

Introduction

The Dialectic of Theory and Clinic

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The Parisian psychoanalyst Jacques Lacan (1901–1981) is widely considered to have been the most important and provocative thinker in psychoanalysis since Sigmund Freud. Philosophers, critics, and intellectuals across the humanities have been energized by Lacan’s formulations on human subjectivity—its development, its structure, its interaction in the world. His theories have inspired many dozens of books and hundreds of scholarly articles in English alone. In the main, these writings address themselves to Lacan’s conceptual edifice and to what his conceptualizations have to offer to an understanding of culture, art, and philosophy. Thus, in North America, the impression among clinicians is that Lacan is “all theory.” Yet Lacan himself insisted that the greatest importance of his work lay in its contribution to the psychoanalytic clinic—which was, he said, the origin and the aim of all his teaching. Lacan’s self-assessment is confirmed by the openness to Lacanian thought within clinical circles of other nations, belying the notion that Lacan is only accessible as an academic exercise (see Hill 1997). In fact arguably, the academic appropriation of Lacan can function as an obstacle to understanding key Lacanian concepts. The editors propose that it is a pernicious misconception that Lacan is exclusively for literary critics and cultural theorists—that Lacan, in other words, is “about” theory. Here is a recent example of this bias, one directed to the treatment of psychotics.

In spite of these criticisms of Lacan’s notion of psychosis, his theoretical construction has something to offer as a way of conceptualizing intrapsychic and interpersonal phenomena. It is perhaps all we

can ask of a *theoretician* that he prod our thinking in new directions.
(Martel 1990, 251, emphasis added)

Such a statement, appearing in the *American Journal of Psychoanalysis*, represents a highly misleading view of Lacan and his importance. In fact, Lacan's work was always addressed to some degree to clinical phenomena and to the development of clinical practice. It is a corollary misconception that Lacanian work could only be successful with highly functioning, intellectual analysands. The work done with psychotics by the authors of the present collection as well as the general range of their patients are clear indications of the falsity of this reigning North American perception. Certainly differences in the theoretical understanding of clinical work in Lacanian circles as well as the differences in technique (variable sessions being iconic in this regard) have made some North American practitioners wary. The warm reception by academics reinforces other suspicions. The present collection, then, aims to develop, for clinicians and for interested readers in the humanities, a sense for the clinical context where Lacan's formulations find their greatest force and their ultimate justification. Indeed this book forcefully conveys that an ignorance of Lacanian clinical innovations is maintained at considerable cost to clinical advances and to the expansion of the scope and theory of psychoanalysis.¹

The authors of the essays collected here, Willy Apollon, Danielle Bergeron, and Lucie Cantin, together lead the École freudienne du Québec and the GIFRIC group (Groupe interdisciplinaire freudien de recherches et d'interventions cliniques et culturelles; hereinafter cited as Gifric). Gifric was founded in 1977 as a nonprofit organization with a mission aiming at clinical and sociocultural research and interventions. In pursuit of this mission, Gifric has, like numerous other associations and individuals, coordinated the training of North American analysts in Lacanian approaches.² On the Lacanian scene in North America, Apollon, Bergeron, and Cantin have distinguished themselves as among the most clinically informed of theoreticians and the most theoretically astute and ambitious of clinicians. But their truly unique place derives from the groundbreaking work at the "388," a clinic they run in Québec for the psychoanalytic treatment of young psychotic adults (schizophrenia and manic-depressive psychosis). The highly successful clinical practice of Gifric at the 388 has been inseparable from the Lacanian intellectual orientation and research represented in this collection. Whatever the theoretical divergences among the many analysts influenced by Lacan's work, the present collection can be said to stand together with a larger publishing effort underway, by the State University

of New York Series in Psychoanalysis and Culture, by the Other Press under Judith Feher Gurewich, and reflected in recent books by Bruce Fink and Dany Nobus. All these address the misperception of Lacan as an ivory-towered theoretician.

The title of the collection, *After Lacan: Clinical Practice and the Subject of the Unconscious*, suggests something more of the special contribution of these essays. With the publication of Bruce Fink's excellent books, *The Lacanian Subject* and *A Clinical Introduction to Lacanian Psychoanalysis*, the English-speaking reader already has access to general, introductory elaborations of Lacanian theory that are written with clarity and rigor as well as from a clinical viewpoint. Fink's admirable efforts have been supplemented by authors from the United Kingdom, such as Dany Nobus and Philip Hill, who are similarly focused on the clinical side of Lacan. Unlike the celebrated books of Slavoj Žižek, Joan Copjec, Juliet MacCannell, Ellie Ragland, Charles Shepherdson, and other philosophers and literary critics among the New Lacanians, Fink and Nobus address their books not to the philosophical stakes and cultural manifestations of Lacanian theoretical structures, but rather to the specifically *clinical* origin and theorization of Lacan's theory as it evolved through the 1950s, 1960s, and 1970s. But the books of all these writers, including those of Fink and Nobus, have nevertheless called for, explicitly or implicitly, an even more concrete sense of the Lacanian clinic, particularly how various Lacanian concepts—however clearly or subtly explicated—bear upon contemporary clinical practice and upon the suffering addressed by psychoanalytic practice.

After Lacan: Clinical Practice and the Subject of the Unconscious aims towards addressing this need. The present book is not intended as a systematic exposition of Lacanian theory. It is, however, a remarkably unified and carefully planned collection of essays that succeeds in powerfully communicating some of the real discoveries of Lacan's clinical teaching. Certainly, too, the reader is likely to leave enriched from the collection's presentation of various theoretical concepts. For instance, the writers present a concept like *jouissance* or the signifier or the symptom, now in relation to the Other, now in relation to dream, and now again in relation to fantasy. Each theoretical glimpse emerges from the experience of the clinic and presents new and provocative vistas on concepts that have grown familiar in an unnatural theoretical isolation. Without doubt, the really special contribution of these essays lies in the remarkable way the authors pair a sophisticated theoretical exposition with a concrete sense of the Lacanian clinic.

Certainly it's true that the relation of clinic and theory is always, to some degree, an uneasy one. The most basic difficulty in theorizing from

the clinic lies in the fundamental insufficiency of any *generalizable* theory to the experience of the clinic and its irreducibly *singular* *savoir*. That is, theory and clinic aim at two very different varieties of knowledge, a difference that Lacan explicitly speaks to in his formalization of the difference between university and analytic discourses. Theory aims at rational clarity, at a fixed and systematic elaboration with recognizable explanatory and predictive power, as well as some degree of general applicability (however strictly or loosely defined). Any given theory will surely fall short in one or all of these aspirations, but these are surely the ambitions of any theory worth the name—the qualities by which theory comes to recognize itself *as* theory. Through theory, we hope to *understand* something, in the ordinary sense, that we didn't understand before. As countless commentators have come to appreciate, Freud and Lacan were each superb theoreticians in this sense, and Western culture is much the richer for their efforts and their genius, as it is for the contributions of Copernicus, Mendel, Darwin, and others.

However, as is implicit in the essays of the present collection, Freud and Lacan also aimed at some other variety of knowledge, both in their clinical practice and in their pedagogy. This other variety of knowledge constitutes a “*savoir*” utterly particular to the subject and irreducible to the level of information. Lacan made it quite clear that interpretation is never quite a matter of understanding and that what interpretation aims to open or stage—a possible “hit” on the real—bears more on the subject's relationship to what one *cannot* know. Thus, interpretation resembles little the goal of understanding as making sense through the stringing together of signifiers. Whereas *understanding* is a reality we can master and believe in, *savoir* supplies an access to subjective responsibility in the face of the Other's castration. Chapter 8, in which Willy Apollon writes of Marguerite, a woman who arrives in analysis with a complaint of frigidity, is especially suggestive of what is at stake in this *savoir* of the clinic.

The Lacanian clinic favors an ethics where *savoir* is substituted for the quest for a *jouissance* that the treatment experience reveals as lapsed and thus impossible. The knowledge at stake at the end of the process concerns the cause of the lapsing. The *savoir* that concludes the experience is unlike the knowledge that the analysand in transference supposed the analyst knew at the outset of the experience. The analyst refers the analysand to an ethics where desire feeds on the failing of *jouissance*, and where the analysand takes that cause and the risks of desire as the only determinative realities for one's story, and as a source from which the analysand will draw principles of action, as the necessary support to assume one's sex and one's relation to *jouissance*.

Significantly here, it is the treatment *experience* that communicates the *savoir* of the clinic, not the semantic content of any word that the analyst could offer or that the analysand could report. It was indeed the special quality of Lacan's pedagogy to communicate to the auditors of his seminars something of this *savoir* of the clinic. Many of the eccentricities visible in his published seminars—their departure from the systematic *theoretical* structure that Kant and (in a still more totalizing way) Hegel aimed at—record Lacan's efforts to maneuver his auditors into some analogously productive *savoir* in relation to the particularities of the auditor's subjective relation to *jouissance*, a *savoir* necessary to assuming the risks of one's desire and therefore at the heart of a Lacanian ethics. Hence, what some have called the “poetic” quality of Lacan's own discourse, a quality that suggests to the reader some meaning being staged elsewhere—on an other scene one might say, and a quality of expression that has engendered much fascination among intellectuals in the humanities.

And yet, in working from a *savoir* particular to Marguerite's experience, what is the theoretically minded clinician to do? Not write? Not theorize? Not exactly. One would be ill-advised, as do some North American psychodynamic therapists, to take the concrete exchanges of the clinic as able to provide the frame of the analysis. Rather the task seems to entail an articulation and formalization of that peculiar “experiment” that one calls “psychoanalysis,” an experiment aimed at provoking those signifiers, symptoms, transference, and fantasies that allow an analyst the leverage to serve the production of a knowledge that opens the path of desire.

In response to these demands, the authors strive in the essays here to communicate some of the power of the Freudian discovery by staging a twofold event in their writings. On the one hand, they must aim for a rigor and a clarity that respects the theoretical stakes of the clinic and renders these stakes understandable for the reader who has invested time and effort in the present book under the supposition and expectation that there is something to be learned here, something practical, something on the level of information. The reader will not be disappointed in this regard. The present collection, working as it does from an almost unique clinical concreteness, abounds with illuminating insights into basic psychoanalytic structures such as perversion, hysteria, and psychosis. Consequently, even the more advanced reader of Lacan is likely to arrive at new understandings of the relations of *jouissance*, the letter of the body, symptom, fantasy, and other concepts. At the same time, however, the present collection also strives to convey something of the analytic experience, with powerful and fascinating movements of seduction, enigma, and insight.

A second, related difficulty in theorizing the Lacanian clinic remains ultimately intractable, and must be a necessary limitation of any writing on the clinic. Namely, if one thinks of the clinical experience as the confrontation of subjective experience by the real, one must also recognize that the real is irreducible and impossible; it is an impasse in the structure of subjectivity such that even formalizations can not in themselves reduce it. The real, which lies at the heart of the clinical encounter, cannot therefore, be rationalized, as a text of theory demands, and fixed, as a published text necessarily produces. This is one reason why the clinic can never stage the application of Lacanian texts *per se*—not those texts by Gifric, and not those by Lacan himself. This is not to confine the importance of Freud to early twentieth-century Vienna, of Lacan to mid-twentieth-century Paris, or, for that matter, of Gifric to early-twenty-first-century North America. But it is to recognize that any theory of the clinic cannot exhaust what it aims to explicate. Theory, though it may be constrained to fix itself in writing, can only ever be a theory-in-progress. This was certainly true for Freud and Lacan, whose writings through the decades witness many substantive changes; it is also true of the texts here by Gifric, which mostly date from the early 1990s. So while *After Lacan: Clinical Practice and the Subject of the Unconscious* is, without doubt, about a clinical efficacy from a praxis initiated by Lacan, issuing from the field opened by Lacan in his return to Freud—and is *after* Lacan in the sense of deriving from his teaching, it is also marked by the fact of coming precisely *after* Lacan in a temporal or historical sense as well. Under the conviction that the savoir of the clinic remains the core event of Lacan's return to Freud, and recognizing both that clinical practice must be dictated by the terms brought by patients and that shifts in patient culture demand corresponding shifts in theoretical emphases, Gifric, despite their deep debt to Lacan, diverge from Lacan and certain other contemporary readings of Lacan's work.

Some Questions in the Lacanian Field and the Work of Gifric

Lacan's "return to Freud" is a tribute to his recognition that Freud's founding of psychoanalysis reflects the articulation of a specific field of effects. This specific field might be called the "subject of the unconscious" and Lacan remained devoted to a theoretical exposition of this subject and to the development of a clinical praxis addressed to it. Whether contextualized in terms of a tension between the imaginary and symbolic axes of "intersubjectivity" (as in early Lacan), or else as structured by language, the discourse of the Other, or a response of the

real, Lacan attempts to further what he sees as Freud's discovery of this peculiar "phenomenon" called the "unconscious."

Hence, those with a Lacanian orientation often use ideas from both Freud and Lacan. Yet it must be said that the Lacanian sense of Freud is often much different than the one developed through the North American psychoanalytic context. This difference has been noted by Judith Gurewich (*Clinical Series* 1997) and is quickly evident in any reading of contemporary Lacanian work. From diagnosis to the metapsychological papers, Lacanians seek out Freud's logic as a distinct logic of the unconscious irreducible to biology, to any phenomenology, to any reality or narrative, or to environmental effects. Thus, many Lacanians see many contemporary psychoanalytic movements ostensibly "beyond Freud" as having underestimated an essential articulation within Freud and thus aimed toward a different psychological domain. Lacan stressed this throughout his writings. This is not to say that Lacanians do not move beyond Freud, but rather that there is always a dual reference in Lacanian work: to Lacan, it is true, but always also to Freud. The present volume is no exception. This dual reading sometimes generates a certain tension as to how much one stays grounded in Freud's particular articulation, how one reads "through" it, and where one moves in other directions. One can see this in Lacan's own work. For example, in *Seminar XVII*, Lacan works the issue of castration in terms of the structure of discourse and re-examines the ways in which Freud understands the Oedipal complex. Similar tensions are visible throughout the Lacanian field.

For example, Paul Verhaeghe draws a distinction between Freud's understanding of the father and the Lacanian view of the paternal metaphor in terms of how each conception will play out in contemporary culture. Even though it is clear that Lacan takes Freud's ideas and transforms them into structures, it remains an open question as to the degree to which the logic of those structures transform their original Freudian point of reference. Apollon, Bergeron, and Cantin's papers in this collection are less likely to emphasize the distinction between the Freudian configuration of the Oedipal and the Lacanian one, even as they clearly embrace a structural and linguistic understanding of its effects in relation to castration, authority, and prohibition. But there are, of course, numerous ways to think through the Oedipal. Lacan often spoke of the importance of understanding *Oedipus at Colonus*, the relationship of Oedipus to the (riddle of the) Sphinx, his function in the paternal lineage, as well as his status as a sort of remainder/object (see Laurent 1996; Zupančič 2000; and Lacan's *Seminar XVII* 1991). Broadening the usual North American reading of the Oedipus (wherein the father interrupts the mother-child dyad), suggests a number of ways to reconfigure the relationship between

jouissance, the signifier, and the object. For example, considering the Oedipal in terms of the vagabond wanderings of Oedipus at Colonus, shifts the focus from transgression to Oedipus himself. Lacanians might call this the “remainder,” the object that falls out of the Other.

In the structural reading of the Oedipal complex, one relates the Freudian terms to the relation of the subject to the law of language, his or her place within the symbolic, and its limits on the jouissance of the (m)Other. The absence of a signifier (which would be instated by the paternal metaphor) preconditions a failure in the phallic signifier that serves to establish sexual identity, orient desire to another, and, in the unconscious, mark the effects of loss and the jouissance thereby determining the subject. The phallus, as signifier, ties this desire to the signifying chain, offering a conjunction between the effects of jouissance and the possibilities of desire. In “On a question preliminary to any possible treatment of psychosis,” Lacan closely ties the imaginary phallus to the symbolic phallus. In *Seminar XX*, Lacan refers to the phallus as a contingency, even as it serves as a ballast against the intrusion of the Other’s jouissance and is essential to the formulas of sexuation. Although some, such as Tim Dean, have been led to question the significance of the phallus conceptually and turn more to the object *a*, there is still a critical phallic function in terms of the question of sexuation, identity, and its effects in founding desire (its operation as a conjunction marking loss). One wonders whether a position that articulates only the object *a* is likely to default to a phallic position wherein the function of woman as Other returns in another form or is even more radically eclipsed. Clearly, these issues are relevant to the treatment of psychosis and neurosis, and such issues, perhaps less figural in these particular chapters by Gifric, are under serious consideration by Apollon, Bergeron, and Cantin in their clinical praxis and in relationship to evolving social structures. Still, for these authors, the most intensive engagement with Lacanian and Freudian ideas emerges from their work with psychotics.

Some argue, as has Jacques-Alain Miller (“Paradigms” 2000), that Lacan’s ideas on the function of the signifier shift with implications for the relationship between neurosis and psychosis, and the status of the name of the father (see also Grigg 1999). Gifric, as well, has revisited subjective structures and their treatment from the perspective of psychosis. Remarkably, within the clinic of the psychotic, the authors have attempted to elicit both a “signifier” and transference. Thus, they now conceptualize aspects of their work with psychosis outside of the frame of strategies originally developed in relation to the name of the father. However, it is also true that such contemporary readings remain under construction.

A recent text by Dany Nobus discusses the Lacanian effort to clarify how one treats psychosis. Nobus suggests that the path is not fully marked by Lacan. Lacan's most fully elaborated ideas on psychosis appear early (notably in *Seminar III*), and these initial formulations suggest a stabilization through working along the imaginary axis, using it to supplement the symbolic failure (see Fink 1997, who notes this description is a simplification). As this strategy risks invoking destructive imaginary rivalries and erotic preoccupations, one also establishes key signifiers that may function to stave off the jouissance of the Other. Here we have a sort of "faux symbolic," maintained by the desire of the analyst and his or her ethical adherence to the rule of the symbolic in a manner even more strict than in the case of neurosis.

In contemporary Lacanian thinking, clinicians have continued to explore the leverage of the signifier—the basis of the talking cure—in transforming the suffering of the psychotic. It is suggested by Roland Broca that one might use the triggering of the psychosis and the development of the delusion within the "transference" to allow the psychotic patient a different relationship to the jouissance of the Other. Here again the analyst must "hold fast to his desire" (1991, 53) to create a different relationship to the invasive signifiers of the Other. Understanding transference as based in the signifier and predicated within a knowledge, Gifric both uses and challenges the parameters of Lacanian ideas of transference (which is a matter of the *analyst's* position) in order to more radically engage the subjective structure of the psychotic. Does the psychoanalytic use of dreams allow the analyst an opportunity to introduce a new subjective position that depends on the function of the signifier? The authors here pose this very interesting, pressing question.

Lacan's theory of psychoanalysis, most especially as a clinically grounded exposition, is a precise tool for understanding the process of psychoanalysis and its object of research. But such an understanding does not come easily; it is still a work in progress. For many North Americans, this continuous interrogation within Lacanian thought adds to a confusion already fueled by differences in vocabulary and approach. It is easy to treat a theory that is foreign as both opaque and monolithic, but although Lacanian thought is difficult and is different, it is neither opaque nor monolithic, and it is far from being a settled, finished discourse ready for full appropriation. Rather Lacanian thought introduces a discipline, a certain set of inquiries, a way of understanding the stakes of the psychoanalytic process that are unique and viable for theory and, as these chapters indicate, for the clinic. Those who are aligned with Lacan bring a certain set of presuppositions to their work and these presuppositions run through many strains of Lacanian thinking.

The body is conceptualized uniquely in Lacanian thought, where it is most certainly socially constructed (see Colette Soler 1995). There is indeed a “bio-logic” of the body, but there is also another logic, introduced by the signifier, that installs a radical break between the biological body and the *parole-être*, thus rendering the subject as a lack in being—and at one level *split*, unknown to him or herself. Psychoanalysis must conceptualize this subject through the relationship between *jouissance* and the Other as the locus of the signifier.

Jouissance even as it is translated as “enjoyment,” entails an understanding of what Lacan called the “death drive.” It is surely fair to say that Lacanians are more preoccupied with this aspect of psychic structure than are many other schools in the United States, which would instead have repetition appear primarily as a pathological effect. The structure of *jouissance*—its effects through fantasy, symptom, transference, and the signifier—frame the economic question in psychoanalysis, the positioning through which the body is given over to being. For Lacanians, the formulations of *jouissance* are considered a bit more precise than the vocabulary of affect, which is seen as too unreliable, too phenomenologically based, to serve as an orientation for the position of the analyst.

As well as re-defining the economic side of psychoanalysis, a Lacanian approach re-formulates the “narrative” side of psychoanalysis. Here, interpretation neither refers to an object, the unconscious, nor does it play off reality. Rather, the unconscious and interpretation function along the same plane; they are, so to speak, co-constituted within the analytic process. One can see this dimension of the analytic process insofar as the analysis focuses on the symbolic register.

In the view of many Lacanians, other current schools of psychoanalysis are “taken in” by the imaginary axis of functioning. This axis, which may be conceived as the axis of identification, the analyst as self-object, or even as the terms of intersubjectivity, is certainly one part of the analytic (or any other) relationship. Its overemphasis, however, brokers the possibility of veering the analytic process toward normalization or might otherwise stall the psychoanalytic process. Thus, Lacanian informed work reconceives the meaning of analytic neutrality, not as a matter of analyst observer but as strategies for moving away from “little other” dynamics towards an encounter with the subject of the unconscious. This aspect of Lacanian practice could find as its precedent Freud’s “Recommendations to Physicians Practicing Psychoanalysis.”

Such differences from the more usual North American practices within psychoanalysis account for the specialized lexicon that marks all Lacanian accounts. Surely there is important work to be done in taking up the

points of engagement where Lacanian approaches address the same clinical difficulties as are pinpointed by other schools, and thus more carefully addressing Lacanian differences in initial assumptions at points where dialogue is most possible and productive. However, it is not the task of these chapters to look to those points of convergence and divergence in relation to contemporary North American psychoanalysis or even within the Lacanian tradition. Rather, their interest is to bring the reader into the psychoanalytic clinical praxis and the questions that it evokes.

In “The Direction of the Treatment and the Principles of Its Power,” Lacan calls for a critical fidelity to an “authentic praxis.” Many of Lacan’s notorious theoretical swerves refer to clinical issues that require a better conceptualization of the symptom, a more attuned response to the stakes of the transference; they utilize diagnosis in the most meaningful way, and articulate the place of fantasy, repetition, and the limits of interpretation. Gifric has taken its Lacanian roots and planted them in the soil of an ongoing practice with psychotics. It is from this site that one sees Gifric’s theoretical formulations take their shape.

Academic Interest in the Lacanian Clinic

Scholars in the humanities have, of course, found in Lacan’s writings an incredibly fertile source of inspiration as they work with problems in art and literature, ethics and philosophy, epistemology and cognition. However, it has become clear, in the decades since Lacanian theory first entered academic discourse, that a widespread misapprehension of the clinical aspects of Lacan’s theoretical elaborations has led to a certain lack of grounding in increasingly abstract theoretical debates. One finds, for example, that certain debates over the phallus disappear when the phallus is situated, not as an abstraction amid debates in literary or political theory, but rather as a concrete function in the clinic.

Indeed any number of debates still swirl around the phallus and the question of authority that it implicitly or explicitly poses. The present volume certainly will not quell such debates and could not possibly settle all of the issues that arise in relation to the phallus and the place of the Oedipal. Such questions must be seen as part of a clinical and theoretical perspective that is continually in development, both inside the Lacanian field and among others in psychoanalysis. However, the clinical narratives of this text (and the function of the phallus in the concrete lives and structures of desire therein) argue forcefully against any position that might too facilely dismiss or deny the function of the phallus in the lives of men and women, as if it were purely a political function or based only in competitive masculine narcissism.

If we culturally—and by implication theoretically—retain sexual difference through a relation to the Other sex, we must understand its structural intermixing with the locus of the Other and with the genesis of desire in the Other. Insofar as that genesis in its particularity is written “in the unconscious,” we are well advised not to be satisfied with academic discourse alone, but to turn as well to the clinical practices that are founded on the unconscious. Perhaps only clinical practice can adequately dramatize the starkly different logic that governs the unconscious, where the signifier is marked by its lack of “sense” and is rather held by its reference to *jouissance*. Here, the appearance of the unconscious in free association and its deduction from fantasy do not follow the same logic as any standards of intelligibility. As well, clinical practice situates this drama amid a very different structure of address, since the analysand is not speaking about himself or herself but about an Other.

Political promise has likewise troubled the relationship between Lacanian psychoanalysis and certain strains of feminism. At least since Foucault’s reconsideration of subjectivity and subjection, feminists have recognized the necessity of articulating a relation between subjectivity and the political, but too often they have been hampered by a lack of clinical insight and as a consequence have succumbed to the political expedience that would collapse fundamental elements of subjectivity into ego ideals—where, for example, the mother becomes all good things. Clinical experience, as this collection shows, would suggest that the feminist ideological move away from Freud’s perceived phallogentrism needs to be executed with greater precision and with greater respect for something crucial in the relation between the paternal function and the formation of the subject.

Especially germane to the interest of the present collection in the psychoanalytic treatment of psychosis, one finds that certain readers in the wake of Gilles Deleuze and Félix Guattari have suggested that there is a sort of liberatory potential represented by the psychotic, whom the Lacanian clinic shows to be outside of paternal law. Deleuze and Guattari, of course, wish to counter normative psychotherapy and to rethink the relation between subjectivity and the political. However, emancipatory claims for schizoanalysis must appear romantic when one sees the anguish that characterizes the psychotics in the present collection. It appears much more the case that in the absence of Oedipal triangulation under the father, the uninhibited flow of the Other’s *jouissance* enslaves the psychotic and (at the very least) threatens to do the same to the pervers. This is not to say that the neurotic isn’t equally enslaved. In fact Gifric, like many anti-psychiatrists, would recognize in the psychotic a particular *savoir*—one that is as true as it is unbearable to acknowledge.

The issue is freeing the psychotic to face that savoir of the absent Other, rather than to occlude it with the “mission” (as Gifric calls it) which aims at a flawless universe.

While *After Lacan* encourages the reader to carefully evaluate the significance of the paternal, it also speaks specifically to how the signifier organizes the logic of the body and of the images that organize corporeality. Through concrete symptoms, fantasies, and dreams, the authors show how the signifier operates in these seemingly nonsymbolic domains. One can see how this addresses certain problems in current discourses of media analysis and trauma-theory. To focus on the imaginary body to the exclusion of the symbolic, threatens to overlook precisely what is most interesting about trauma-theory and about our relation to the screen image—namely, that trauma above all stages a crisis in the symbolic and that the screen image speaks to us in very specific ways that are governed by the signifier and the symbolic. By grounding consideration of the body in the analytic clinic and in the very thorough discussion of the bodily symptom in this collection, the specifics of the way the body is overwritten by the signifier and the importance of the signifier as the means of the analytic process are restored to their proper importance.

Finally, although the work of Slavoj Žižek, and others have introduced the notion of the real into cultural studies, no amount of categorical description or illustration can fully convey the laborious work with signifiers, the timing of the symptom, or the construction of the fantasy that frames the encounter with the real within the clinic. Its momentary fragmentary appearance, etched in anguish, insists within the temporality of the subject and resists any purely philosophical depiction. Thus, in a way, clinical praxis itself forces certain forms of theorization—a dialectic that we see evident in the work of Apollon, Bergeron, and Cantin.

Clinical Interest in Lacanian Theory

The ideal of any school of psychoanalysis, at least, has been to interarticulate one’s clinical choices with a certain theoretical integrity (see also London Part I 1988, 5–9). This ideal is characteristic of Lacanian work as well. So, although it is oriented to psychoanalytic praxis, this collection of papers from Gifric is not simply a clinical demonstration of psychoanalytic practice. Nor should the reader expect a clinical introduction to Lacan (for those one may usefully consult Bruce Fink, Joël Dor, or Dany Nobus), a guide to the evolution of Lacan’s thought (see Miller “Introduction” 1996; and Julien 1994), or a comparison of concepts and techniques in Lacanian versus other psychoanalytic approaches (see Gurewich 1998; Muller 1996). Rather, both the theoretical and clinical

bounties of the collection are best understood as a rigorous application and development of Freud's and Lacan's work in a strict dialogue with clinical practice. The fact that many of the chapters originated in presentations to general audiences, gives us hope that non-Lacanian clinicians will more readily understand how these concepts function within an analytic context.

While it is not advisable for one to be simply "theory-driven" in one's therapeutic practice (an accusation often leveled not just at Lacanian psychoanalysis, but also at psychoanalysis in general), one cannot merely collect techniques based on current or unarticulated ideas of human nature. Such a strategy is all too characteristic of contemporary psychotherapeutic and even some psychodynamic approaches. With theoretical apathy, therapeutic practice becomes vulnerable to a certain ideological overwriting. One evokes notions of projection or of "self-object," in a manner that depends on meanings of these terms that draw from consciousness as much as they draw from the encounter with "subject of the unconscious." Failing to attend to the specificity of the subject as "discovered" by psychoanalysis means that its notions become sustained by "common sense" rather than the rigor of its own practice. This ideological problematic—covered over by technical preoccupations—haunts North American therapeutic practices and has received increasing critical scrutiny from psychologists, historians, social theorists, and even therapists (see Cushman 1990; Hare-Mustin 1997; Jacoby 1986). Concern with unintentional ideological effects—normative bias—has always been critical to Lacanian thinking and motivates Lacan's repeated efforts to formalize the specificity of the unconscious in its relation to the Other. Lacanians know that they are not dealing with simply asocial properties possessed by a given individual consciousness (a view Lacan called "psychologizing" in his *Écrits*). Rather, issues that arise in clinical practice are better understood as reflective of the human stakes in the social link (chap. 1). At the same time, neither does the Lacanian sensitivity to the centrality of the social link as constitutive of human subjectivity devolve into a politicization of psychoanalytic processes, nor does it translate the clinical encounter with the unconscious into a (democratic) interpersonal event. The imposition of the "intersubjective" and the social does *not*, for Lacanians, default to a model wherein healthy parts of analysts and analysands "communicate" and construct coherent narratives. Referring to the Lacanian affiliation with Freud's so-called classical psychoanalysis, Jacques-Alain Miller writes, "Nor is classical psychoanalysis the blend of ego psychology and object relations theory attempted by contemporary American psychoanalysts, that takes into account the semantic relationship to others while retaining the structural framework of ego psychology" (1996, 307).

The process by which one becomes a human subject does not, in the Lacanian view, reflect the maturation of adaptive capacities that ultimately refer to instinctual forces, conflictual or not. Rather, the subject for Lacan and for Lacanians, is genuinely a subject of the unconscious. In part, this means that Lacan regards the unconscious as the effects of the spoken word on the subject—a dimension where the subject determines himself or herself. Thus, it is necessary that the analyst “trust[s] nothing but the experience of the subject, which is the sole matter of psychoanalytic work” (Lacan cited in Nasio 1998, 133). The *subject*, we see, is not just a fancy word for the *person*; the terms are utterly distinct, and the ethics of the clinic require that the subject not be engaged as if it were the person. This “impersonal” quality to the subject of the Lacanian clinic is sometimes viewed as “harsh” by North American clinicians. But, for Lacanians, theorizing psychoanalysis through the Imaginary (e.g. imprinted interpersonal relations and schemas) is not inconsequential for the ultimate transformative effects of psychoanalysis either. As well, maintaining an ethics oriented to the subject of the unconscious does not preclude work with more “fragile” individuals who in being respected as subjects are more likely to respond as such. The work at “388” is a tribute to this fact.

Hence, it is the *subject* that we must theorize, not the phenomenology of symptoms (chap. 9), and it is precisely the *subject of the unconscious* that we must work with clinically. From this perspective, the Lacanian subject is perhaps even more completely “deconstructed” than the multiple selves currently being conceived as part of narrative and postmodernist trends in relational psychoanalytic approaches.

The success of Gifric with psychotic young adults is exemplary of how a Lacanian orientation can frame one’s practice within a clinical setting. Although the “388” is not an intensive inpatient facility such as North Americans might think of with respect to Chestnut Lodge, it is a residential and nonresidential treatment center that is anchored in psychoanalytic theory and individual psychoanalysis with psychotics. The analysts of Gifric, much like the many therapists that followed Fromm-Reichman, Sullivan, Boyer, or Searles in the United States or Bion and Klein in Great Britain have creatively extended not only the horizons of psychoanalysis in their treatment of psychoses, but also what are now called severely borderline states. Here there is no supposition that psychosis is a biological entity (chap. 12).

As noted by Otto F. Kernberg, the psychoanalytic treatment of psychotic conditions is currently enjoying something of a renaissance in North America. In part this reflects the dissemination of recent work by psychoanalytic pioneers in the treatment of psychosis. These approaches,

whether or not they see a continuum between neurotic and psychotic difficulties (London Part I 1988, 5–22), have dispelled the presumption that psychoanalysis is only effective in relationship to the transference neurosis (Rosenfeld 1998). At the same time, the ameliorative limits of psychopharmacological approaches are becoming more apparent, and the limited efficacy of simply supportive therapies is likewise becoming clear. Moreover, the increasing presence of what many call “borderline patients” further signals the importance of continued psychoanalytic consideration of psychosis. Lacanians do not consider borderlines a distinct category (see Fink 1997) but many psychoanalysts in North America see such patients as constituting a separate diagnostic entity. This category is characterized by more “primitive” object relations and by presenting a different set of transference challenges. Clearly, a better understudying of innovative approaches to psychosis, such as described here in *After Lacan*, ought to shed light on the enigmatic category of the borderline.

Irrespective of the type of analysand, the clinical papers of Apollon, Bergeron, and Cantin demonstrate the clear interrelation between the overall understanding of subjective structures, the type of work undertaken in the clinic, and the way human suffering is alleviated and transformed. Even with psychotic patients, a Lacanian approach does not attempt to establish a therapeutic alliance. Thus, one would not invoke the ideal of a healthy person or real self. Nor would these authors divide the analysand into psychotic and non-psychotic *personalities*. For Gifric, psychosis, like neurosis and perversion, defines a form of *subjective structure*, an unconscious relationship to the structure of signification and the logic of the signifier as forged in the concrete vicissitudes of our relations with others (chaps. 1, and 3). Ideas such as “healthy self” may or may not intersect with certain Lacanian notions—it may approximate, for example, a certain subjective position in relationship to the signifying structure. But the Lacanian perspective approaches the questions of psychoanalysis from the place of a *divided* subject, not a subject that is fragmented into different agencies, with its “best” agency modeled on a notion of the self. In other words, the clinical process is conceived outside of the terms supplied by the ego (chap. 7). It is conceived strictly in the terms of the unconscious.

Given this shift, the role of the analyst is not oriented to providing “emotional” support based on a certain sort of maternal presence that would restore an analysand to a place wherein his or her ego can benefit from interpretation. Rather, issues that are defined by the concepts of demand, desire, the dream, and the signifier carve out a new clinical terrain. Although there is a de-emphasis on emotion, this is not a matter of the imputed classical view of an observing psychoanalyst *qua* scientist

who “looks” at the unconscious of another and then interprets it. The authors do not think the unconscious is “inside” somebody. Nor is the unconscious something that is examined by another as might follow from the medical model. The “unconscious” is a clinical event: it requires the psychoanalytic dyad but is irreducible to it; it requires a third—the locus of the Other. Put differently, the unconscious and interpretation are of the same fabric.

The Lacanian approach seen in the work of Apollon, Bergeron, and Cantin is a carefully conceived mode of therapeutic functioning that is founded in the position of the speaking subject. Psychoanalysis operates in relation to the conditions that structure the coming into being of the subject and trace the impasses that are marked in a particular subject’s repetitions and symptoms. Clearly, Lacanian clinicians are aware that they are the vehicles through which interpretation is effected. They must serve to structure the transference and the patient’s encounter with the savoir of the unconscious (chap. 6). However, Gifric conceives of these clinical activities and of the patient’s progress outside ideas of countertransference, emotional support, or the analyst’s self-disclosure (see McWilliams 1994; Searles 1988; Boyer 1989). Countertransference, like intersubjectivity assumes two monads interacting even as such views attempt to dialecticize such a relation. The early Lacan entertained this idea of intersubjectivity, but later determined that this model could not calibrate the presence of the Other. This is especially important given that, in North America, such “relational” concerns are commonly considered the pivot of success with more disturbed patients. Certainly, the difference in praxis here and the theory that sustains it deserves the same significant dialogues that are accorded the differences between more typically British object-relations perspectives and more process-relational North American stances (see Williams 1998).

The essays in this collection show how treatment at the “388” aims to restore a sphere of subjective psychic activities to patients that will enable them to reintegrate into social life and recapture sufficient control of their personal and social lives that they can take a certain satisfaction from coexistence. The treatment aims to stabilize the delusion and to control the disorganizing effects of the psychosis. It does so in part by bringing the psychotic to take responsibility for the comprehension of that which causes his or her activities. The patient, then, is not regarded as an object of care, but rather treated as a subject of speech. The analytic listening to the experiences of the psychotic in relation to the imaginary Other and the social and symbolic Other creates a space for the expression of the truth of that psychotic, a truth other than that of the delusion and its voices, a truth that aims to reappropriate the life and

history of the young psychotic. Partly in response to psychiatric advances in the treatment of psychosis, American psychoanalysts are in great alarm as biomedical approaches and short-term, insurance-driven therapies increasingly encroach upon analytic modes of treatment. This battle about human nature requires more than professional maneuvering. It needs all of the clinical knowledge it can garner and a serious theorization of the ethical and theoretical stakes of psychoanalysis.

Broader Debates

It is surely an inappropriate cliché that North American psychotherapy is only ego-centered. Nevertheless, some of the ideas presented here may be surprising or radical to North American sensibilities. Hence, the importance of the clinical material in which this book abounds. Such material, rather than the almost impossible task of theoretical translation, allows North American clinicians to gain an appreciation of these innovative Lacanian concepts. As well, gaining a sense of the Lacanian contribution may significantly further contemporary understandings of ongoing psychoanalytic debates and treatment approaches for certain populations.

For many psychoanalysts, especially in North America, psychoanalytic perspectives ultimately divide over the place of “environmental” object-relations approaches versus more classically oriented positions. The latter conceive of the psychoanalytic process in terms of endogenous drives and resultant intrapsychic conflicts, whereas the former turns the psychoanalytic process toward issues of relationship. Within the psychoanalytic community, there are certainly many blends of these two perspectives, combining what one calls “drive/structure” with object-relations and “relational modalities” (see Greenberg and Mitchell 1983). As one reads the following chapters, it becomes clear that Lacanian approaches offer a third alternative that re-conceptualizes the drive, the Oedipal and the pre-Oedipal, and thus moves both technique and theory beyond current theoretical integrations or exclusive alternatives. For if the Other is the absolute pivot in psychoanalysis and one must privilege the signifier and the object (*petit objet a*), it does not follow that psychoanalysis automatically moves to the dimension of the interpersonal. The drive and the unconscious indicate that the subject is produced on another scene (chaps. 2 and 3). The particularity of the discipline of psychoanalysis also answers to this other scene which is most certainly neither the realm of neurology or biology, nor is it located within the phenomenology of the emotions or in corrective emotional experiences (re)-lived in the relational present. Psychoanalysis does constitute a social bond, but there is

an asymmetry between the Other and the subject that is not captured by the notion of intersubjectivity.

More specifically, the intricate Lacanian understanding of the function of the Other in relation to the advent of the object and of the human bondage to the signifier address in a very precise way the relationship between representation and what are called “primitive object relations.” Such relations are really played out in terms of signifiers that emerge as indices of the logic of the subject. Although a number of approaches to psychosis directly theorize the representational confusions of psychotic individuals, the “deficiencies” in cognition are referred to “super-ordinate” cognitive processes related to adaptation (London Part II 1988). These processes are either genetically compromised or severely disrupted by early trauma experiences, giving the patient a psychotic “personality” that must vie with a more normal one (Williams 1998). The second personality is the vehicle for identification with the analyst and is the leverage that allows for psychoanalytic progress through interpretation. In contrast, more relational practices accept the significance of a “psychotic transference” and work within that process. In this case, the emphasis is to treat the psychotic transference as defined mostly by chaotic affective responses and scarred object relations that are tolerated and repaired by a certain analytic presence. Although analytic observations on transference in psychosis indicate that they are dealing with a type of relationship with the Other in which the Other is both impervious and absolute, in North America, this relationship may be seen less as a structure and more as played out in terms of affects, persons, and perhaps styles of representation. Thus, the therapeutic presence is defined as much by its emotional tonality as it is by interpretation. In very recent developments in this relational view, one interprets “up” (McWilliams 1994) and is supportive of the healthy self (Black 1998). This reading of a psychoanalysis of psychosis would seem to suggest affinities to ego psychology even if it uses the word “self” instead. Such approaches remain quite different from a Lacanian approach or even from Searles’ exchanges within “psychotic transference.”

The orientation of *After Lacan*, then, should be read as marking a certain departure from prevailing North American tendencies. From psychosis to neurotic disorders, we are dealing with issues of a subject that is defined by its inception into a community that speaks (chap. 1). The effects of the signifier ground all subjective being in relationship to speaking and its logic—one does not need a super-ordinate adaptive function for language. But, as well, this condition of coming to signification is always complicated by its registration in the terms of the body and the impossibility of our fully knowing the Other (chap. 2). Thus, in

a sense, the issues raised by this collection are indeed not only matters of object relationships, but also relations to the object that function much more as a matter of an effect of a structure and a location in fantasy. The object is more precisely understood as a place within a logic that creates a corporeal consistency. Thus, analytic concepts such as projective identification, which are so important to work with psychotics, do not neatly coincide with the Lacanian frame of the logic of the signifier. Rather than compiling a list of defensive postures and mechanisms, such defenses are coherently related to the genesis of human desire within the structures and registers (the real, symbolic, and imaginary) that found human coexistence. This allows one to clinically encounter the human subject rather than a normative subject that is crippled by a certain set of defenses. This encounter, if it is theorized and carefully addressed, fully exploits the possibilities of understanding offered by psychoanalysis. As such it offers a more coherent picture of the stakes of clinical practice, new clinical approaches, and an ethical position from which psychoanalysis can maintain and expand its way of seeing the human subject in an era where considerations of subjectivity are all too rare.

It will be evident from preceding sections of this introduction that there is a diversity of opinion among Lacanians on many topics; there is no supposition here that all Lacanians would agree on the parameters that define the diagnostic categories as they are presented in this text. Such differences in the Lacanian field do not devolve into eclectic *laissez-faire* pragmatics but constitute the tension that define Lacan's rich theory and the demands of clinical work. The essays of Apollon, Bergeron, and Cantin clearly represent how this tension informs clinical work and indicate the ways that a Lacanian orientation allows one to reconceive transference, castration, the symptom, the object, interpretation, and "psychopathology" itself. Perhaps, this clinical edge will introduce some modesty into academic debates about Lacanian psychoanalysis and encourage the long overdue recognition of the claims of the Lacanian clinic.

General Summary of Chapters in *After Lacan*

The twelve chapters of the present collection give a highly integrated presentation of Lacanian ideas in relation to clinical practice. Probably a word or two might be said about their disparate origins, however. Nearly all of the chapters included here were originally occasioned by conference presentations of one kind or another—sometimes a general conference on psychoanalysis, sometimes a conference more narrowly Lacanian in focus. Somewhat to the editors' surprise, the disparate originating con-