

## Translators' Introduction

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I do not possess pain, it possesses me: I am pain.

—J.-D. Nasio

### The treatment of pain

J.-D. Nasio's *The Book of Love and Pain*<sup>1</sup> engages the experience of pain in psychoanalysis. It is a striking fact that there is no exclusive treatment devoted to pain in the Freudian and Lacanian psychoanalytic literature, given that psychical pain is the essential concern and even *raison d'être* of psychoanalysis. To this extent, Nasio's contribution in *The Book of Love and Pain* fills a gaping void in psychoanalytic research and will play an important role in our understanding of the human psyche. He elaborates the thematic of pain through the psychoanalytic terms that he forged in more than three decades of therapeutic practice. Dr. Nasio opens his reflection with the narration of a dramatic case, that of one of his patients, Clémence, a young woman who lost her infant only a few days after giving birth. The extreme character of this case will allow Nasio to present the most salient characteristics of pain: the intertwining of body and psyche in the affect of pain, the collapse of the ego in loss (accompanied by a desperate contraction on a memory-image), the invasive and overwhelming presence of pain, and the limits of sense and meaning.

Her body was the perfect incarnation of the emptied ego of a person in pain, an ego that has collapsed, caught in the vivid memory of the lost child . . . psychical pain is indeed the ultimate affect, the last contraction of a desperate ego that congeals so as not to sink in nothingness. (LP, 10)

Such an example is extreme because ultimately pain itself, according to Nasio, is an extreme affect: pain is the "ultimate" affect, that is, the last protective dam against madness ("We know also that this pain is the last line of defense against madness" [LP, 10]). Further, pain presents us with the

phenomenon of an affect that borders on senselessness, and one that resists symbolization (Nasio thus speaks of a “pain made of stone”). With this vignette, then, Dr. Nasio reveals the limits in attempting to think and treat pain psychoanalytically, or even pain as a limit-phenomenon. The phenomenon of pain also threatens the analytic relationship: as the patient is overcome so the psychoanalyst is thrown in crisis. Nasio writes compellingly:

Clémence was overwhelmed by the distress and I was unable to take on her pain. I was destabilized by the impenetrable distress of the other. Speech seemed useless to me and I was limited to echoing her throbbing scream. I knew that pain permeates the one who listens, so that, at first, I had to be the one who, by my presence alone—albeit silently—could dissipate the suffering by receiving her irradiating cries. I knew that this impregnation prior to language could precisely inspire in me the words needed to express and finally allay the pain. (LP, 10)

The issue for the psychoanalyst remains that of “welcoming” this pain, and attempting despite everything to give a meaning to what has none. To be eased, pain must be taken as an “expression of something else,” made into a symbol. This is for Nasio the role of the psychoanalyst: “[t]o attribute a symbolic value to a pain that is in itself pure real, brutal emotion, hostile and foreign” (LP, 13). As we can see, this text engages the limit-character of human suffering and therefore the limits of the ability of the analyst to “take on” the pain and undergo the process required to alleviate it.

Nonetheless, Nasio would apply and concentrate psychoanalytical theory and practice to provide an access to pain. Hence, he attempts to characterize psychical pain, in its most general and preliminary sense, as a sudden and unexpected *separation* from an object with which we have had an intimate bond. The bond has been so intricate that it has constituted our very selves. Therefore the loss of the object threatens the self, disrupts the rhythm of life and requires the *painful* work of mourning and self-reconstruction. Nasio undertakes a wide-ranging treatment—perhaps the first of its kind—of those subtle and numerous connections, the diverse forms of separation that are all manifestations of psychical pain.

Nasio shows that psychical pain is intertwined with love, insofar as pain is pain of separation. Pain is always pain of love, “*the affect that results from the brutal rupture of a bond that connects me to the person or to the thing that I love*” (LP, 19). He writes, “All these kinds of pain are in different degrees pain of brutal amputation from a love-object, one with which we were so intensely and permanently bonded that it regulated the harmony of our psyche. *There is pain only against the background of love*” (LP, 14, our emphasis). As a result of this brutal rupture, a series of other pains follow, and the author addresses each of them in the main sections of the text, including: the pain of mourning, the pain of reac-

tion, the pain of *jouissance*, unconscious pain, pain as an object of the drive, pain as a form of sexuality, pain as a sadomasochistic fantasy, pain and the scream, and the pain of silence. As it describes all these pains, *The Book of Love and Pain* constitutes a model of a phenomenological treatment of pain.

In addition, Nasio addresses the psychical implications of *corporeal* pain, exploring in a bold manner the psychical role in the activation of corporeal pain. The author discusses, in this respect, the three moments of corporeal pain: the wound, the trauma, and the reaction, treating of the rapid transformation of the pain of the injury to a mental representation of that very injury. Nasio emphasizes that the memory of this representation of corporeal pain is “engraved in the depths of the unconscious,” an unconscious memory that is destined to return, transfigured as a psychosomatic lesion. It is precisely this transformation from the corporeal to the psychical that Nasio elaborates, noting that the unconscious pain will return and “the subject will experience an inexplicable pain that is without discernable organic cause. He or she will suffer without knowing that the present pain is the active memory of a past pain” (LP, 57).

Dr. Nasio's careful approach to psychical and corporeal pain is informed, to be sure, by the legacy of Freudian and Lacanian psychoanalytic theory. In the course of the text, he makes use, for example, of Freud's neurological conception of pain from “The Project for a Scientific Psychology” and undertakes a reelaboration of the Lacanian categories of the symbolic, imaginary, and the real in relation to pain. Yet *The Book of Love and Pain* is intended to be neither a strictly Freudian nor a Lacanian treatise. In fact, as Nasio remarks, “analytic literature is extremely limited on this topic. Freud and Lacan themselves only rarely treated the theme of pain and never devoted an exclusive study to it” (LP, 14). This book, then, is to a large extent an innovative and original grappling with pain at its very limit. The text never simply proposes the simple or formulaic healing of such pain. Even though psychoanalysis offers the *promise* of healing, it remains at a threshold that can only be approached, a path that can only be taken, that cannot be predicted, or otherwise preordained. Accordingly, Nasio does not shy away from those aspects of pain that resist reason, that lead psychoanalytic theory into paradox, and even *aporia*.

### The paradoxes of pain

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We observe once more the extent to which pain slips between the fingers and evades reason.

—J.-D. Nasio

As Nasio identifies pain as the phenomenon of the limit (as the experience of the threshold, as the “imprecise” limit between the body and the psyche,

as limit between the ego and the other, as limit between the harmony and disharmony of the psyche, etc.), his encounter with pain uncovers a series of paradoxes that leave theoretical reason suspended between seemingly incompatible alternatives. Nasio is struck, in general terms, by the “insurmountable” paradox of a love that both constitutes us and yet renders us vulnerable. He writes that “while being a constitutive condition of human nature, love remains the incontrovertible premise of our suffering” (LP, 20).

Under the general context of this constitutive paradox of love, numerous other paradoxes are encountered in analytic experience. Two examples bear mention here.

For example, while stating at the outset that the prototypical pain is the pain of separation, Nasio asserts that such a pain is made more intense, as it were, by a second pain, which consists in reinvesting the image of the lost loved one. The ego, in this first paradoxical situation, continues to love the one who has been lost more than ever before, magnifying the image of the loved one beyond all reasonable proportions, thus inducing an overexcitation and an exhaustion of the ego: “[T]his effigy draws all the energy of the ego and submits it to a violent aspiration that leaves it exhausted and incapable of interest in the external world” (LP, 21). To be clear, the paradox is that the pain does not lie in the loss but in the fact that we love the one who has been lost as never before. “Here is what I take to be significant. *Pain is not due to a detachment but to an overinvestment*” (LP, 119). It is an overinvestment of an object “within,” because it is no longer without. This would be Nasio’s “original contribution,” that the pain of mourning is not the pain of separation but the pain of bond, that the pain is not that of an absence, but of an excessive presence. Therefore, pain is the “*affect that manifests the exhaustion of an ego completely occupied with desperately cherishing the image of the loved one who has been lost*” (LP, 22). The true cause of this pain is not the loss of the loved person, but the all-consuming maintenance of his or her image, indeed, our complex fantasy of the person. One needs to recognize in psychical pain a twofold dimension, in the sense that the ego reacts to the trauma of the loss in two ways: on the one hand, there is what Nasio calls a “disinvestment,” an emptying out of energy brought about by the loss of the other; on the other hand, there is an “overinvestment,” a sort of polarization of psychic energy on a single psychical image, that precisely of the lost other. Both events, the sudden emptying out and the extreme concentration, are what is painful. The work required is to re-harmonize the unbalance, or split, between the two phenomena. As Nasio explains, “Mourning is nothing other than a very slow redistribution of the psychical energy which was, until then, concentrated on a single dominant representation which was foreign to the ego” (LP, 23).

A second paradox presented by Nasio’s work is found in the extent to which the loved one is desired not because he or she allows our love to flour-

ish but because of the way the fantasy of the loved one guarantees a *limit* to my love. For Nasio, while the fantasy of the loved one is “carried by the force of desire,” it nonetheless “functions to stem and subdue” that very desire. Nasio explains that “fantasy is protective because it shields us from the danger of an unlimited turbulence of desire or its equivalent, the chaos of the drive” (LP, 29). In this way, the fantasy of the loved one contributes in a protective manner to the homeostasis of the unconscious system, a principle that was central to Freud’s corpus from his earliest to his latest writings.

Further, Nasio specifies that his conception of such a protective status of the fantasy of the loved one is a reinterpretation of both the Freudian concept of repression and the Lacanian concept of the signifier of the Name-of-the-Father. In the first case, repression would be protective in that it prevents the overflow of the libidinal drive; in the second case, the signifier of the Name-of-the-Father would ensure the consistency or the rhythm of the system of signifiers. For Nasio, in the end, the fantasy of the loved one “protects me from turmoil by limiting my *jouissance*.” He writes:

He or she protects me and leaves me unsatisfied. The symbolic loved one is, in the end, a figure of repression and the most exemplary figure of the signifier of the Name-of-the-Father. (LP, 33)

These paradoxes of pain are precisely the challenge facing the analyst and the patient in the analytic relation. As Nasio’s text undertakes a wide-ranging taxonomy of the pain of separation, it also unveils the contradictions of pain and the obstacles to its treatment. Indeed, one has the impression that the only path the analyst must take is that of the paradox, or that the only step is one where there is no path, with no way out. In this respect, Dr. Nasio introduces the following remarkable image: “With his patient consumed by pain, the analyst acts like a dancer who, before the stumbling of his partner, keeps her from falling and, without losing a beat, helps the couple regain their rhythm” (LP, 13).

### Thinking pain at the limit

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In itself, pain has no value and no signification . . . the psychoanalyst is an intermediary who takes on the inassimilable pain of his or her patient and transforms it into a pain that is symbolized.

—J.-D. Nasio

For Nasio, finally, a psychoanalyst is engaged in a practice that goes to the limit with pain in order to situate him or herself to “take on” the pain for the benefit of his or her patients. Dr. Nasio’s insights from such thinking at the

limit are found throughout the text, particularly in his suggestion that “one should add pain to the list of the objects of the drive, and conceive of its detachment from the body as a separation brought about by the phallic signifier” (LP, 81). Through this logic, Nasio considers the conditions that allow us to think and verify that pain is phallic, that is, that pain is an object that can be consumed and that satisfies an essentially sexual desire. He elaborates this insight in the lesson on sadomasochistic pain, where pain becomes the *object* of the sadomasochistic drive.

Two other examples of his innovative thought—in particular in relation to Lacan—bear mention here: *local foreclosure* and the position of *semblance* (*le semblant*).

### Local foreclosure

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With local foreclosure the intensity of the love for the lost loved one leads to a hallucination. The mourner rebels against the reality of the lack and refuses to accept the definitive death of the loved one. Nasio asserts that this denial “borders on madness but tempers pain.” The mourner believes he or she can bring the deceased back to life. For the mourner, then, the hallucination conjures a new reality:

Through these hallucinations the mourner experiences the return of the deceased with an unshakable certainty and transforms his or her sorrow with a delirious conviction. We understand that the supremacy of love over knowledge leads to the creation of a new reality—a hallucinated reality—where the lost one returns in the form of a phantom. (LP, 24)

The affective overinvestment of the lost loved one, as we saw earlier, provokes psychical pain. The pain is so intense and “so disproportionate to the image of the lost object that the image is ultimately ejected from the ego” (LP, 25). The image reappears outside the ego in the external world as a hallucination or a fantasy. It is this expulsion and reappearance outside that indicates what Nasio calls local foreclosure: “We will say that the representation has been foreclosed, that is to say, over-invested, excluded and hallucinated” (LP, 25). The dynamic or force of the rejection of the representation from the ego leaves the ego deflated, exhausted, emptied.

One could say that with local foreclosure pain is thereby raised—or foreclosed—to a new level. The phenomenon of local foreclosure also raises a concern for the practitioner who needs to determine the degree of the exclusion. Such a degree, to the extent that the exclusion shuts the representation off from all other aspects of the psychical system, may border on psychosis.

### Semblance (*le semblant*)

A second innovative aspect of Dr. Nasio's thought in *The Book of Love and Pain* centers around his appropriation of the Lacanian term *semblance*. Given the paradoxes of pain that we have encountered, it is not surprising that Nasio seeks to identify a medium in which the analyst may have finally a direct "material encounter" with the patient's pain. In the chapter entitled "Pain and the Scream," Nasio considers Lacan's notion of semblance and understands it as the material transmittal of pain. Nasio associates the term with that of the "simulacra" of *De Natura Rerum* of Lucretius. For Lucretius, the representations of an object carried, in a sense, its very materiality.

What Lucretius tells us is that the simulacra are strange emanations from objects, kinds of light membranes, detached from the surface of the bodies, floating in the air, flying in all directions. He adds that these membranes are sometimes images, and other times not, sometimes visible, but not always. These are often impalpable images, strange exhalations and above all rapid irradiations that emerge, spread and dissipate very quickly. (LP, 104–105)

In an analogous sense, for Nasio, the scream carries the materiality of pain. The semblance of the scream is more than an abstract representative or a symbol of pain. In the author's interpretation, we find that as the scream *carries* the pain, it reawakens the pain, produces the pain. Here we are led to imagine that there can be an intimate connection through the materiality of the scream between the one who emits the scream and the one who hears the scream. Such a materiality would, for Nasio, support the intimate transference relation between the analyst and the patient. Indeed, in an earlier text, *Five Lessons on the Psychoanalytic Theory of Jacques Lacan*,<sup>2</sup> Nasio addresses semblance as a position the analyst adopts before the patient. It is a position from which the analyst prepares not to interpret or explain the patient's pain but indeed to take on the pain, to be taken by that pain, to be caught up in its *visceral materiality*. Such a position, which is, rather, a dynamic, cements the bond of the transference and offers the possibility that the therapeutic relation could restore the rhythm of the drives and reset the psychical metronome, as it were.

The contribution of *The Book of Love and Pain* lies perhaps in nothing other than the engagement with the very origin of psychoanalysis: pain. The text offers the opportunity to enter into the psychoanalytic labyrinth of pain, to enter into its paradoxical senses. It is Dr. Nasio who has perhaps the most interesting suggestion about how one should receive the insights of the book. He writes:

What use can we make of this psychoanalytic theory of pain that I am advancing? I would dare to say quite simply: make no use of it. Leave it for the moment. Let the theory simmer within us; operate without our knowledge. If this theory of pain, as abstract as it may be, is really fertile, it will perhaps change our manner of listening to the suffering patient or to our own intimate suffering. (LP, 38)

With such a remark, Dr. Nasio remains, in our view, faithful to the intention that gives particular value to his writings, that of fashioning a synthesis between theory and practice in order always and only to take on the suffering of his patients. In so doing, Nasio also reveals pain as that limit with which human beings are confronted and on the basis of which existence itself unfolds in its paradoxical movement.

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## Clémence, or the Experience of Pain

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Love is an expectation, and pain the sudden and unforeseen rupture of this expectation.

—J.-D. N.

Clémence<sup>3</sup> was thirty-eight years old. She suffered from infertility and was struggling to become pregnant. I saw her in analysis for three years. My memory is still fresh of the day when she told me that she was finally pregnant. She exclaimed, “We have succeeded!” I had the feeling that I was sharing the joy with a group of close friends who had worked together with Clémence so that she could become pregnant. I also thought of her husband who was so involved, as well as her gynecologist—a fertility specialist.

During the months that followed, our psychoanalytic sessions were devoted, for the most part, to living through and speaking about the intense period when a woman adjusts to becoming a mother. The day of delivery arrived and Clémence brought a beautiful baby into the world. That very day, she telephoned me filled with joy, to announce the birth of a son named Laurent. I was very happy and I congratulated her warmly. Three days later I was surprised to receive a second telephone call of an entirely different nature. In a nearly inaudible voice, she told me: “I have lost my baby. He died this morning in the nursery. No one knows why.” Upon hearing these horrible words I was stupefied and could only say, “This is impossible! This is absurd!”

For some time Clémence did not contact me. Her absence did not surprise me, because I am familiar with the experiences of those who are plunged into such mourning, who are utterly crushed by the impact of a violent loss and absolutely refuse contact with those who, before the event, were linked to the one who has departed. I had even imagined that my patient was going to interrupt her analysis because I was inevitably associated with her struggle to become fertile, with the success of her pregnancy, with the happiness of the birth and now with the atrocious pain of a brutal and incomprehensible loss. She was probably going to decide not to continue her analytic work with

me and to resume it later with a different analyst. It was necessary, I thought, for her world to change. However, things have turned out differently.

In fact, shortly after the tragic event, Clémence came back to see me. She was exhausted and could not go anywhere by herself. She needed to be accompanied to the waiting room. When I welcomed her, I discovered a woman who had been transformed by her distress. She was but an impersonal, debilitated body, without any energy, only hanging on through the omnipresent images of her baby when he was still alive. Her body was the perfect incarnation of the emptied ego of a person in pain, an ego that had collapsed, caught in the vivid memory of the lost child, a memory hammered by a haunting question: "What did he die of? Why and how did he die? Why me?"\*

We know that this state of extreme pain, a mixture of the ego being emptied out and contracted in a memorial image, is the expression of a struggle for life. We know also that this pain is the last line of defense against madness. We know that in the domain of human feelings, psychical pain is indeed the ultimate affect, the last contraction of a desperate ego that congeals so as not to sink in nothingness. During this entire period that immediately followed the death of Laurent, I often heard Clémence speak of her fear of becoming mad. And it is true that at certain moments she might have seemed mad. At times, affliction of the mourner gives way to such an extreme exaltation that the all too clear and distinct images of the deceased are experienced with the sharpness of a hallucination.

However, all of my knowledge about pain—I would like to clarify that at that time I was already writing this book—did not protect me from the violent impact that I felt when I welcomed my patient immediately after the tragedy. At that time, our bond was weakened: Clémence was overwhelmed by the distress and I was unable to take on her pain. I was destabilized by the impenetrable distress of the other. Speech seemed useless to me and I was limited to echoing her throbbing scream. I knew that pain permeates the one who listens, so that, at first, I had to be the one who, by my presence alone—albeit silently—could dissipate her suffering by receiving her irradiating cries. I knew that this impregnation prior to language could precisely inspire in me the words needed to express and finally allay the pain.

After a period of some months in the course of which I received Clémence face to face, when my listening was limited at best to accompanying the fluctuations of her distress, she lay down on the couch. It was then that

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\*Laurent died in the nursery in the middle of the night while Clémence was sleeping. It was her obstetrician, the very same one who worked through the pregnancy and actually saw the birth, who informed her of the death the next morning without being able to provide any reason. Today Clémence and her husband still do not know the exact causes of the death of their son.

she was truly able to begin her work of mourning, a work marked by a particular session that I would like to recall here.

Clémence could not stand to hear the consoling words that in such circumstances are so naturally expressed by friends. "Do not concern yourself! Think of getting pregnant again. You still have time. Have another baby and you will see, you will forget!" These awkward words were unbearable for her and they were driving her crazy. I understood the vehemence of her reaction because these seemingly comforting sentences were in fact a call to forget—an incitement to lose her dead child a second time. This was an incitement to lose the child once more, no longer in reality but "in the heart." As if rebelling, Clémence cried to the world: "I have lost my child and I know that he will not come back. I know he is no longer living but he continues to live in me. And you want me to forget him! You want him to disappear a second time!" To ask Clémence to forget her dead son by replacing him with another before completing the mourning process could only do violence to her. It was to ask her to no longer cherish the image of the baby that had disappeared, thus to deprive her of the only means of healing the wound. Finally, it was to ask her to renounce the preservation of her psychical equilibrium. The image of the lost person must not be effaced, on the contrary it must prevail until the moment when—thanks to mourning—the mourner succeeds in causing the love for the deceased and the love for a new loved one to coexist. When this coexistence of the old and the new is established in the unconscious we can be certain that what is most important in the process of mourning is underway.

I no longer had all these theoretical considerations in mind when, in the course of a session that took place some eight months after his death, I intervened in a way that turned out to be decisive. Clémence lay on the couch and spoke to me in the tone of someone who had just rediscovered a zest for life. I was listening and concentrating intensely when, at the moment of an intervention, I stated the following words, almost without knowing it: "If a second child is born, I mean Laurent's brother or sister. . . ." Even before I was able to complete my sentence the patient interrupted me and, surprised, exclaimed: "This is the first time I heard of Laurent's brother or sister! I feel like an enormous weight has been lifted." A thought came to me that I shared immediately with my patient: "Wherever Laurent is at this moment I am sure he will be happy to know that one day you will give him a little brother or sister." I was astonished to have expressed spontaneously in so few words the basic aspect of my conception of mourning according to which the pain is diminished if the mourner finally admits that the love for the new living person will never abolish the love for the one who has disappeared. So for Clémence the future child will perhaps never take the place of his older brother who is deceased. He will have his own place, the one reserved for him by his desire, the desire of his parents, and his destiny. And, simultaneously, Laurent will remain the irreplaceable first infant.