of the rhythm is truly another possibility for him to be with his body, which has wider consequences: what he calls the ‘reference’, namely the ‘rhythm’ that he didn’t want to know anything about, he is now not only accepting but incorporating into his method and theory”. The presenter interprets this invention as “a way of protecting himself from the inaugural screaming that shuttered his narcissistic investment in himself at the time of the accident”. The patient’s demand to move from the chair, facing the analyst, to the couch, avoiding the female gaze [the female analyst’s], and working with the voice alone, is pointed out: “This is the moment when he wants to move to the couch. He can avoid the gaze of the woman now, and this takes him to the voice. I listened in silence, present, and ending sessions with his agreement at points that settle a matter”.

As a conclusion to the paper, it is argued that transference allowed the patient to find a new way of being himself, by means of “inventions” that “fix the real in place and stop it from moving”. Indeed, Wulfing quotes Lacan (Seminar 23) as a supportive reference to this point - “the real only enjoys ek-sistence to the extent that it encounters with the symbolic and imaginary at a point of a rest” - before stressing that “the analysis consists in finding the points of a rest that fix the real in place and stop it from moving”.

> As an illustration of this way of fixing the real, Carlo remembers his love of water. Floating in the water when he was a child. Feeling the edges of his body through the water’s resistance. This sensation of the edge he transposes to the invention of rhythm, allowing the rhythm to function as a resistance that delimits a piece of music.

Wulfing notes that “following this delimitation, one can add a circulation”. Carlo is quoted as stating: “Playing music creates a circuit. Which goes from hearing the note that was just played to playing the next note from ear to finger. And there is an interval between the two which is precisely the space of creation. The gap between the ear and the body is the gap of

invention". The presenter remarks that "he could only find this on the basis of accepting the role of the rhythm". Indeed, "the rhythm becomes the major reference from the music to the body and back". Carlo elaborates on the body construction, the function of the body organs, "... inventing uses for the heart and the lungs in particular, and also the specifics of his sexuality." He does so "...through speaking, with ever more precision, and each time he alters very slightly his anguishing relationship to himself". Wulfing ends her presentation by stating that her patient now "experiences for the first time the desire to play [the piano] in front of people", following a dream in which "the piano gives body to the player - a prothesis".

> The analyst is implicated in this invention as support functioning on the basis of his speech forming a circuit with the ear of the analyst. As a consequence, he has found a distance to the female gaze that intruded on him and relief from the transivitism that plagued him.

The Study:

In the introduction of the case presentation, it was stated that its aim was to demonstrate the following: "How the transference allows for a step beyond; how the analyst becomes an object to be made use of". The premise of the presentation can be encapsulated as follows: 'fixing the real', 'stopping it from moving', by means of a series of 'subjective inventions', which implicate the analyst's act formulated as, "being the intermediary of his constructions by laying the stress on speech and rhythm fixing the real". I chose this case presentation as my first Lacanian study, because, as I argue, it validates the Lacanian theory by employing it as an object-language, a meta-structure, within the parameters of which, the case is constructed and presented. In this way, the Lacanian theory is self-validated as a master's discourse, guaranteeing its own reality. In seminar 14, Lacan points out that the act of employing a structure or a theory as a 'metalanguage', or of trying to establish one, "...seems to imply that in order to speak about language one should use something which is not part of it and which, in a way, is supposed to envelope it with a different order than the one that makes it function." (Lacan, 1966-1967) The conceptualization of 'metalanguage' in Lacan's work is in relation to the concept of 'object-language' which he develops throughout his teaching, especially in his later seminars, from 14th onwards. The latter concept is based on

the status and function of the ‘o-object’, a Lacanian term for what appears to be a unified substance between the signifier, S1, and the knowledge it produces as meaning, S2. Lacan, in seminar 14, inscribes what he calls by the name of ‘o-object’ in the formula of the logic of the fantasy. Indeed his formalization and development of the ‘o-object’ as a means to teach about ‘the logic of the phantasy’, which is the theme of the seminar, is via the path of the logic of exclusion in the function of the writing. The notion of ‘object-language’ can thus be explained as the presupposition that there is a metalanguage which imposes to the o-object - a signifying unity implicating the Imaginary - its limit and thereby giving this object its [signifying] value. Indeed with the ‘o-object’, Lacan tries to showcase this which can only function as a symbolic representation, namely be imaginarized, insofar as it excludes itself [from the symbolic articulation of what it represents]. Drawing on the inaugural, fundamental teachings of the set theory, and the Russel’s paradox (which Lacan insists is not a ‘paradox’ but an ‘image’), Lacan’s work in this seminar takes its bearings from the axiom, “the signifier is not able to signify itself”. In the development of this, he infers that the signifier thus needs to exclude itself in order for it to gain a signifying value through its connection with another signifier, namely through what is produced from the signifying unity of S1-S2. The signifying value that is produced from such unity is what can only exist in language, in the locus of the Other, according to Lacan. Saying that this value is the only thing that can exist in language is another way of saying that this is all that language is, all that it consists of. The ‘metalanguage’ thus, which he also refers to as “Universe of discourse”, is what can only be presupposed to be the locus whence this value takes its bearings from, its ‘body’ image, its ek-sistence.

The declared aim of the presentation was thereby attained by employing ready-made, standardized, symbolic articulations belonging to the Lacanian discourse of psychosis, especially in relation to the notion of transference within the psychotic structure, such as: 'Joycean solution’, ‘discreet symptom’, ‘object to be made use of’, ‘it is speaking that he enjoys’, ‘possibility for him to be with his body’, 'all knowledge was on his side’. This diction is symbolically representative of Lacan’s (and the contemporary Lacanian) discourse of psychosis. In this presentation, the usage of this diction is problematic because it replaces the subjective logic, or, in fact, appears to render any need for such logic to be explicitly articulated, and thereby showcased, superfluous. My criticism thus does not lie in the use of such diction as a means to present a clinical case, but in the role and function of such use

within its parameters. For instance, the presentation sets out from what is asserted as a self-evident truth: Carlo's case is one of psychosis, and specifically one where the subject's ego is identified with his sinthome, as a singular solution allowing him to effectively function in the Other. There is no clinical evidence to demonstrate or support this assertion, so the audience needs to simply accept it as such. Similarly, it is stated that this solution is made up of "inventions based on a unique theory of the body" and that these inventions were somehow constructed when Carlo started his practice. However, neither are these explicitly articulated in the presentation, nor is their link to the practice. In other words, the subjective logic that would justify their designation as 'inventions' by the specific way that they are linked to the practice is not articulated, and hence not shown or proven. Bypassing the presentation of these inventions as symbolically articulated by the patient, as well as the showcasing of how they specifically constitute a sinthomatic solution for him, appears to be for the purpose of presenting the new inventions constructed as a result of the analytic work. Especially considering the restricted timeframe of the case presentation, and the latter's objective - to demonstrate the aim stated above - Wulfing apparently chooses to bypass these points, in order to have enough space to focus on presenting the series of 'subjective inventions' leading up to the psychotherapeutic result.

The presentation takes its bearings from the analyst's intervention: "The Other's pain is transfigured into being the Other's crutch". The corpus of the presentation, as this series of 'inventions', or signifying constructions, unfolds on the basis of, or anchored by, this initial intervention. This 'translation', or 'extraction of the structure for his symptom', was recognized as 'truth' by the patient, as he came to interrogate the relation between the symptom and the traumatic experience (both of which he had presumably elaborated in his sessions), especially since the former appeared when he started his artistic practice. Its recognition as 'truth' by Carlo, and hence function as an intervention, is attested by the effect it produced, what followed up in his analysis, namely the "subjective inventions fixing the real". Evidently, the reason why Wulfing designates these moments in the patient's analysis as 'inventions' is because they signify a 'whole', 'coherent' image of the body, leading up to the described successful outcome. Whereas the previous inventions left the patient attached to suffering "searching for a coherent image", these reportedly relieved him from such suffering. With the emphasis laid on their function - they "fix the real in place, stop it from moving" -

Wulfing intelligibly affirms that their montage functions as a stabilizing apparatus for the subject.

These ‘inventions’, namely the singular modes of making-do with the traumatic encounter with jouissance, are thereby free associations, operating on the imaginary plane, anchored by the analyst’s intervention. This is also clearly testified by the presenter’s remarks, such as, “he could only find this on the basis of accepting the role of the rhythm”, and “...it functions as conclusion to this theme as it opens up another”.

What clearly showcases my argument is the replacement of an explicit articulation of the subjective logic underpinning this series of associations with the instrumentalization of the Lacanian theory as an object-language that is also a master’s discourse. The way that they are presented - orderly stated one-by-one - in a narrative fashion, truly gives a ‘body’ to the presentation, namely an image of completeness, a sense of being a whole when read (or listened to, since it was originally presented in front of a live audience), where every single bit fits fully in its place. Carlo’s case was presented as one of a magically progressive recovery, by means of the articulated analytic intervention - the extracted structure of his symptom, namely a truth awaiting discovery, a meaning, hidden in the structure, in need of deciphering. It was also presented as such by the analyst being a ‘listening interlocutor’ listening to his ‘precise words’, and also listening ‘in silence’. The narration of these ‘inventions’ is done by either describing actions by the patient (i.e. piano playing while adhering to the rhythm following acceptance of the instructor’s suggestion, moving to the couch) complementing them with interpretations regarding their meaning based on Lacan’s theory, or with offering quotes by the patient, whose significations appear to validate the theory as a truth-meaning. In any case, the patient’s response-ability, as a ‘know-how’, namely a subjective logic, in the form of a logical writing, orienting these associations, has no place in the presentation, or appears to not even need one.

But of course, what I problematize in this study is not that the presentation can be effectively argued to be good literary writing, or bad clinical. The problematic that I wish to raise in my argument can be demonstrated by how the presenter accounts for designating such examples as 'inventions’. Wulfing quotes a formulation that is supposed to be borrowed from Lacan’s seminar 23: “The real only enjoys ek-sistence to the extent that it encounters with the symbolic and imaginary at a point of a rest”. According to the transcript of the seminar, this quotation is false, as Lacan states rather the following: “The Real only has ex-sistence ... by

encountering the arrest of the Symbolic and the Imaginary". This articulation pertains to a core aspect of Lacan's teaching - the real being experienced as impossible to be negativized by the signifier at a moment when the symbolic loses its imaginary function. At such a moment, there is 'arrest', namely suspension of the subject as caught up in the metonymy between signifiers, in the gap between S1-S2 in the signifying chain. Whether this inaccuracy was a deliberate or a symptomatic act, namely a parapraxis, is outside the scope of this study, and there is certainly insufficient evidence to argue either way. What actually can be argued is that the effectiveness of the treatment is 'shown' by means S1s, master signifiers of the Lacanian discourse on 'psychotic transference', self-validating this discourse.

The presentation begins with the diagnosis. Wulfing points to Carlo's particular mode of transference to her, as a way to approach a self-posed question emanating from a conclusory remark by Lacan regarding psychotic cases. This transference was identified with the analyst's desire as such, in the form of a specific, pre-ascribed, symbolic position, namely the 'curious' other to find something useful to enjoy in the subject. The 'curious' transference is thereby linked with the 'psychosis' diagnosis as follows: the subject's remark on the analyst being 'curious' to know about him, to find his case useful in some way, necessarily means that he is 'psychotic' (or re-affirms the diagnosis). He is an "object to be made use of" and there is no other position for him. Wulfing makes it clear that what made the analysis possible, and eventually useful, was the analyst's recognition of the patient's transference. This recognition, and subsequent embodiment of this position by the analyst as a 'listening interlocutor', revealed that what had ostentatiously presented itself as a 'solution' implicated the 'discreet' symptom of 'transivitism' and the growing development of a 'more problematic delusion'. 'Discreet' is a master signifier pertaining to the discourse of 'ordinary psychosis' in the Lacanian field. Its mode of use in the presentation is a primary example of my delineated argument regarding how Lacan's discourse is employed as a closed set, an object-language validating its own truth-meaning, and thereby showcasing the effectiveness of the treatment. This effectiveness is articulated firstly as the psychotherapeutic result, and secondly, as the satisfaction of the patient's expectation (as supposed by Wulfing), namely the delimitation of his use as an object, and the prevention of his delusion. More explicitly, the designation of the ('transivitism') symptom as 'discreet' is problematic in a twofold way: firstly, this signifier, pertaining to the contemporary Lacanian discourse on 'ordinary psychosis', cannot be used for a case already been described as 'a kind of Joycean', namely as a paradigmatic case where the delusional metaphor functions as

a stabilizer for the subject. Secondly, even if it had consistently been presented as a case of ordinary psychosis, the patient's symptom is not 'discreet' in the way that this signifier is inscribed within the signifying context of the 'ordinary psychosis' discourse. In other words, with this kind of use, the signifier of 'discreet' is detached from its original signified, within the parameters of its own signifying context. 'Discreet' for this discourse means something that could be missed in other psy practices or could be regarded as something different (giving it interpretation). But this symptom could never be missed or be (mis)interpreted as a metaphor.

In seminar 17, Lacan reminds us of Freud's valuable elaboration on how the psychotic position is defined by not wanting anything to know about the truth at stake. In the presentation, it is stated that Carlo did not want anything to know about the 'rhythm', but "now he is not only accepting but incorporating into his method and theory". This is presented as follows: the analyst's 'translation' produced the patient's conclusion that his practice functions as an 'optical schema' engendering/ giving support to his symptom, which, in its turn, produced the patient's proclamation that he wants to see "what a movement looks like when there is not an image", namely 'music'. Following his piano instructor's suggestion on voicing the 'rhythm' (a movement without image) out loud while playing, 'something clicked', and "involving his voice, his body took the frame that the rhythm constitutes for the piece of music". Thus, according to Wulfing, he embodied the 'rhythm', and this is how she claims that this was "another possibility for him to be with his body". In this brief formulation from seminar 23 (1976), the gist of Lacan's teaching on the logical and topological relation of the subject with the Other is encapsulated: "I have allowed myself to define as sinthome not what allows the knot, the knot of three, to still make a knot of three, but what it preserves in such a position that it seems to be a knot of three." There is not a preceding logic that allows for the construction of the knot, but the knot is in itself a logic insofar as it preserves - and supported by - a supposed truth by means of its particular mode of knotting. In other words, from what it gathers itself to be a logical consistency: the object-a. With this wording "...but what it preserves in such a position that it seems to be a knot of three", Lacan affirms that what the knot stands for, what it preserves by its mode, is also a semblance. For the psychotic subject, the object-a is not to be found in the Other, because the Other is not designated as the locus of supposed knowledge. The object-a in psychosis is indeed identified with the knotting as such, in the form of a symbolic articulation supported not by its imaginarization, as there is no imaginary

intermediation, but by in itself functioning as a delimiting of the excess of jouissance, as a NOF. The hole that the knotting creates and hence allows for the subject to be inscribed in the Other of language, and the social bond, is in itself its solution.

In the presentation, the logical articulation of how the rhythm constitutes the truth at stake for the subject is not stated. Further, it is not stated how his action of suddenly being able to play abiding to the [cut of] rhythm (an 'invention' functioning as a 'frame directly delimiting his transivitism') was brought about. In the place of such explicit statements, there is the presenter's remark that 'something clicked' and a provided quote by the patient, "when I played without the rhythm, ignoring it, the playing had no reference. And with the missing reference, tension can enter the body". This replacement proves my argument that this particular case is presented by employing Lacan's theory as an object-language, starting from the theory rather than the subject. In seminar 16, Lacan attempts to respond to the question on 'the state of theory in the psychoanalytic field' by means of the axiomatic statement: 'there is no Universe of discourse', no 'Universe at the level of discourse'. This .' quite straightforwardly means that it is not possible to reduce language, simply because of the fact that language cannot constitute a closed set. This follows Bertrand Russell's 'paradox', which can be very well argued to have been Miller's intention with the invention of - the *signifier* of - 'ordinary psychosis', which he recklessly threw at the Lacanian mob: "The catalogue of all the catalogues which do not contain themselves. What does that mean? Either it contains itself or it contradicts its definition, or it does not contain itself and in that case it fails in its mission".

However, the Other's discourse functions according to this "myth of a reduced language: that there is a language which is not one, namely, which constitutes, for example the totality of signifiers." It is a matter thus of asking from 'which' language, as an open set, the subject's discourse, as a closed set, was reduced. But the principle that psychoanalysis takes its bearings from is this: the discourse has no point of closure, can never be complete as a closed set. It is defined by constantly re-producing itself, through the mechanism of the representation of the subject by a signifier for another [signifier]. 'There is no Universe of discourse' is based on the axiom that the signifier cannot signify itself, 'is not grounded by signifying itself". The signifier needs to exclude itself for it to function as representing the subject for another signifier, and hence assume its signifying value, on the basis of its supposition of 'the totality of signifiers', as a supposed reference. Lacan puts it as:

> What is proper to the totality of signifiers - if we simply admit that the signifier is not able to signify itself - involves the following as necessary: that there is something that does not belong to this set. (Lacan, 1968-1969)

He also puts it as:

> What specifies this axiomatic statement [that the signifier cannot signify itself], will have the consequence of specifying something which, as such, would not be in the Universe of discourse. (Ibid.)

Something is thus excluded from this supposition, as an impossibility that always eludes the discourse. This impossibility is based on the presupposition that there is in fact a Universe of discourse from which it gains its value as 'real' impossible, as something irreducible to language. It is precisely this supposition [of a Universe of discourse] that specifies Lacan's statement 'there is no Universe of discourse'. Lacan situates the analyst's responsibility for this discourse, and especially in terms of managing it properly, in "taking into account what is meant by this statement that there is no Universe of discourse." If each and every signifier cannot signify itself down to its most minimal form [of the letter], then one must suppose an open set [a Universe] from which the subject's discourse, as a closed set, a reduced language, takes its bearings and signifying value from. What fails this operation, what cannot be supposed to be originated from and sustained by this Universe of discourse, is where one stumbles upon a logical impossibility where the signifier is reduced to its symbolic apparatus as such.

But this impossibility may only take place within the parameters of the discourse insofar as this 'Universe' serves as a reference; however, it is an aim at the real, since it can only be supposed by means of this closed set and never actually attained as an open set, the One that contains the totality of signifiers. Lacan gives the example of a board where the numbers '1,2,3,4' are written and there is the verbal instruction to say the smallest number not written on the board (namely, 5). The logical impossibility presents itself there insofar as the statement itself 'writes' what is 'not written' on the board, and, by doing so, it excludes this 'writing' in order for the statement to assume its meaning and convey its message.

In the presentation, there is no evidence of Carlo's response-ability, his 'know-how', as constructed from encountering a logical impossibility; his response-ability is rather presented as being the truth-meaning of each of his statements, taken at face-value. Indeed the 'rhythm', as the real at stake for the subject, something he deliberately 'ignored', avoided, as he could not tolerate, is suddenly 'incorporated', as attested by his quote, which Wulfing fallaciously refers to as 'the invention of the rhythm', or, in other words, a 'know-how'. This is a quote in which the patient states that the action of ignoring the rhythm resulted in tension entering the body. It is a primary example of how, in the presentation, the patient's quotes, and actions, were provided for the purpose of validating the 'truth-meaning' of Lacanian theory. In fact, they were presented as a way to adduce that the case's successful progression and outcome was due to his realization of Lacan's theory as an object-truth: "As an illustration of this way of fixing the real, Carlo remembers...". This way of presenting the case replaces the explicit demonstration of how the patient's previous avoidance of the rhythm was a way that protected him from the real at stake, from the unbearable jouissance of the real of the 'rhythm', and how his incorporation of it now has come to replace his previous mode of functioning, by means of a subjective logic. Knowing-how to make-do with this logic would thus implicate an explicit articulation on the function of the S1 of the 'rhythm' in the construction of a knotting underpinned by imaginary consistency.

Case #5: "A New Role of Speech at CPCT" (2018)

The Institution

The clinical case I proceed to examine was presented at a Clinical Day of the CPCT (Paris, June 2018), an institution of applied psychoanalysis created by the ECF in 2005. Its creation was done for the purpose of making the Lacanian orientation of psychoanalysis present and easily accessible in the public sphere largely predominated by cognitive-scientific practices. The latter, as Lacanians put it, 'foreclose the subject of the unconscious'. The CPCT, with its many branches and affiliated clinical institutions across France and other European countries, crystallizes the response of psychoanalysis to the current demands for rapid therapeutic effects. The efficacy of a modality of clinical practice is indeed attested, according to the contemporary mental health discourse, by the inducing of such effects from the

implementation of pre-designed, standardized interventions. This Institution, also referred to as “the clinic under transference of the CPCT”, “...provides an alternative way of approaching the evaluation of the therapeutic efficacy of psychoanalytic treatments, considered with the logic of the one-by-one, for this particular subject with this particular symptom and within the logic of this particular treatment”. The CPCT response is hence twofold, yielding into the particular demands precipitated by the sociopolitical notion of therapeutic efficacy, while ensuring the maintenance of the specificity of its practice, as this is guaranteed by its reliance upon ‘pure psychoanalysis’.

The work of the CPCT lies at the crux of the psychoanalytic ethics: it aims at the reconciliation of the politics that governs its clinical practice with the singular cause that renders the object-meaning of the demand as something at stake for the subject. In other words, the CPCT is an accredited Institution that, by implication, is legally obliged to operate within a standardized framework of regulations and policies applying to all clinical practices formally recognized by the State. Although this seemingly indicates that the CPCT practitioner is less free in his strategy and tactics than the analyst in a private practice, it does not prevent the former to stay true to the ethics of pure psychoanalysis. In fact, this is precisely the ongoing challenge of the CPCT, which was initially created as a ‘temporary experiment’ to examine whether the therapeutic application of psychoanalysis could be made available on a broader social context, instead of solely being confined to private practice. According to Miller, testing the analyst’s desire was also the purpose of this creation: how can he position himself in the process of what appears to be a reconciliation between the psychoanalytic and the master’s discourse, in a way that is in line with the psychoanalytic ethics? Indeed, this is the objective of the Clinical Days of CPCT, such as the one where the present case was presented and rigorously studied. Its title, ‘Transference and End of Treatment at the CPCT’, attests to the central axis of the work being focused on ways to achieve such reconciliation. ‘Transference’ is a fundamentally psychoanalytic notion, whereas the ‘end of the treatment’ is an aim oriented by the contemporary demands of the discourse of the master. “As Lacan proclaimed, ‘transference is a relation essentially related to time and its handling’, and at CPCT, because the treatments are without charge, the time is counted”. Thereby, due to the brevity of the treatment (with a maximum duration of sixteen sessions), the focus lies on the handling of the transference. While without the essential prerequisite of transference, there is no psychoanalysis, no subjective position of the unconscious, the limited number of sessions commands that “transference does not hinder the work”.

In the following CPCT case, the handling of the transference in a way that achieves such reconciliation is explicitly showcased. The presentation effectively demonstrates how an 'accidental' encounter of a patient with psychoanalysis, and with this particular institution, resulted in an end of treatment specified by the assumption of subjective responsibility and, by implication, the abandonment of a searching for a 'master' knowledge. I chose this particular case as my final case study, precisely because it was a random encounter, meaning that the subject had no prior knowledge of the theory of the Lacanian orientation, or of this institution as one of 'applied' psychoanalysis.

Indeed, this patient had not constructed an expectation from the treatment on the basis of a semblant of psychoanalysis, but his expectation was rather formed on the basis of a mode of functioning of the signifying identification of 'psychotherapy' in contemporary era. In other words, this is a case that is paradigmatic of what the contemporary subject, who has no knowledge of the psychoanalytic theory, can expect from psychoanalysis. Further, it serves as evidence for the assertion that transference is a phenomenon that presupposes a supposition of knowledge on the practitioner that emanates from the subject, and not from psychoanalysis' self-portrayal and self-promotion in the mental health field (which would make it a 'placebo-effect'). Of course, 'transference' as a supposition of knowledge is clinically valueless, unless it is recognized and handled in a way that allows for the emergence of the unconscious. Indeed, it is the recognition and the handling of transference that make it a unique clinical tool for psychoanalysis, to the point of 'transference' being symbolically identified, in the context of psychoanalytic works, with the way of its being recognized and handled in the treatment. The initial demand of the patient, which implicated the supposition of knowledge, was manipulated by the analyst who, by her intervention, dislodged it from a locus of jouissance and placed it under the dimension of speech, precipitating a subjective position.
By causing a rupture in the symbolic articulation of the demand, namely allowing for the space of a 'hole' in it, the subject was placed at a point of division addressing the Other.
His initial demand of a "specialist" knowledge that would be in itself the guarantee of a future encounter with an other, was modified into a demand that was registered in the Other, and necessarily implicated his own emergence as a subject.

The Case (my translation from the French)

Mr M arrived at the CPCT with one question: he has been contacted by a woman with whom he had a child ten years ago. At the time, he did not want to know anything about the child, and did not recognize it. “I buried the problem”, he said. Today, he is confronted with the child’s demand to meet him. This demand led him and his current wife (with whom he has a child and expecting one more) to the API, which directed him to the CPCT. He had no prior knowledge of the CPCT and how it operates as a clinical practice. He wanted to seek consultation from a child specialist in order to address the question of what to do and how, as he does not know how the child will react. Once asked by the analyst, “what do you want to do”, his answer was that if it were up to him, he would do the same as before, namely ‘bury the problem’. However, he is ‘reasonable’, as the analyst notes, since he underlines that he knows that ‘burying’ the problem is not the answer, as it will eventually resurface. The child, as a grown up, will quite possibly again seek to meet him to demand an explanation.

The analyst does not propose a treatment, but does propose a second appointment, after explaining the kind of work that the CPCT engages in. He asks to bring his wife along, since it is more of her concern than his, but the analyst adamantly refuses; at CPCT, practitioners work with individuals solely - not with couples or groups, she explains. She further accentuates that it is not a good idea, because he and his wife look at the situation differently, and thereby, if she wishes, she can seek separate consultation. He surprisingly appears relieved by her answer, “yes, I agree with you”.

This is the first intervention that commenced the transference. From the second session onwards, Mr M elaborates on his relation with the mother of the child which he deemed as ‘casual’, since he was ‘alone’ and she was ‘easy’, and the conceiving of the child as ‘inadvertence’. It is only on the moment that there was no longer a possibility for abortion, that the mother informed him of her pregnancy. This made him very angry - if he had known, there would have been an abortion. He was completely against her decision to keep the child and bring it up on her own, which he considered a ‘stupid mistake’, and hence immediately decided to not meet the child and refused his role as a ‘father’. And because of his anger, he decided to ‘bury’ the problem. The mother’s subsequent reaction was refusing him to see the child ever again. For seven to eight years, he rested on his position, and the situation did not raise any problems of ‘conscience’ for him, even though the subject was present in his family discourse. He did not consider himself responsible for the child. At this time, the mother

contacted him for the first time regarding the child's demand to meet him, stating that the absence of the father was hard for their daughter to bear and caused her suffering. He refused. At this second time, following a new demand by the girl, he accepted to meet the mother to understand why she was making this demand. Once the mother explained the reasons why, he was touched. That's what brought him to the CPCT.

The demand for a consultation comes from his wife, but he nevertheless wants to understand. For him, the most principal question is, "what should I do and how", as he does not want the child to be more perturbed than before. "I was never her father. I will not be able to carry out this wish. There is always a difference between my child and this girl. Is this not going to worsen the situation than make it better?" The analyst responds that he has reached the end of trying to determine what in the child's demand touched him. "Anybody could say, she does not suffer from me, she suffers from something else, and hence, for this child, I do not know why I have to be brave", the analyst underlines. He replies: "I am a Good Samaritan. But I fear that after this engagement, I will not be able to control this thing anymore." His defense is founded on a point of division. The tone of the first two sessions was given up. He no longer focuses on the mother, but on his concerns about how the child is affected. In this way, a differentiation in the Other was made that opened the way for anything to happen next.

Mr M has now accepted not knowing how the meeting will go, in terms of not being able to know the effects of this encounter on the child in advance. Until now, he has controlled the situation by refusing to see the child; now, a multitude of possibilities opens up. He tries to determine what the good rule is regarding when to see his daughter and how often, to which the analyst responds:

> You want a guide of the right course of action. But there are no steps. You can't know in advance. There is no good or bad way of the mode of the 'father'. You are the only person who can decide how to carry out this wish.

This has the effect of ending the confiding of the demand of the Other (of the child, the mother, the social Other), in her in order to receive an answer of mastery, and thereby of beginning to seek subjective responsibility of this problem, which until then was solely ascribed to the mother's position. "It was a stupid mistake not to protect her [by a preventive method]. I have something to do with the birth of this child. I have a responsibility." The

transference allowed for the passage from a place of anger to an enunciation marked by a subjective division. The question of the father, of being one or not for this child, is central in the treatment. Mr M has an idealized version of the family, and in particular of the 'father'. It is about whether he exercised his role in the child's life; for instance, the 'father' needs to be present at the birth of the child, during their studies, etc. The analyst said: "perhaps you do not feel a father to this child. But she considers you her father". At that point, the patient points out his concern that by now the daughter has created an idealized version of the father, and that it is not who he is. The analyst responds to this: "yes, this is it! This is the function of the father." "It is then symbolic?", the patient asks. "That's it! It's the symbolic function of the father. The child does not always need the physical presence of the father to give him an imaginary function".

In the following sessions, the 'thing' becomes more precise. It is clear now that he wants to do something for the child. He cannot remain impassive. He says: "All I can do is be the medium [for this] since I cannot continue thinking about this problem forever. Perhaps she will see who I am in this encounter". Mr M is preoccupied by the fact that he was not a good father, or responsible, to this girl, but, in the end, he comes to accept of not being an ideal father, and, at the same time, of not being one without some sort of value for this child. He provided an anecdote from his school days: he refused to go to school because he had to change workmates. His mother did not force him to go, but she promised to take him sailing if he returned to school. Because of his desire for sailing, he accepted his mother's proposal. This led him to the conclusion that sometimes the children are blocked [in a situation], and it does not only cost to unblock the situation. With this anecdote, Mr M attempts to find another solution for meeting the child, that is not based on the ideal father.

The CPCT experience, albeit brief, was useful, because it allowed him to shift his previously refused supposition, and hence to cause a new circulation in the dimension of desire. The end of the treatment was marked by the following words by Mr M:

> I took my decision. I was always sure that I would accept to see her. But now I am confident. For my wife, this is evident today. The question that rests is 'how'. I cannot know in advance. I cannot control the thing.

He accepted not being able to know, as well as not being able to be a perfect father and a Good Samaritan, and sublimated what divided him as a subject by means of the 'law'. He has

also accepted that the question will inevitably arise with his daughter in their encounter; “I do not know how one does this, but I have no way to do it”. The analyst underlines at the end of the presentation that the encounter of Mr M with psychoanalysis was not at all written in advance. The CPCT experience allowed him this which, without doubt, lies in the future.

The Study:

This is a clinical case vignette of a patient who did not choose Lacanian psychoanalysis, or this particular institution, for his treatment. He thereby did not expect anything from the specificity of psychoanalysis, as such. The demand for a consultation was moreover not his, but his wife’s, even though he wanted to understand. This desire was manifested in the patient’s act of searching for a child specialist, and thus for a master knowledge which would be the Other’s guarantee of a future encounter with an other, namely his biological child whom he had never met before. His encounter with psychoanalysis allowed him to find his own subjective position in this desire, and to thereby accept the lack of guarantee in the Other.

Benisty ends her presentation with the following words: “Mr M’s treatment was not at all written in advance”. This clearly expresses that the clinical experience of this patient was oriented by the psychoanalytic ethics of the one-by-one. However, the result of this treatment is arguably the ideal psychotherapeutic result of any psy practice. Rendering the patient capable of accepting and embracing the unpredictability of a future encounter with an ‘unknown’ other, and thereby the uncertainty that accompanies such an encounter is intelligibly the result that any mental health practice would strive to reach. Indeed, cognitive-scientific practices would arguably attribute Mr M’s impasse to ‘wanting mastery over the future’, an irrational ambition, and the treatment would thereby focus on rectifying the cognitive distortion by educating him of its faultiness.

What can we thus say about the specificity of psychoanalysis in this case, and especially in relation to the patient’s expectation for a ‘master knowledge’ that would supposedly be the answer to the impossibility that brought him to CPCT? How was this result marked by the ethics of psychoanalysis, especially since it was reached by means of interventions which resemble these of other practices? In other words, how can we claim that the end of the treatment was a form of sublimation oriented by the specificity of psychoanalysis?

In the Introduction of the Clinical Day where Mr M's case was presented, it was stressed that the general aim at CPCT is to produce fast and long-lasting therapeutic results. Due to the brevity of the experience, the psychoanalysis needs to be feasible. Thereby, the CPCT analyst cannot 'afford' to take 'risks' that the analyst in private practice can, i.e. interpretations defined by equivocation. The position of the analyst in the transference must be structured in a way that directs the treatment and not the passion, with the rapport of the brevity of the experience.

In Mr M's case, as it was underlined by psychoanalyst Jerôme Lecaux in the discussion of the case following its presentation, the analyst's position allowed for the 'push-to-the-One', namely the One-Signifier of the 'father', Mr M's Ideal of the 'father', to produce a subject. And this 'push-to-the-father' produced subjective effects that led to a 'successful' ending of the treatment. Evidently, the analyst's interventions are formulated in a precise, clear, direct, and explicit manner, are not provocative in nature, and do now allow room for equivocation, taking into account the brevity of the process. They are structured in a way that the subject's desire is separated from the (jouissance of the) Other, and paradoxically, it is precisely by means of this separation that the subject's desire can assume a distinct place in the demand of the Other. There are four examples in the presentation that demonstrate this: "What do you want to do?"; "Anybody could say..."; "You want ... but there is no..."; "You do not feel like her father, but she considers you her father". The analyst's position can thus be designated as explicitly articulating the impossible rapport between the subject's symbolic position and the Other's within the parameters of the demand. Arguably, these articulations, as a particular mode of interventions, allowed for a modification of the circulation of the drive within the dimension of desire and hence for the inscription of the subject's desire in the Other.

In the 'Other without Other' (2013), Miller reminds us of Lacan's strenuous efforts, as especially demonstrated in his 6th seminar 'Desire and its Interpretation' (1958-59), to develop the radical distinction between 'fantasy' and 'cognizance', two signifiers whose signification is often mixed up in modern mental health discourse. In this seminar:

> ...the fantasy is specifically approached in the singular and as fundamental, as a relation between the subject and the object that differs completely from the relation of cognizance [*connaissance*]. In cognizance, which is maintained at the level of reality,

> there is harmony, congruence, and adaptation of the subject to the object. Cognizance culminates in contemplation, in the subject's accordance with the object. It can even end in the confusion, the fusion of the subject and the object sought for an intuition. (Miller, 2013, p.25)

In the fantasy, there is a desire at stake, an unconscious desire, Miller punctuates. The object (cause) of desire (object a) is inscribed in the construction of the fantasy, the imaginary construction, and eludes the law of the symbolic, of the Other (of language). This desire at stake can also be called a 'wanting-to-know'. The symbolic articulation of this 'wanting-to-know' can appear as 'not very reasonable', according to Lacan in 'Direction of the Treatment and the Principle of its Power'. In this text, Lacan aims to show that "...the importance of preserving the place of desire in the direction of the treatment requires one to position this place in relation to the effects of demand, the only effects that are currently considered to be at the crux of the power of the treatment". It is the subject's position vis-a-vis desire which "marks with its presence the subject's response to demand, in other words, the signification of his need". Intelligibly then, according to Lacan, the subject should be able to experience the effects of his demand in the course of the treatment.

In Mr M's case, the treatment was arguably oriented in a way that allowed him to experience the effects of his demand, hence oriented by his subjective position of desire. And this is precisely what gives this result the value of the ethics that define the psychoanalytic clinic. What 'commenced' the transference, according to the presentation, was the analyst's 'no' reply to the patient's request for a consultation shared with his wife. With this first intervention, complemented by its explanation, the analyst was placed in the position of the subject-supposed-to-know, namely of the one who supposedly knows that Mr M's position on this matter is essentially separate from his wife's, even if it appears to be the same at the level of the imaginary. The 'not very reasonable' element in Mr M's demand, namely of wanting-to-know how the child would react in the encounter, a child whom he did not know and had never met before, was recognized in this first analytic intervention which set the ground for the rest of the treatment. This intervention, whose signification was that each 'looks' at a situation in their own way, even if they ostensibly assume the same (imaginary) position, had the effect of 'relief' for Mr M, as it marked the 'cut' of his own cause of desire to understand from what underpinned the demand of his wife. It was thus immediately clear that he was not there for his daughter, but for himself.

In the same text, Lacan employs the terms 'reasonable', 'rational' and 'real', as a way to conceptualize this relation between the subject's position of desire and his response to demand: "... Freud's discovery [of the unconscious] is ratified by the fact that it first takes it as certain that the real is rational - which, in itself, is enough to cut the ground out from under our exegetes - and then by noting that the rational is real. As a result, Freud can articulate that what presents itself as not very reasonable in desire is an effect of the passage of the rational qua real - that is, of language - into the real, insofar as the rational has already traced its circumvallation there". For Lacan, this position of the subject with respect to the object (cause) of his desire also designates the place whence he speaks from, namely whence he experiences the effect of his demand to the Other. The relationship between these three terms is fundamental in Lacan's teaching as it situates the subjective at stake, what is most singular and real for each subject, yet this which presents itself as not fully susceptible to reason, in the locus of the Other. The 'reasonable' is symbolic: "the logic of the symbolic is to make holes in language through the mechanism of nomination". The 'rational' is imaginary and real - it designates the double inscription of the signifier, as imaginary and as real. This Brousse refers to as 'a redoubling of consistency' at the level of the imaginary. It is not metaphorical - it is defined by 'fixity, inertia and unity'. It is thus a consistent image that does not abide by the laws of the symbolic, but at the same time, it is constituted by the symbolic and is experienced as real.

Lacan better - and further - develops this interrelation with the topological Borromean model towards the end of his work, from his Encore seminar in the early 1970s onwards. The gist of this teaching is that the real can only be experienced as impossibility, as impossible to be fully symbolized and transmitted to the Other via the Other of language. However, the paradox of the real lies in that the only way to experience it, as impossible, can only take place because of the Other of language. In other words, the real, although experienced as separate from the Other, owes its being experienced as impossible only because of the Other, because of not being integrated through its laws. In this way, the real is the rational, the logic that cannot be fully assimilated in the Other and is experienced as impossible, hence as real at stake, as pure truth for the subject. The circumvallation of the rational is thus 'traced', according to Lacan, as the rational is experienced as real impossible in the Other.

So, we can sum up this interrelation as follows: language is a bit irrational, but insofar as the subject's speech as addressed to the Other in the form of a demand for knowledge is oriented by the rational, the real at stake for the subject, then it is also not fully reasonable.

What in the symbolic articulation of a demand is ‘not very reasonable’ implicates the imaginary dimension, the singular ‘real’ inassimilable to the Other, that has nonetheless undergone the treatment of the law of the Other, even if unsuccessfully. Mr M’s demand for a consultation stemmed from the fact that a situation imposed itself on him. His demand was structured on the basis of the impossibility of being a father to this child, but it was propelled from the impossibility to ignore what had imposed itself on him. Indeed, it was the ‘must’ injunction to confront the real of the situation, to make-do with the impossibility of being a father that led Benisty to describing him as ‘a reasonable man’. Although, he initially considered himself to have no responsibility with regard to this child, and to not be a father to her, his demand indicated the desire for response-ability. He wanted to ‘understand’ and to obtain a ‘know-how’ to do with a ‘problem’ that he had ‘buried’ in the past, and which now assumed a new status - one of a ‘threat’, of something impossible to ignore. Indeed, this new status of the problem, as ‘inevitable’, constituted a moment of crisis for Mr M, who wanted to seek a master knowledge by means of which he could confront it effectively. The question that brought Mr M to CPCT was intelligibly inscribed in the register of the Other, as it implicated his recognition of the impossibility (to be a father to the child). The recognition of this impossibility by Mr M rendered his question as ‘not very reasonable’, precisely because the impossibility is due to the subjective at stake.

The challenge of the work lies in the fact that Mr M does not know the child, but has a knowledge regarding the child, or more precisely, the child’s image of himself. This knowledge is based on the impossibility of reconciling his own imaginary construction of the ‘father’, an Ideal, with the child’s ‘father’, the one that he is to her. Intelligibly, the latter poses a threat to the former for Mr M. What he knows he is to this child negates his knowledge of what a father is. A similar intervention follows, which firstly, draws a distinction between the patient and ‘anybody’, namely the Other, ‘anybody could say...’, and secondly, situates the singular of the subject’s question in the locus of the demand of the Other. The patient can now find out what in the child’s demand “touched” him. The analyst does not pose this as a question to the patient, but as an affirmation: he had a desire to find this out, and this desire can finally become realized. This has the effect of Mr M identifying himself as ‘Good Samaritan’, and confessing his ‘fear’ over the engagement leaving him ‘unable’ to ‘control’ the situation anymore. This identification opened the way for articulating his ‘concerns’ regarding how this encounter might negatively impact the child, and hence cause damage rather than benefit. The analyst stresses that a distinction in the Other for Mr M

was thereby made, namely a separation between the 'mother' and 'her child', as her decision which excluded his desire. In this way, the mother constructed her decision on the basis of precluding his position (by not informing him of her pregnancy when there was still the abortion possibility). Indeed, "he surmised his powerlessness to desire without destroying the Other, thus destroying his own desire insofar as it was the Other's desire" (526). The 'real' demand became a question addressed to the lacking Other: "Mr M has now accepted not knowing how the meeting will go". "...fantasy is the means by which the subject maintains himself at the level of his vanishing desire, vanishing inasmuch as the very satisfaction of demand deprives him of his object". Whereas initially the demand was one for mastery over the jouissance of the problem identified with the mother's position, and hence one of a vanishing subject, following the two interventions, it became a desire for knowledge which implicated his lack as a divided subject.

The third intervention was one that finally put an end to his seeking a master knowledge from the analyst, and marked the initial formation of his responsibility. "You want a step-by-step guide, an instruction manual, a universally-valid way of being a 'father'. But there is not one". He has to find his own way to make-do with the impossibility of being an ideal father to this child. This intervention was formulated in an explicit and direct manner and had the effect of his accepting his contribution to the birth of the child, and hence his responsibility for her existence. However, the fact is that he is still not an 'ideal' father to this child, an ideal which he accounts for with an elaborate construction centered around the notion of the physical presence of the father in the child's important life moments. In what can be the identified as the last important intervention by the analyst, Mr M was able to make use of his prior knowledge - that the child has by now constructed an idea of a 'father' that is radically distinct from who he is - as a way to accept using the meeting as an opportunity for this distinction to become realized for her. This prior knowledge assumed a different function for Mr M, who came to realize that since the presence of the father is not necessary for the child to construct an image of the father, his own 'ideal father' is thereby not necessary for the function of the father for the child.

As Benisty remarks, Mr M made use of an 'anecdote' as a way to argue that, at times, the solution of unblocking does not lie in the negation of what is at stake in blocking, but rather outside this binary, in inventing a new way out. The encounter is hence an opportunity to make-do with the impossibility of identifying his construction of the 'ideal father' with hers, by inventing another way to be for her, that is not based on the 'satisfaction' of this

impossibility, either by realizing it and parting ways, or negating it by 'giving up' its constituent parts. "I do not know how one does this, but I have no way to do it". Indeed, abandoning the desire to know a 'one-size-fits-all' way, accepting it as impossible, and hence giving up on the idea of a future encounter with an other ordered by the Other's guarantee, marked the end of Mr M's encounter with psychoanalysis at CPCT.

The analytic interpretation is not a technique, but an ethics, as Miller asserts, and the present CPCT case clearly demonstrates this, starting from the fact that the desire was not reduced to the demand, but was recognized as one of a vanishing subject in the locus of the Other's jouissance. It was a matter for the analytic work to sustain this demand, and hence push-to-the-father by means of separating the demand of the Other and the subject's position vis-a-vis desire. Mr M's demand was initially a response to the Other's demand that excluded him as a subject - a desire for desire, extracting jouissance from the incessant attempting to mute the Other. The analyst did not reduce Mr M's Ideal of the 'father' to an object-meaning, by falling into the imaginary trap of the 'father', namely responding to his statements regarding what a 'father' is from the imaginary register. In this way, 'father' was not reduced to an object-meaning, an imaginary object, but was rather allowed to serve as a compass, a reference point, as the patient was 'pushing' through how he could speak of it, via the dimension of the Other, and the analytic discourse, to its real dimension. This 'push' ultimately reached a settling point that allowed Mr M to form a sublimation, a modification of the rapport of paternity, as attested by the didactic message of the anecdote.

Intelligibly thus, Mr M's CPCT treatment consisted in working through the fantasy, rather than cognizance. Although the interventions are symbolic articulations of the psychoanalytic ethics as such, they condense jouissance and prevent further (free) signifying associations, taking into account the brevity of the experience. But Benisty did not give him instructions, or moral guidance, and did not lecture him over the 'realistic' ramifications of a decision to not see the child and commit to be a father. These interventions kept the process focused and controlled, allowing for a new mode of knotting of his symptomatic arrangement, offering him appeasement and a subversive way of making-do with the impossibility; they were not at all a short-circuit to the real object of his demand as impossible without recourse to the Other. If we formulate the impossible as "there is no [universally-valid] mode of the father", the subject was able to experience it through this recourse to the Other, the push-to-the-father. It was thereby not reduced to its semblant, namely to its signifying identification, something supposedly fixed in the Other, foreclosing the real of the subject. But in other psy

practices, precisely because of such reduction, this impossibility would lead to further signifying associations, interpretations via the imaginary register, implicating the ego of the practitioner which would always operate on the basis of the presupposition of the Other of the Other. For instance, in Mr M's treatment, it was never pointed out by the analyst that although he stated he had no guilty conscience, he also stated that he was a 'Good Samaritan'. Indeed, the latter statement was recognized as one pertaining to his anticipated logic, as an effect of the analyst's intervention, which we can reformulate as follows: anybody could say what you are saying, so say something different!

Conclusion - Key Findings

This chapter I dedicated to the study of clinical case presentations and vignettes. The reason why I decided to do this is because clinical case studies are one of the two methodological ways that knowledge is transmitted within the Lacanian Clinic, one of the two ways that the effectiveness of this practice is exposed, put to test and evaluated (the other way being the *Pass* testimonies of those analysts who have successfully undergone the pass procedure and earned the title of the Analyst of the School (AS)). The first case I found naive (in a good way) and moving and if I were to go back in time and started my analysis all over again, it would most likely be with the analyst of this vignette. Although I may have been harsh in my critique, she appears to be an analyst who *falls,* a believer in the psychoanalytic concepts, a believer - or one who wants and is willing to believe - in the power of mutual trust and love. The second case I found exceptional in the sense that one does not come across very often case presentations in the Lacanian clinical community which concern a case that failed, which showcases the impotence of the analyst, *without* labeling - or 'pigeonholing' if you prefer - the patient as 'psychotic'. All the elements are there: inability to let himself trust, to form a collaborative working relationship with the analyst, discomfort with connection, etc and yet the analyst does not regard this as a 'negative therapeutic reaction', and furthermore, she contends that analysis was a proper choice of treatment for this patient. In a breath of fresh air, all that the analyst does in her presentation of this patient's case is depict the patient as a 'tough cookie' whom she just wishes she had been able to have affected with her psychoanalytic skills and abilities. The third case is from a psychiatric journal and there is not really much to say about it except for the fact that I wanted to re-imagine what could have been done differently had the psychiatrist been trained psychoanalytically or at least informed

by psychoanalysis. I chose the fourth case because it is from the Lacanian clinic, presented in an NLS congress under the theme of 'transference', and because it clearly illustrates the lengths that some Lacanians may go [without their awareness] to in order to present their patients as psychotics. The analyst in this case was so resolute in presenting her patient as psychotic to the point that she misread a very important quote by Lacan in seminar 23 (which I have highlighted in the study/ critical analysis of the case presentation). Finally, the fifth case is interesting insofar as it is very well structured and the analytic practitioner (of Lacan's orientation) provided a series of interventions which allowed the patient to obtain response-ability with regard to an unexpected turn in his life which led him to seek consultation in the institution where she practiced.

CHAPTER FIVE: DISCUSSION AND CONCLUSION

I. Experiencing the Impossible of the Expectation: The Semblance of Psychoanalysis and the Real of the Subject

In this final chapter of the thesis, I do not present a formal conclusion but rather lay bare the underpinnings of my argument regarding the exigency of an expectancy from psychoanalysis, as well as call attention to thoughts that logically ensue from the problematics that I raised in the body of the thesis. Psychoanalysis can never be in crisis insofar as it is not a 'thing' in itself; however the aim of the psychoanalyst, the leader of the orientation, is to make it *one,* a closed set that contains itself, when he or she gets the premonition of the collective desire to close down on the singular, on the very cause of psychoanalysis, in the clinical community. It is for this reason that I underscore that, as Lacan affirms, psychoanalysis is a symptom of the malaise in civilization, it is the crystallization of the norm which can only - as a backfire - create the unconventional. In the end, it all comes down to the expectation: "Psychoanalysis is not a science [...] it's a delusion - a delusion that is expected to carry a science". Once the expectation is realized, the subject recognizes the truth of psychoanalysis as being radically distinct from its semblance, from the construction of psychoanalysis as a discourse, however, a discourse that is real insofar as it carries along the reality of the unconscious. My aims in this thesis were multiple, but essentially revolved around the core argument that the discourse of psychoanalysis and the effects of its practice can create a certain semblance that can function as a 'psychoanalytic' expectation, that is, an expectation that can come to validate the truth of psychoanalysis and bring about a hope for its future. Specifically, my aim was to effectively argue that the question of the effectiveness of the psychoanalytic practice boils down to the subject's expectation from psychoanalysis which is intrinsically attached to the semblance of the discourse of psychoanalysis for each subject. The discourse of psychoanalysis is created by a 'plus-one' - Jacques-Alain Miller following Jacques Lacan's death in 1981 - for the purpose of the preservation of the psychoanalytic cause, as opened up by Freud and elaborated on by Lacan, and the truth of psychoanalysis, a truth that carries an impossibility. This is *an act of absolute responsibility* as accentuated by Miller in his text, *Turin, Theory of the Subject of the School* (2000).

I argued that the conditions for psychoanalysis is the act of the construction of a discourse of psychoanalysis, namely an objective reality for psychoanalysis, which comes to

function as a semblance for each subject involved in psychoanalysis, as an analysand, an analyst, a student or an academic immersed in the field of human sciences. This is noted by Lacan: "this was an effect of Freud's discovery of the unconscious, one that he was very quick to anticipate: among the regressive demands, the demand for fables will be sated with the truths spread by analysis itself. Analysis, upon its return from America, exceeded his expectations". Madeleine Andrews, in her paper *Anticipation and Expectation* (2012), dealing with the question of the end of analysis, designated by Lacan with the formulae of the 'pass', insofar as "its principle resists mere description or verification according to a 'right' procedure", emphasizes on the distinction of the two terms as two separate planes of subjectivity responding to different logical operations. Citing Lacan's paper, 'Logical Time', in which he clarifies the distinction between 'anticipated certainty' and 'presumption' as aiming at truth, Andrews underlines that the 'subject-supposed-to-know' - whose function guarantees the analyst's position in the analytic experience, to the extent that it is often used as a replacement of the term 'analyst' - emerges through the 'passage' of a logical impossibility, of the 'impossible to be written', that is, the irreducible to a 'castrated' meaning in the Other. The 'subject-supposed-to-know', being another name for the analyst's desire, as formed and established "from an anticipatory desire that holds a relation to the impossible", is an 'experienced' desire insofar as it originated from 'the place of inexperience', of trespassing an unknown territory, and is precisely the function of which that renders the psychoanalytic operation possible through the 'transference', the supposition of knowledge, insofar as the analyst is comfortable, equipped with his desire, in the position of 'not-knowing'. Andrews specifies the relation of these two terms, expectation and anticipation, as guaranteed by a third element, an always missed encounter with jouissance, in support of her elucidation on Lacan's theorem of the 'discontinuity in the real', one which essentially underpins the notion of the unconscious.

> In the *Concise Oxford Dictionary*, the term 'expectation' is associated with inheritance, morality, and assurance, whereas the term 'anticipation' is defined as a precipitant act associated with something probable. What the history of psychoanalysis has shown is that when expectations become the corollary of ideals, this invariably leads to repression and disappointment. In taking the liberty of dissociating the two terms, anticipation and expectation, I have divided them according to the two types of logic, as differentiated by Lacan in his paper 'Logical Time', placing expectation on the side of

> imaginary hope (bound by spatial time), and anticipation on the side of a logic (articulated by the times of the signifier). This would suggest that the idea of the analyst as 'experienced' is replete with the consistency of imaginary expectation, whereas something insists at the level of the symbolic, which only anticipation can call upon from the side of non-knowledge. Furthermore, that these two planes of subjectivity would remain circular without the intervention a third, radically discontinuous element – the encounter with an inevitably missing term. (Andrews, 2012, p.8)

It is because, as Andrews punctuates in the quoted excerpt, 'expectation' is formalized by Lacan as anchored by the imaginary register, and thereby, designating the imaginary, specular relation of the subject to the Other, and because the subject who expects also anticipates, insofar as it chooses to undergo this specific kind of process, that I posit that the expectation of the subject in psychoanalysis is a symptom in itself, one that is imperative to confront in a direct manner, if we are to address our question on how psychoanalysis, without deserting its cause, can be a part of the mental health field, today.

Sense of Purpose

'Purpose' is not a frequently encountered signifier in the discourse of psychoanalysis; however, as a question, it falls within the spectrum of the expectation or aim that might propel one to begin or continue an analysis by having the possibility of eventually reaching an end in mind. My aim in this thesis was to shed light on the question of a sense of purpose in psychoanalysis, on the side of the practitioner who has reached an end in his analysis, the analyst/ analysand subject in training, and the new analysand who embarks on the analytic journey. For the purpose of this, I will take my bearings from statements made by 'passers', namely analysts who have been nominated as 'Analysts of the School' after undergoing the 'pass' procedure, in order to argue how such statements can lead psychoanalysis towards a direction that further excludes it from the wider, social Other's scene with consequences for individuals involved in its community. A main example is what is widely considered to be the implication and designation of the 'pass': the traversal of the fantasy and the ceasing of one's subscription to his unconscious. This can be exemplified by the statement 'there is no Other that enjoys you in any way' (Voruz, 2015) which ironically echoes the prevalent 'complaint'

of psychoanalysis about the social discourse of our time being characterized by the 'inexistence of the Other'. Indeed the notion of the 'inexistence of the Other' refers to the no longer existent signifier of the Name-of-the-Father, the dissolution of the Freudian "father" of the Oedipus myth, of the one of the (symbolic) Law - of prohibition and castration - identified as the guarantor and gatekeeper of the "universal truth", or put differently, the evaporation of the one identification which marks and delimits the subject's place in the locus of the Other as validated by the Other of the Law. This is now replaced by the continuous proliferation of names of the 'father', the ever emerging symbolic identifications which the subject is ordered to represent himself with in the Other. Further, such statement is in contradiction with what psychoanalysis proposes as its treatment approach to main contemporary symptoms, such as depression and anxiety, namely to facilitate the subject in constructing an 'Other', in the form of a signifying construction, that they can use in their social encounters and thought processing.

The question is, if the starting point in one's encounter with psychoanalysis is consenting to the assertion that the [fantasmatic] Other is one's instigation, construction, choice, then, intelligibly, the purpose of one's psychoanalytic experience would be nothing other than reaching the point where the Other ceases to exist and hence being rewarded with the 'pass' as a validation for this reaching point. In this case, psychoanalysis is on the same side as the contemporary master's discourse which is founded on the inexistent Other and the singular invention of a mode of enjoyment that one can be responsible for. This is what Miller refers to in his text, 'A Fantasy' (IV WAP Congress, 2004), when he states that psychoanalysis has 'succeeded' in civilization; the 'success' of psychoanalysis is the fact that we no longer live in a repressive master's discourse which dictates and regulates one's position in the social framework, as it was the case in Freud's era. In other words, we can longer claim that psychoanalysis' purpose is to assist the subject in overcoming his discontent(s) with civilization concerning a repression of desire and subjective identity. Indeed, psychoanalysis's aim today is contended to be the assisting of the subject in his effort to invent or construct a singular solution that is anchored by the singularity of his desire; something that 'works' for the subject, yet something that he is response-able for. Miller puts this notion of 'success' in the same vein as 'victimization': "psychoanalysis concludes today that it is the victim of psychoanalysis. And psychoanalysts, even themselves sometimes, are victims of psychoanalysis, victims of the suspicion that psychoanalysis instills and distills when they do

not manage to believe in the unconscious." Indeed, this is a crucial point in trying to determine the purpose of being in analysis today, versus in some other form of psychotherapy, on the basis of what actually is that distinguishes it from any other practices, namely the belief in the unconscious. Miller's subtle distinction in his text between 'victimizing psychoanalysis' and the analyst 'being a victim of psychoanalysis' is important in determining this purpose.

An example that solidly illustrates the 'victimization' of psychoanalysis is an excerpt by a practitioner of the Lacanian School: 'There is no desire' in other psy practices to treat each patient on a case-by-case basis and 'subjective division is refused' in such treatments due to the 'lack of desire to know anything about what is unique for everyone'. (Van Den Hoven, 2002) This claim is intelligibly a groundless oversimplification and can be effortlessly dismissed if we look at most mainstream psy services which brand and promote themselves as 'person-centered care' and 'individually-tailored'. For instance, IOM (Institute of Medicine) states that their mode of treatment is "providing care that is respectful and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions". 'Being a victim of psychoanalysis', on the other hand, is not as straightforward, as it concerns the semblance of psychoanalysis which emerges from its discourse, that is, the discourse of the psychoanalytic community.

What I wish to put forward as a question is to what extent this is actually needed for the purpose of the unconscious, as the reverse of the master's discourse, to actually be possible and continue to verify its existence. In other words, is there a necessity for analysts to fall prey to the semblance of psychoanalysis, as generated by its discourse, in order for the unconscious to continue to ex-sist? Does the 'pass' and the teaching of the 'pass', as essentially leading the psychoanalytic thought and research works, serve precisely this purpose? If so, then how can we still genuinely pose the question of what kind of place there is, or there can be, for psychoanalysis in the mental health field today? This question is fundamental for the research question of this thesis - what can we expect from psychoanalysis today - as it links up the debate of what actually qualifies as an end in analysis to the thesis that a legitimate end of analysis is one where the subject has come as close to the disappearance of the Other as possible. In fact, in his *Écrits* text, 'Subversion of the Subject', Lacan describes the end as the final moment when "the father is not only dead and has gone to heaven, but his grave is also empty", marking a turning point from Freud to Hegel. The 'Other's disappearance' as an idealized notion linked with the aim of reaching an end in

analysis, as well as the increasing popularization of the 'pass' in the Lacanian community, engenders problems such as one's pure mimicry of conducting an analysis based on the conduct of one's own analyst, adopting the same discourse or way of speaking as one's own analyst, and cynicism related to a narcissistic empowerment of the ego.

Pierre-Gilles Guéguen comments on the assertion 'the unconscious is politics', by stating that "if psychoanalysis does not stand up to the invasion of the de-subjectivation of our society which, in mental health, in politics, in culture, advocates the ego imperative of productivity and primary utilitarianism, no other discourse will be able to do so". What is problematic about this statement, and what finally brings us to our question with regard to the reconfiguration of the notions of work, productivity, purpose, subjectivity in contemporary discourse, is juxtaposing the 'subjectivation', supported within the psychoanalytic discourse, to the 'de-subjectivation', which is led by the common discourse of our time. Though ascribing psychoanalysis in the position of supporting the 'subjectivation', that is, the process by which the subject through the function of speech strives to be 'full', to be identified with his image, his Ideal-Ego, is accurate, since this is precisely what renders psychoanalysis a subversive practice, one which aims to disrupt the continuous suturing of the subject, the 'de-subjectivation' is not to be perceived as a process which opposes to 'subjectivation', one which obstructs the latter, since, structurally, insofar as there is a subject of demand, a lacking subject addressing the Other, there is a libidinal push to completeness, a driving force which makes one seek the 'object' that will make him a 'full' subject.

In this sense, there can never be a de-subjectivation, a removal, separation from, or 'taking away' of 'subjectivation' by the superegoic injunction to produce a pre-determined value that is presumed to produce a 'happy' subject that enjoys this given value's utility. 'Becoming a subject' is inextricably connected with this preoccupation of the subject to 'enjoy' through productivity and primary utilitarianism. The latter two notions extend to anything that is signified, anything that is imaginary/real through a symbolic identification or without it. The counter-culture of the late 1960s in the US is paradigmatic for a societal urge to a conventional approach to productivity and utilitarianism in favor of 'finding a purpose' and 'enjoy' life the way it is meant to be enjoyed - stripped from the pursuit of goods as endorsed by the consumerist and capitalist culture. We could say that this symbolically real, sided on the imaginary/ real, 'productivity' and the utilitarianism of the 'hippie' movement is associated with a 'search for freedom' and opposition to the political and societal status quo.

This particular cultural phenomenon, one which is branded as 'utopian socialism' is thus such a primary and illustrative example of the coupling of 'subjectivation', on the one hand, and productivity and utilitarianism on the other, since this fundamentally 'subject-focused' movement, one whose fundamental values are choice, freedom, celebration of subjective desire, is rooted in the desire to produce a particular kind of subject, one that cannot be de-subjectivized' by its producing something - anything - that can be utilized by the market, which, in its turn, will sell it back to the 'de-subjectivized' subject of incessant capitalist production. Another - less oblique - way to look at this nowadays obsolete discourse of hippie counterculture and lifestyle in America is as an attempt to refute the surplus jouissance linked to the impossibility of reaching 'all', to the handicapped signifier which cannot amount to all that can be said, in so far as the subject is concerned, an attempt to make a direct leap to the real.

Proposing that finding one's purpose in contemporary common discourse, dominated by the discourses of science and capitalism is an alliance between one's object of desire and the imperative to serve others, thus a compromise between passion and sacrifice, or rather, something that combines the two in a complete fashion, without any remainder left behind, we can pose the question: since 'purpose' is identified with enjoyment and the striving to succeed, how can there be a 'dead man' working in the first place? How can there be a subject who feigns, who does not enjoy his training to serve specific aims? How can there be a non-responsible subject, one who does not follow on his 'purpose', does not know it, does not question it, does not seek to find it, and, at the same time, complains of being 'trapped', of being a 'dead man working'? How can there be a justification on the subject's part to not be a master of his purpose, to not 'know' what it is – being able to name it – and, if so, to not be on a mission to find its symbolic identification by searching through an already established 'set of goods', an array of identifications already available in the discourse and waiting to be discovered?

In an epoch where the signifier 'purpose' is fundamentally inscribed within the capitalist ideological framework, within the process which determines one's insertion into the work force - the recruitment process - which is, essentially, a social insertion, by the answering of a set of questions whose successful completion rests solely upon the 'person specification form', an accumulation of signifying representations that the subject must claim as his own by constructing a formulation which symbolically identifies him with each and

every qualification, skill, ability, quality, trait, and their respective signifying associations, how can one miss it? If one's purpose is not shining through the 'essential qualities', it must be in the 'desirable section' - if not, then the DSM must be consulted to console the subject by providing him with an identification that explains why none of the ones in the 'person specification' is his purpose. Can then one even believe there is a 'purpose' outside this 'lack of purpose' explanation that is put forward by the contemporary cognitive scientific discourse? Can this belief perhaps be reassured and fortified by psychoanalytic assertions, such as, 'everything is pointless' ,'there is no better life'?

In order to address this question on the 'ethical unconscious', as Lacan designates it in seminar 11, on the structure of the unconscious stemming from 'an ought to be', we must closely examine the shift that the formulation employed as the present chapter's title has endured in the real. 'Dead man working finding a purpose?' has certainly taken a different turn since the hippie movement in the 1960s; if one is a 'dead man working' these days, he should resurrect himself, and thus be a 'resurrected man working who's found his purpose written in a person specification form'. There can never be a 'dead man working' then, only one who refuses to buy a 'self-help' book to resurrect himself, or one who has not taken enough trips to India to witness enough misfortune, yet happiness in that misfortune, which will consequently point out for him the right identifications in the person specification form that constitute his purpose.

So our question concerns specifically the impossibility for the contemporary subject to find his 'purpose' outside of the scientific/ capitalist framework, the impossibility to be 'dead', to be separated from a symbolically identified 'purpose', or, more precisely, from a structural perspective, the impossibility of the disjunction between the 'dead working subject' and his 'purpose' - the former implicates the negation of the latter, the former cannot be without missing the latter; 'dead man working' can only ek-sist via the ek-sistence of the 'purpose' insofar as the latter does not exist. 'Purpose' thus does not allow for the subject to be 'dead' insofar as he is 'working'; there can never be 'work' unless one enjoys it. Thereby, 'dead man working' is identified with 'dead man not working' via 'dead man not not working' - 'work' is double negated, if it is performed by a 'dead subject' whose 'purpose' holds ineffable meaning in his real. The subject is then not free to be dead - he does not have the 'right to die' insofar as he is working, as opposed to the subject during the 1960s hippie movement in America

whose ‘death’ is inextricably connected to ‘working’, and which is in clear discontinuity with his ‘purpose’ - one that falls outside any symbolic identification that is not really symbolic, and which is defined by the impossible reconciliation with any symbolically real identification.

A Relapse of the Unconscious?

Since this thesis concerns the question of an expectation from psychoanalysis in relation to its effectiveness, the question of the possibility of a relapse of the unconscious that offers proof of the singularity of the subject, in the sense of an irreducible remainder in logic, of what never ceases not to be written, is pertinent. It was my argument in this thesis that psychoanalysis is essentially a constructed discourse which allows for the formation of the unconscious as real, and that this construction is an act of absolute responsibility towards the unconscious, as the object specific to psychoanalysis. My argument was further that such construction may eventually lead to an inertia and stagnation of psychoanalysis that is linked to the aphorisms that the ‘unconscious is politics’ and the ‘unconscious is the Other’s discourse’. In his seminar on *Transference* (1960-61), Lacan blames this inertia in psychoanalysis in terms of its ‘efficacy’, namely its distinct effectiveness when compared with other psy approaches, on a certain compatibility between the ‘ego-ideal’ that may come to govern the psychoanalytic community in a given time and ‘ego-psychology’. Specifically, he proposes that the relation between this ego-ideal and ego-psychology be examined from the perspective of the effects of the discourse of psychoanalysis on the analysand in conjunction with the analyst’s position as the subject-supposed-to-know, namely as the one who is supposed to be the guarantor of the knowledge of this discourse:

> It is as a crowd organized by the analytic ego-ideal as it has effectively developed under the form of a certain number of mirages, in the forefront of which is the one for example which is put into the term of strong ego, so often wrongly implied at points where one believes one recognizes it... . I am attempting here to do something of which one could say, with all the reservations that this implies, say that it is an effort of analysis in the proper sense of the term, that to reverse the coupling of terms which form the title of Freud's article, to which I referred above, one of the aspects of my

> seminar could be called *Ich-Psychologie und Massenanalyse*. It is in so far as there has come, there has been promoted to the forefront of analytic theory the *Ich-Psychologie* which has acted as a jam, which has acted as a dam, which has created an inertia, for more than a decade, to any restarting of analytic efficacy, it is in so far as things are at that point that it is appropriate to interpellate the analytic community as such by allowing each one to look at what has come to alter the analytic purity of his position vis-a-vis the one for whom he is the guarantor, his analysand, in so far as he himself is inscribed, is determined by the effects which result from the analytic mass, I mean the mass of analysts, in the present state of their constitution and their discourse. (Lacan, 1960-61, p.316)

It was my objective in this thesis to sporadically show this self-satisfaction and contentment which are arguably to blame for the inertia and stagnation of psychoanalysis today. The fixity of the analyst's position as ordered by his fixed, imaginary identity, and the situation of his desire as oscillating between causing an effect that corresponds to pragmatic exigencies and leads into subjective response-ability for symptomatic suffering, and maintaining an unconventional approach that does not reduce analysis to a mere therapy, shut down the possibility of a question regarding responsibility for the unconscious. A responsibility for the unconscious on the part of each psychoanalyst who has trained in psychoanalysis either by encountering a piece of the real through the drying up of the formations of the unconscious, or by experiencing the unconscious as real, through an 'accidental' encounter with the real attesting to the formation of the unconscious as condition of language, is hence to ensure possibility of a 'relapse' of the unconscious. The effort of ensuring this, as Lacan affirms, must be in terms of discerning what in the discourse of the 'mass of analysts' causes a stagnation that leads to either pure mimicry to fit in or inevitably breaking out from it by a desire for knowledge that insists and remains unsatisfied. Ironically, this relapse can only be guaranteed by a subject who is guaranteed to not have a relapse, namely to not be a dupe of his unconscious, and hence of the real, a second time, meaning that psychoanalysis, properly speaking, can only happen once.

II. Psychoanalysis as a Contemporary 'Symptom' and 'Psychoanalytic Base of the Symptom'

Albeit 'crisis' is the first association that comes to mind upon hearing the word 'psychoanalysis' - considering one has already crossed out the terms 'obsolete practice' or 'obliteration'' - for contemporary psychoanalysts - putting aside the constant whining about the current situation of the mental health system which does no favors to psychoanalysis - psychoanalysis does in fact have a promising future (see for example, Thomas Svolos, *Twenty-First Century Psychoanalysis*, 2017).

In fact, in a 1974 interview, Lacan himself accentuates that "there can be no crisis of psychoanalysis":

> ... In the first place, this so-called crisis. It does not exist, it could not. Psychoanalysis has not come close to finding its own limits, yet. There is still so much to discover in practice and in consciousness. In psychoanalysis, there are no immediate answers, but only the long and patient search for reasons. Secondly, Freud. How can it be said that he has been left behind, when we have still not yet entirely understood him? What we do know for sure is that he made us aware of things that are entirely novel, that would not even have been imagined before him, from the problems of the unconscious to the importance of sexuality, from access to the symbolic sphere to subjection to the laws of language. His doctrine put truth itself in question, and this concerns everyone, each individual personally. It is hardly in crisis... (No pagination)

However, even if psychoanalysis is not 'in crisis' in its internal circles, it is certainly, as we have examined in this thesis, in a critical moment from a sociopolitical and historical perspective. In the aforementioned 1974 interview, Lacan actually refers to psychoanalysis as a 'symptom' of the malaise in civilization:

> I define it as a symptom – something that reveals the malaise of the society in which we live. Of course, it is not a philosophy. I abhor philosophy, for an awful long time it's had nothing new of interest to say. Nor is psychoanalysis a faith, and I am not keen on calling it a science. Let's say that it's a practice, and it is concerned with whatever is not

> going right. Which is a terrible difficulty because it claims to introduce the impossible, the imaginary, into everyday life. Thus far it has obtained certain results, but it still has no rules and is prone to all sorts of ambiguities.

Although Freud initially conceived psychoanalysis as a antidote to the malaise in civilization, as a way to make-do with the injunctions of the social superego, he had already placed at the forefront of his work in 1908 the antagonism between civilization and the drives. This antagonism claimed a more prominent place in his 1928 work, *Civilization and its Discontents*, which was chronologically situated within the framework of one of the most major economic crises and hence social instabilities in modern history. It is within the parameters of this antagonism that is intelligibly imperative that we look at the interplay between the 'crisis' of psychoanalysis and its constitution as a contemporary 'symptom'. In his text *Psychoanalysis, the city and communities* (2012), Miller identifies and shifts our attention to two fundamentally different positions of the subject with regard to his relationship with his symptom: the first concerns the case in which one regards his symptom as an 'encumbrance', a burden which he wants to be freed from, while the second refers to the position of assimilation with one's symptom, the integration of the symptom into the synthesis of the ego, and hence the acceptance of it as an integral part of oneself which provides the subject with its unique identity in the face of the Other. In the first case, the subject enunciates the symbolic name of the symptom within the parameters of his demand to the mental health professional, presented in the form of a complaint, whereas the second is the case in which the subject identifies himself in the Other with a symbolic name which predominates in his discourse, or the case where his discourse points to or is summoned by the one symbolic name which organizes and directs the subject's speech. The latter – which Miller accentuates in his text it is the most interesting for the psychoanalytic clinic as it concerns the symptom as a mode of jouissance – refers to the subjective position with regard to the symptom at the point of a conflict, of the split of the subject between desire and jouissance, or more precisely, between knowledge that is signified and can be articulated and the enjoyment of the body at the place of the surplus, of what is produced by the signifier that escapes signification, that fails to be captured in the signifying chain at the quilting point of the S1 with the S2. In this case, as Miller stresses, precisely because the subject is situated at the intermediation between suffering and enjoyment, because the subject enjoys what he suffers from, there is no question

that exists for the subject, and hence the construction of a question is what the analytic operation aims at, at this initial stage. “That’s just who I am - but the symptomatic effects need to go away”, is how we can succinctly summarize the subject’s demand ordered by his distinct subjective position at this precise point of rupture between knowledge and jouissance; “torn between their desire to be integrated into a norm and their irrepressible tendency to escape from it”, thus oscillates between “I want to be like others ... and I enjoy being an exception”.

In another text, *Psychoanalysis in Close Touch with the Social* (2007), Miller proposes that psychoanalysts create a ‘psychoanalytic base of the symptom’ as a way to be more mathematically consistent and rigorous in the clinical transmission of the effects of the analytic practice on the contemporary subject. He states:

> I remind you that our institutional Alpha Places are now, for some, subsidized by administrations, and this will be more and more the case. But a natural requirement is thus imposed on them to give an account to their commanditaires. They want figures, something quantifiable, numbers. They want to produce results for statistics, classifying machines, computers. They are already proposing the services of their engineers. We could maintain that we operate with supposed knowledge, and that exposed knowledge denatures our operation. We could say with a sigh that it is tiring to fill in the forms they ask us for. I propose we take it from another angle: as the occasion to have our clinic with its diagnostics and its indicators pass into the circuit of common communication, which means, in the first place, having it pass into the register of integral transmission, what Lacan called the matheme. The matheme is not only the use of $, a, S1, S2 and the rest. The requirement of the commanditaires should be the occasion for us to formalize our clinic, and why not, to rival the DSM. Why not create the BPS? Who can doubt that the constitution of a ‘psychoanalytic base of the symptom’ (*Base psychoanalytique du symptôme*) capable of being quantified would have the most favorable effects on the quality of our clinical transmission, including its most subtle aspects? Am I alone in desiring a more consistent mathematic armature than the one we already dispose of? I don’t think so. (No pagination)

Although in this latter text, Miller proposes the invention of a formula which would be psychoanalytically oriented and adherent while sketching out the direction of the treatment, it would be interesting to contemplate about how such a formula, or even detailed proposal, would come into interplay with the symptomatic function of psychoanalysis for the contemporary subject. To begin with, it would be debatable to even consider the possibility of such a formula or treatment initiative if psychoanalysis can in fact function symptomatically for contemporary subjects, namely as an encumbrance rather than a point of conflict. Indeed if there is a crisis of psychoanalysis in current era, such a crisis, as we have seen, concerns its replacement by its semblance, is inextricably connected with the crisis of the Real. But what does it mean for the Real to undergo a crisis? In order to address this question, we need to stipulate that 'crisis' is used to designate a particular shift in the coordinates which mark the structure of a given discourse. This shift rearranges the order of the discourse, the order in which the subject, as an effect of the 'truth' of the discourse, positions himself with respect to the Other.

In his late teaching, Lacan's aphorism, 'the unconscious is the political', precisely refers to the social reality dictating the psychic reality of each individual inscribed in a particular epoch: "I am not even saying 'politics is the unconscious'—but, quite simply, the unconscious is politics!" Whereas Lacan's discard of the formulation 'politics is the unconscious' is quite intelligible, since it implies a significantizable concrete unconscious - composed by 'fantasies, dreams, failures and anxieties" - which ex-sists through the function of an abstract knot and which is symbolically identified with politics qua the imaginary register, the second formulation may not be as perspicuous. 'The unconscious is politics' taking as its point of departure the unconscious, though it too formulates an identification of the unconscious with politics, the identification in this specific formulation presupposes a 'known' politics that the unconscious, as and 'empty' signifier without a signification, is equated with, or explained by. This is precisely what renders this formulation not perspicuous and hence calls for elucidation and further elaboration; 'the unconscious is politics' may be fallaciously perceived as indicating that the unconscious is a struggle to conform and adapt to the exigencies of the subject's environment as imposed to him by civilization, or that the unconscious is the underlying mechanism which is to account for one's political stances, ideologies, representations, which once unveiled, politics can be understood and able to dealt with, or even that the unconscious is created by politics, that one's symptom is formed as a

response to one's inability to confront political forces released against him. As Miller punctuates linking Lacan's aphorism 'the unconscious is structured like a language' with the title of the political science book *Democracy Against Itself* (Jean-François Revel, 1993), the unconscious appears at the same level as politics, 'the place of a fracture of reality', or more explicitly, at the point at which the 'whole' of the libidinal effects of the signifier cannot be sustained by the imaginary - at the empty 'leak' without which the discourse can never be full, as it tells half the truth, the one which constitutes the - fullness promising - lack which engenders the circuit of the discourse to its failure and back to its being. It is thus the level at which politics, the structure of the political subject's speech, or put differently, the point at which the speaking subject's structure which is ordered by the political, the master signifiers and their particular organization and arrangement in the master's discourse, fails, the point at which the aim at the political cannot be fully satisfied, and the barred subject is maintained as such by the function of his lack. What is of question then is how the subject makes use of the political in his own structure, how he employs predominant signifiers which constitute the master discourse of his time, the political, in order to trace the subject's unconscious, the impossibility to say, the structural limit imposed on the subject which unleashes jouissance.

Psychoanalysis's fundamental principle - the inexistent sexual rapport, the inexistent Other functioning as the guarantor of a truth that is universally valid, an ultimate truth that (in)validates each subjective truth, each articulation of truth by the subject - is ironically the one that defines, symbolically represents, the contemporary cognitive discourse of ego-psychology, as attested by the latter's injunction (justified and validated by its intrinsic truth): 'each to their own'. According to this imperative, ceaselessly endorsed and promoted by the psychotherapeutic discourses of our time, each subject must - because he already does - have the right to choose his own mode of joui-sens (enjoyed meaning). Henceforth, this common aim which appears to exist for both psychoanalysis' and the scientific cognitive discourses with regard to the subjective truth, to a truth that is consciously and thoughtfully constructed and adopted by each subject respectively, is one that underlines the existent desire for both practices to direct each subject's treatment according to his own singular cause of symptom, his own subjective desire.

Practices self-described and promoted as 'person-centred care' which promise an individually tailored treatment for each subject respectively, as supported by the statement, 'providing care that is respectful of and responsive to individual patient preferences, needs,

and values, and ensuring that patient values guide all clinical decisions' (IOM, Institute of Medicine) testify to why a formulation such as 'there is no desire' on the part of the psychotherapeutic practices to treat each subject on a case-by-case basis, and that 'subjective division is refused' in such treatments due to the 'lack of desire' to 'know anything about what is unique for everyone' (Van Den Hoven, 2002, p.2) would be inaccurate, naive, misleading and damaging for psychoanalysis's consistent and persistent efforts to specify, justify and defend its own unique discourse that is marked by its epistemological break with cognitive sciences at the level of the symptom.

Perspicuously, the latter for psychoanalysis, unlike the cognitive sciences, alludes to neither a 'name', a symbolic representation of a 'disorder' (i.e. depression) that calls for a standardized treatment, nor an interpretation of the subject's speech, by rendering the latter as an object-language, as a message waiting to be deciphered, but it rather refers to the interpretation by the subject's unconscious that is in accordance with the order of the pleasure principle (Miller, 'Interpretation in Reverse', 1996). Miller underlines the crucial point that the interpretation by the unconscious, which is identified with what is articulated by the subject in analysis, is of the same order with the analyst's interpretation, yet of a different mode. This means that the analysand's speech, ordered by a loss which is at once identified with jouissance and the cause of it - surplus-jouissance is both loss in itself and produced by it - is an attempt of the signifier to reach its recipient, an attempt of a signifying copulation; whose attempt is it? Or, as Lacan puts it, 'how is it that it expresses itself?'

It expresses itself in the form of an articulation ordered by the failure of the signifier to grasp what is at stake for the subject. To follow this same route, the same 'push' towards the real, is an interpretation that would be of the same mode. To 'go against the grain of the unconscious', against that same direction, not in terms of meaning, but in terms of the symbolic structure uncoupled with the signified, is an interpretation that is of a different mode - the analyst's interpretation. Yet the latter is of the same order as that of the interpretation by the unconscious - what does this mean? It intelligibly means that the analyst does not try to understand what is said by the subject, does not look for meaning in order to interpret it, does not treat the analysand's speech as a veiled message that needs to be exposed, does not try to understand what the subject wants to say, precisely because the wanting-to-say is at once what

is said and what is impossible to say, in other words, the force which drives the speech; if the analyst does the latter, then his interpretation is of the same mode as that of the unconscious'. As Miller remarks in 'Interpretation in Reverse' (1996):

> When the analyst takes over he does nothing other than what the unconscious does. He inscribed himself in the wake of the unconscious. He only makes interpretation pass from the wild state in which it shows itself to be in the unconscious to the reasoned [*raisonné*] state to which he attempts to bring it. (p.2)

Henceforth, when we state that the analyst's interpretation is of the same order as that of the unconscious', we mean that the former does not fall into the imaginary trap, does not operate based upon the belief that there is an 'object' - in the form of a meaning, of an understanding that offers a dissolution of suffering - which the subject actually wants, which he strives to acquire through an analysis, and which, once he does acquire, it will relieve him from his symptom, or more explicitly, from the effects of the real that are constitutive of his symptom and which have become unbearable and unmanageable due to their breaking free from the 'hold' of the symbolic by becoming identified with it; put differently, a symptomatic effect of the real - indicating that the symptom has lost its unique operative function as this knot at the 'locus of the holed One' (Lacan, Seminar 14) which works for the subject precisely by not working, that is, by sustaining itself through its repetition that is satisfaction in itself - arises from the signifier's non-failure to grasp what is at stake, to grasp the effect of the signified and subsequently, to struggle to account for the product of jouissance.

This underscores the irony of psychoanalysis since for the analysand, throughout the analytic process, there is this object to be acquired; not only does he know that there is this object, but it is precisely the reliance on this knowledge that sustains the transference, that is, the motor force of the analysis which carries the latter through its end. This object, the o-object as Lacan names it, "the object of the demand which comes from the other that gives its value to the excremental object" (seminar 13), is one that manifests itself in the form of the demand, and is at the core of the praxis. It has a twofold dimension - it is situated topologically at the point of the intersection between the level of the synchronicity of the signifier and that of its diachronicity - and its value stems from the failure of the interlocking of the two dimensions without any 'waste' left behind; in other words, it is the loss of this

object that gives it its value, that makes it exist for the subject on the imaginary plane, and it is situated precisely at the level of the division of the subject, of its coming into existence.

What Lacan designates by the term 'synchronicity' and 'diachronicity' is precisely what sets the compass for the specificity of the Lacanian orientation; Lacan seeks to surpass the strict epistemological frames/ limits of structural linguistics, since 'what is at stake in psychoanalysis is not at all a *gnothi seauton* but precisely a grasp of the limit of this *gnothi seauton*' (seminar 15):

> People make a false opposition between structure, which would be synchronic and therefore outside history, and dialectic, which would be diachronic, sunken in time. But this is inaccurate. Take, in my book, the text entitled The Rome Discourse and you will be able to estimate the importance I ascribe to history, to the point that it appears to me coextensive with the register of the unconscious. The unconscious is history. The experienced is marked by a first historicity. All is written, black on white in my book. (Lacan, "Interview in Figaro littéraire, 29 December 1966.")

These terms are thus not employed by Lacan to denote a temporal dimension in the structure of the subject's speech that upon which the analyst must ground and form his interpretation, which would presuppose knowledge on the part of the analyst of how it works - in which case, as Miller stresses (1996), it would not be an analytic interpretation. The following quote by CFAR psychoanalyst, Leonardo S. Rodríguez, explicitly attests to what Lacan vigorously tried to separate his teaching on the synchronic and diachronic dimension of the signifier from, but which can only be specified by the dis-orientation - that is, any orientation implicating the imaginary register - which orients it:

> Just one word on the temporal dimension in diagnostic matters. If a structural approach in diagnosis leads us to emphasize a synchronic view of the patient, let us not forget that patients are historical beings who evolve diachronically. Despite their rigidity and conservatism, most psychopathological organizations develop and change throughout time, and only some essential structural components remain constant. If the case histories of Freud remain the model for learning about the different clinical structures, and if he was a master in describing 'clinical pictures'..., that is, synchronic

> presentations, he was also masterly in reporting their history and the evolution of the patient's state and circumstances. If somebody presents as clearly psychotic one day but not the next day, we must take into account both facts... (Rodríguez, 2004, p.13)

I hope that in the above discussion part of the final chapter, I was able to bring out in a more holistic overview certain key points that this thesis dealt with, especially in relation to a pragmatic purpose in analysis as associated with the conventional idea of effectiveness. Specifically, I hope I was able to effectively discuss, and maybe even initiate further discussion for psychoanalytic communities (not necessarily reserved for Lacan's orientation exclusively), on what properties constitute a 'crisis' in psychoanalysis, attitudes surrounding it, how psychoanalysis can itself become a symptom of the malaise in civilization by becoming susceptible to it, misunderstandings or lack of understanding of Lacan's writings as giving ground to the deterioration of the rigor and truth of psychoanalysis. Lastly, I can only hope that the preceding discussion serves as a wake-up call, as an alarm to the imminent need for psychoanalysts to pay attention to the semblance of the discourse of psychoanalysis as intrinsically connected with the notion of responsibility towards the unconscious.

A Dream

It is my aim in this conclusory subchapter of the final chapter of the thesis, with the subject who belongs to psychoanalysis, who needs it, who makes it what it is, yet who is an outsider to the actual community in mind, to display some attitudes by contemporary Lacanians which are responsible for isolating and excluding psychoanalysis from the social, wider Other, and by implication those who essentially belong to and need psychoanalysis. When Jacques-Alain Miller says that the unconscious must not be turned into an idol, and that when analysts do not manage to believe in the unconscious, they fall victims of the suspicion that psychoanalysis *magically* instills and distills, he needs to be taken very seriously. I finish this last section with the *sinthome* of psychoanalysis (a mixture of symptom and fantasy), in order to emphasize on the middle part, the at-tension, the gap between Lacan's two separate strings of thoughts, of efforts, to protect the subject of psychoanalysis, the one of pure singularity, from the objectivity, the suspicion and the distrust, which are directly associated with the psychosis category from the clinician's perspective.

When I worked for a while, several years ago, as a support worker for an agency called 'Special People' (obviously referring to people with special needs and disabilities), I was wryly asked by a Lacanian analyst: "And who are these *special* people?". And another time, after having mentioned to another Lacanian analyst that I was a nihilist, I was redeemed when I mentioned that something that was once said had hurt me: "Okay, that's a relief, you are not psychotic!". I have a singular dream for psychoanalysis, which I believe and hope it is shared by many others: there is psychoanalysis for the one who needs psychoanalysis. Whether it is the first choice for one who suffers 'lightly' or 'heavily' or not at all, or the last refuge for one who has gone through treatments that other psy practices have to offer, who has tried everything else to no avail, there ought to be psychoanalysis for the dreamers, for those needing an escape from ordinary existence. In my first encounter with psychoanalysis as an undergraduate psychology student, the lecturer said something in relation to symptoms which has left an indelible mark in my mind and at times, over the years, stirred up fervent thoughts and emotions: "Sometimes I think to myself, what a waste of a life. And then I wake up." The image of transference that has been produced in my mind, as a result of my own analysis, is as follows: Pepé Le Pew (The Warner Bros cartoon character of a male skunk) jumps from a paddle board into a pool, head first, eyes closed, a grin from ear to ear, arms and hands stretched down pointing to the water. He is in a state of nirvana. This is my idea of transference as I lived it through the four years of my analysis - being in a state of sedation, wrapped up in a warm blanket, situated in the gap between physical and psychical existence. It may sound like the virgin organism taking in heroin for the first time - only that the feeling remains the same until the transference is mutated (and this is why I root for analysts practicing in the field of addiction, and why I dedicated a whole subchapter on this in chapter three).

When I started this thesis I was in the beginning of the second year of my analysis, had read the whole of Freud, Lacan, and Miller, and all I could do (as my supervisor had accurately pointed out) was merely write an exposition of Lacan's work. Lacan was complete; all I could do was read him and scream at the top of my lungs, 'spit it out!'. The fact is of course that there is nothing to 'spit out' because Lacan in his writings says what cannot be said due to the fact that it is said. This is why he says somewhere that women understand him; his writings are masturbatory material for women because they create an itch, a longing, which promises the destination, although one knows there is no destination, in the sense of resolution, to be reached, and it is all in the false promises of the journey. I am not sure why I

decided to pursue a PhD in psychoanalysis other than the fact that I read Lacan and I got him, and knew that a PhD is all about a gap in knowledge. This is a time when psychoanalysis appears to struggle to justify the specificity of its psychotherapeutic approach, its effectiveness and suitability, but also a time when Lacanian analysts disdain such wishes or efforts feeling confident in psychoanalysis' invincibility which only attests to how psychoanalysis functions to them *sinthomatically*. Intelligibly a dream for psychoanalysis ought to be linked with hope for its perseverance and continuous re-invention. Such a dream may be maintained only insofar as there is no resolution of the truth of psychoanalysis, but rather that this truth is maintained in an unresolved, open status crystallized in the discourse of psychoanalysis. In other words, it is a dream linked to subjective interpretations and continuous dissatisfaction with what psychoanalysis is, how it is effective and how it differs from other psy practices. A dream ex- sisting in the discourse of psychoanalysis insofar as such discourse allows one to find a certain comfort in psychoanalysis by creating the conditions for an open space for subjective desire, not linked to concrete meaning, but rather to wanting-to-desire. It is common knowledge that psychoanalysis was initially conceived and invented with the purpose of relief from societal repression and superegoic injunctions, giving space for the subjective within the social framework and the wider Other's discourse. This is why the discourse of psychoanalysis must be constructed in accordance with what lacks in the Other's discourse, which is also where the desire of the analyst must be situated as Lacan affirms. Freud, in The Metapsychology of Dreams (1914-1916), states that the dream is "among other things, a projection: an externalization of an internal process." He gives projection the value of defense and protection against an external danger "which has taken the place of an internal instinctual claim". If we are thus to claim that there ought to be a dream of psychoanalysis, then it must certainly entail the element of a protection of what in one's experience with psychoanalysis has the value of the invaluable, with the construction of a discourse that has the features of dream-work, namely puns, paraphrases, the uncanny, jokes. As New York psychoanalyst Eugene J. Mahon states in his 2016 text, *A Trick in a Dream: On the Dream Work's Impressive Creativity*, the dream-work's manifest facade is important insofar as its purpose is to "disguise latent dream thoughts that threaten to destroy the frame of the dream by erupting into consciousness, thereby upending one of the dream's primary functions of keeping the dreamer asleep". (Mahon, 2016, p.963)

In this thesis I tried to throw light on the question of an expectation from psychoanalysis being linked to an objective reality of psychoanalysis insofar as the latter

functions as a dream state for subjects engaged in psychoanalysis, in the sense of 'refusing to know' and hence leaving room for the subjective of the symptom. Lacan puts it as follows in seminar XV:

> This is the point that allowed the constitution of the bubble: It resides very precisely in the fact that in this connection we grasp how the dimension of truth is produced. The truth thus is what psychoanalysis teaches us, lies at the point where the subject refuses to know. Everything that is rejected from the symbolic reappears in the real. This is the key to what is called the symptom. The symptom is this real knot where the truth of the subject lies. (Lacan, 1967-1968: 202).

My general objective was to illuminate the various ways that this objective reality can appeal to the contemporary subject and how such appeals can create a transference to psychoanalysis through the subjectivity of the symptom. Lacan's teaching, no matter its rigorously insistent focus on Freud's textbooks, marked a new era for psychoanalysis, undoubtedly oriented by the reality of his time, which is even more forceful and obvious in ours, namely one that puts the function of the Name-of-the-Father into question. Since psychoanalysis today has to constantly confront the reality of the law beyond the Oedipus, namely the multitude and proliferation of sexual relations, and family and societal structures, it is important to always remind ourselves of the question of how psychoanalysis as a dream can be preserved, that is, not as a 'wish-fulfillment', which is how Freud designated the 'dream', but as being inscribed in current and developing social frameworks in an enigmatic form. Miller, in The Other without Other (2013), reminds us that Lacan's 1959 formulae of 'There is no Other of the Other' is prophetic in a way, as it has "the value of a revelation, of a secret, something that he himself had previously not grasped. This moment is a decisive turning point for what would follow in his teaching." Miller proceeds to underline in his text that "...it is not by chance that Lacan went looking in The Interpretation of Dreams for the dream of the dead father that specifically targets a son's relation to his father, constituting a different version of the father-son relation than that typical of the Oedipus. And if Lacan was interested in Hamlet in this Seminar, it is precisely in so far as, in Hamlet, the father, far from having a normative and pacifying function, on the contrary, intervenes in a pathogenic way."

Such a dream for psychoanalysis I correlated with the question of responsibility for the unconscious, which ought to be situated within the link between the identity problem of

the analyst and the analyst's desire. However, posing this question is a problem in itself, since, arguably, it is very questionable how much of a problem the analyst's identity is today, as well as how much the question of his desire is not a purely intellectual endeavor reserved solely for academic purposes. This brings us to an even more elementary question: can we even pose the question of the responsibility for the unconscious in today's psychoanalysis? But what I intended to bring to the reader's attention was the ways by which the agitation about preserving a place for the specificity of the unconscious, as the absolute necessity for the perseverance of psychoanalysis within the clinical realm but also within the academia, manifests within Lacanian psychoanalysis. For example, I argued that the intense focus on ordinary psychosis in the Lacanian clinic, and the inquiry on why neurotic cases are almost non-existent today, seem to preclude any question on the responsibility for the unconscious, as both the analyst's identity and desire meet with fixed answers, indicating the self-satisfaction of contemporary analysts and general contentment with what analysis is. Further I threw light on contemporary Lacanians' growing fascination with [neuro]psychiatry, as attested by the theme of a major psychoanalytic Congress (Pipol 9, 2019) - "The Brain and the Unconscious: Nothing in Common" - as a most recent example. The field of neurosciences today is of great interest to psychoanalysis due to the fact that it employs psychoanalytic concepts, such as the libido, the instincts, and the drives, with the ultimate aspiration of mapping the reality of the unconscious in the brain.

In fact, psychoanalysis' intense preoccupation with the latest neuroscientific research has much to do with a relatively new movement - originating in the late 1990s - within the neurosciences, which is specifically designed to integrate mental functioning into neurobiology, namely,'neuropsychoanalysis'. As the composition of the word indicates - 'neural' and 'psyche' - it is an inter-discipline that focuses on consistencies and correlations between the 'unconscious' and the materiality of the brain as an organ. Albeit, the research, until the present day, has not gone any further than arguing for such consistencies and correlations and has not in fact led to an actual reductionist theory effectively argued or clinically proven, there is, nonetheless, within the Lacanian School, an evident agitation about the implications and potential consequences of such research endeavors. The crux of the matter is however that such theoretical endeavors essentially lead to the drawing of a demarcation line between the territory of psychoanalytic practice and the practice of psychiatry. This rigid delimitation of the parameters of the psychoanalytic practice is intelligibly in line with the popular, common belief that psychoanalysis is a practice for 'light'

cases in terms of symptomatology and level of symptomatic suffering. But if psychoanalysis is solely reserved for such cases, and since such cases can very well be treated by mainstream cognitive-scientific practices which are, not only clinically and empirically proven to be 'effective', but also which follow the same approach as psychoanalysis in terms of being 'person-centered' and aiming at making explicit one's particular way of constructing meaning and producing sense, then, is there a need for psychoanalysis at all? Perspicuously, this question corresponds with the 'identity problem' of the psychoanalyst, whose importance Lacan underlines in his seminar 12 (1964-65), Crucial Problems for Psychoanalysis: How can one be surprised then at the disarray of the psychoanalyst as regards what? As regards his desire. This again is what can be read in Mr Norman Zinberg: 'psychoanalysts have a sort of identity problem with respect to their work. Their principle goal is to try to ameliorate the state of health of humanity, however its conceptual signification may be worked out, should they on the contrary use a technique, a tool of research which allows there to be studied the mechanism of the spirit, or should they construct, on the basis of their daily experience a broad psychological theory destined to explain at once health and illness? The question is: what does the psychoanalyst want, with this singular will which is that of desire? What is the desire of the analyst and we know for a long while that it is one and the same question as the following: what kind of science is psychoanalysis?' (p.390). On the basis of the prominent theoretical construct of the 'inexistent Other' in the discourse of psychoanalysis, and 'ordinary psychosis' as the most prevalent clinical 'category' of our time, with a strong sociocultural significance, I attempted to show the ways by which the unconscious is represented in today's psychoanalysis and the efforts for it to not be reduced to a neuroscientific or psychopathological category, drawing an equivalence between the unconscious and the singular element in the subject's desire. The dream of psychoanalysis is the dream of the existence of the irreducible element in every speaking being, namely to what cannot be reduced to or inscribed in the pure logic of the unconscious, but rather what always fails, what always escapes any possibility of assimilation, and hence guarantees the lack of guarantee of the very logic of the unconscious. 'Ordinary psychosis' may have been an advertising campaign to *catch* the subject who wants to exist, who felt suffocated by this so-called ordinary ~~existence~~ psychosis while listening to its proponents shouting out 'our practice provides a breathing space' and 'we do not pigeonhole the subject', but it still emerged out of the clinician's desire, it still was a name for the clinician's desire, and this is why I believe that the job of the new leadership of the Lacanian orientation ought to be 'how

to lift up the spirits' without 'breaking the spirit'. 'There is a fundamental sadness in every human being', Lacan's 'mysterious' object-a, is what one comes to discover at the very end of psychoanalysis, closely followed by the discovery of the fundamental fantasy of psychoanalysis which starts with an image highlighting the radical distinction between mockery and derision. One already touched by the collective spirit of Lacan's orientation can thus derisively ask, is 'ordinary psychosis' also the name of the clinician's desire? Regardless - attention - the psychoanalyst wants closure!

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