

AN EMPTY PLACE

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It is not everyone who seeks help from an analyst; not everyone considers the psychoanalyst as a doctor of the last resort, and yet most of those who are to become analysands have gone to see someone to relieve them of a symptom. That is doubtless why psychoanalysts are, in the main, doctors, even if most of them are psychiatrists. The psychoanalytical clinic is founded on a gap between symptom and care. This is because the kind of care which aims to cure, regards the symptom as a handicap. Indeed, it can be that, too, and it can have devastating social consequences. It was the irreducibility of the symptom in the field of medicine which resulted in the creation of the figure of the psychotherapist, he who relieves the handicapped person of his psychical handicap, and supports him. It is of no importance whether or not his inspiration comes from psychoanalysis: any means are good as long as they get the neurotic back on his feet, and that means using the body as well as speech, since the aim is to render the sick person operational for his social task. This is not meant to sound disparaging. On the contrary, the aim is a noble one; but it is hard to see why the symptom should defeat the doctor and not the psychotherapist, who is a “doctor of the soul”.

Lacan consistently criticised this adaptive conception of psychoanalysis which was represented in its most extreme form by the Ego Psychology of the 1950s, but whose theoretical basis (the strong ego) has never totally disappeared. There, too, the notion of cure is entirely linked to that of reinforcement and thus to medicine as much as to education. And since education contrives to blossom there, it is not long before the whole of society is subjected to psychotherapy, conceived of from then on as a method of prevention: you might as well treat the symptom before it appears, such is the finality of psychotherapy. Is it not precisely what Lacan called the “discourse of the master” that is put in place in such an unlikely project? Well then, what is it that forms the basis of the position of the analyst in order that he, whose aim is also the removal of the symptom, may be neither a therapist nor an educator? The psychoanalyst has nothing to prescribe; he is distinct from these two because he gives nothing, according to the dialectic of desire and demand expressed thus by Lacan: “I ask you to refuse what I offer you because it’s not that.” It is on that basis that the psychoanalyst establishes himself; he does not seek to do good to the neurotic; on the contrary, “He dis-charitises” (*décharite*), says Lacan.

For the analyst, it is thus in the refusal linked to the structure of demand which is expressed in the symptom, that there is a concrete movement of reduction of the function of therapist. Abstention is a principle; nonetheless, the analyst cannot maintain that position indefinitely if he wishes to bring into play his agalmatic side, and thus preserve the fictional structure of the inconsistent Other. It is a paradoxical position, since the analyst allows speech in the name of a “passion for ignorance”, as Lacan said, without pre-established knowledge and thus without prejudices. This expresses itself, according to each moment, through the incitement to speech which is not devoid of encouragement and allows the constitution of a “subject-supposed-to-know”, but also through irony, which tends to deflate attempts to give consistency to the Other. Thus the two slopes of the structure are articulated: the signifier and jouissance which correspond to the transference and the object (*a*). The analytic set-up takes account of this in two operations which Lacan called alienation and

separation. Alienation brings to the fore the link between the subject and the signifier; separation makes him situate his own lack in relation to the lack in/of the Other. Lacan developed these two operations in his 1964 text, *The Position of the Unconscious*. It was in that text that Lacan evoked “the torsion by which separation represents the return of alienation”. The subject operates with his own loss, which he uses as a recourse against the opacity which he encounters in the desire of the Other. Lacan thus introduced a fundamental given of technique which is the scansion of the discourse of the patient “in so far as the analyst intervenes in it”. The analyst operates by means of separation, bringing out the dimension of the drive in the emergence “of the being who resides this side of the gap (of the unconscious)”. This is a metaphor which evokes giving birth and throws light on the transference from the point of view of temporality and the handling of time in the treatment.

The analysand I am going to discuss now is a subject who was aware from the time she entered analysis of the questions I have just raised. Nonetheless, there was nothing particularly exceptional about her; one could say she was a quite ordinary analysand, except that no treatment is like another, since the singularity of the succession of signifiers in a chain is due solely to the meeting of those signifiers with the real which causes them to emerge.

This young woman, aged 32, came to see me some ten years ago to undertake an analysis in order to gain relief from a phobia, let us call it agoraphobia, which seriously incapacitated her, since the only way she could get around was by car. The moment she had to walk in an open space, she would experience intense anxiety, could hardly stay upright, would suffer cardiac arrhythmias, and had to find some form of support. It was not long before she came to seek that support in the analyst’s consulting room, and came to the conclusion that she was using the analysis in order “not to move”, which should be understood in the sense of stagnating, but also of not walking. So she went to consult a doctor, in order to find, in the form of a prescription for anxiolytics, the crutch which the analyst would not provide for her. She would then always take the medication wherever she went, “just in case...”. She also frequently called up a medical emergency service (SOS Doctors, which she once called “SOS Breakdowns”). Her relations with the medical profession went back some time. The phobia was triggered shortly after her father’s death from cancer. The first anxiety attack happened after an evening when she went to a party while her father was in the throes of dying. She discovered in herself a sense of guilt which had hitherto been unknown to her; rather, she had been a young woman untrammelled by morals who lived more like a “bloke”; a bachelor girl, working in a mainly masculine environment, who often went out with friends in the evening, drinking the others under the table, and having no qualms about seducing the boyfriends of her women friends. That, indeed, was how she found herself with a “madman”, as she put it, who had a strong connection with Lacan’s texts. This affair was not to last long, in common with most of them, but it was the one that led her along the path to analysis: nonetheless, all her subsequent attempts at reading psychoanalytical literature were to be rapidly abandoned. For her, Freud was a less efficacious viaticum than her favourite anxiolytic. Her entry into analysis came about in a rather particular fashion, since it was the woman friend whose partner she had inherited who gave her my address. Contrary to my fears at the beginning, she did not try to obtain indiscretions about myself and my circle from her friend. That, indeed, is why the first phase of her analysis was marked by a large number of transference dreams.

Her demand was for therapy, and yet situated the analyst outside the medical field as a result of the circumstances which had preceded the meeting: the transference was

established as the “supposed-to-know” with regard to the theory. More than a therapist, this analysand was seeking a technician who could apply the theory — primarily the oedipal myth — to her case. That is why, confronted with the failure to cure her phobia, she did not question the analyst’s technique, but conceived the idea that her Oedipus complex was too “knotty” to be unravelled. It is appropriate to present the structure: the father was a hero, a *bon viveur*, in short a rake (*jouisseur*), whose social and physical decline had come about late in life. The mother took up the position of victim and enjoyed fragile health, which entailed the separation of the couple for several years when M, the patient, was between 5 and 8 years old. In fact, the parents lived in French Guyana, where the father had gone to make his fortune, and when the mother fell ill, she stayed on in France even when her health no longer required her to do so. It was then that M became accustomed to sleeping with her mother. When she returned to French Guyana, her father banished her from the parental bed. From then on, this father who was so good at putting his daughter back in her place, became a rival for her, and until she became an adult, until she left Guyana, they had repeated conflicts on the question of her emancipation. So it was like this: for her, to behave like a bloke was the equivalent of being a free woman. What did M have to free herself from, other than the tutelage of her father? First of all, from Guyana, which she left definitively at 17 in order to study in France; thus she quit this far-flung *département* of France, which had the sad reputation of having sheltered the most horrible penal colony that ever existed. Indeed, for a long time she was to talk of her phobia as being a kind of prison.

Her acts of defiance always turned out to be failures, but then a new form of defiance would emerge, and so it went on. The defiance was addressed to the father, because he had a pejorative view of women, all of whom he put into the category of “pissers”. In order to escape being included in this lot, M was to emancipate herself and to collect men the way her father had collected the women in his circle. That was her position up till her father’s death: she followed his decline step by step to prove that the master was well and truly castrated, right to the point of having him at her mercy, and then looked after him with exemplary devotion, apart from this one evening when she went to the party and the anxiety was triggered. As an analysand, M was to retrace the same pathway in which demand followed the trajectory of her invasion by anxiety, with more and more frequent calls to the Emergency Doctors, mainly at night, until she could get a man in her bed to protect her from the irruption of a *jouissance* that woke her up with a start. For then she discovered that she was a “pisser”, which put her on the same level as her mother, on the side of the victims, of the “hysterics”, as she herself called them. Because those victims were just lures. The illnesses her mother always complained of were just symptoms to support recriminations. Her attitude was to change when she questioned the status of the victim in its fantasmatic modality. When M was ten years old, her father was supposed to have killed a chicken-thief, maybe an ex-convict, a night-prowler who came to disturb his peaceful slumbers. When she asked her mother for details relating to this vague memory, she became convinced that the mother was lying. She thus deduced that her father was indeed a killer, which he had learnt to be during the Second World War, and which had made him a hero. This murder, re-awakened, touched on the real of the father, and finally divided the subject according to a fault line where women were no longer all on the same side, that of the victims, but in a signifying chain where blood referred them rather to the law, to its transgression and to the punishment which the patient imposed on herself in the name of the father, in the name of the father whose fault she had taken on, and which she could in no way negotiate, other than by bringing into play in the analysis the signifiers which concerned the law and which little by little were to relieve her of the weight of the

superegoic jouissance which, in her own words, put her in prison.

A dream she had around this time (about 3 years into the analysis) was quite enlightening. It followed a series of dreams about burials. **She is in Guyana and goes “to the Chinaman’s”; he is the only local tradesman. She gets the Chinaman’s wife to depilate her. Blood flows, but it is not painful. Then she takes the razor and gently cuts the woman around her joints. Then she wants to make love with her, which surprises her. But she is stopped by the arrival of a policeman.** The analysand summarised her dream thus: the *peau lisse* [smooth skin] —*police*— inscribed the *regles* (menses) as a law. Her menses started when she was 12. It was precisely at that time that she discovered that her mother was pregnant, and she found herself with a little sister she had not been expecting. She was never again to be the only daughter, who up to that time had claimed a privileged status with regard to her father. She was put on the side of the “pissers”, and the menstrual blood was the mark of this. The consequence was to be found in the repetition of her defiances, both professional and amorous, which each time were inscribed in the claim to masculinity, the *Penisneid*, a metonymy which remained fixed.

The father’s death destabilised this position and produced a symptom which appeared directly in the register of lack: it won’t hold water any more. That is what allowed her to come into analysis. But this lack was completed, at the level of the drive, by the object which provoked the anxiety. What, then, was this object which, properly speaking, caused desire? If we take into account the patient’s masculine position, we could say that the object had something to do with the phallus, which Lacan, in 1958 in *The Direction of the Treatment*, referred to as the signifier of desire. But it is as signifier that it gives meaning to desire, “the phallic mark of desire”, said Lacan.

But the object itself was not the phallus that she used in her masculine masquerade. The men she encountered in her work, those who passed rapidly through her bed, even if they satisfied her at the level *jouissance*, were always inadequate, deficient, even, at the level of her demand, which was clearly a demand for love. This demand remained in vain, since the men to whom it was addressed were always incapable of responding to it, whether they were married men, men who were socially maladjusted, or just did not match up to her ideals. On this score, when frigidity occurred, it was never dramatic, and would disappear when another partner arrived on the scene. No, the real drama was her solitude, synonymous with the prison. Exiled from her father’s love by the late birth of her sister, the patient was to await her *Niederkommen*, her “being dropped” after her father’s death. The object that then appeared in her vertigo, her constant fear of falling, was the enigmatic child who came and burst into her fantasy of being the darling little girl, even the little girl who had been saved, since, following a serious illness of her mother’s, when she was 3 years old, she had regressed to the point where she had to be taught to walk again. Her demand now took on the form of a whim, of “crises” by means of which she tried to obtain her father’s interest, who was abandoning his family more and more often. Finally, just at the moment of puberty, the irruption of the little sister came and shattered her imagined idyll with her father.

Once again, it was the child which was later to make another cut, when she decided to have an abortion, having become pregnant by a married man who corresponded to her aspirations. At that point, she gave up all religious practices, feeling that she had been excommunicated. In the end it was the child which was to make her

interrupt her analysis, or at least, to allow her to register the place of object which it occupied in her fantasy, following an acting out which was to make her suspend her analysis, which she would then take up again with this new notion.

After a long passage of time, she had taken up again with a man whom she had left several years before because he could not commit himself to her. She started her affair with him again "*faute de mieux*", and apparently her only expectation, at least ostensibly, was not to be so desperately lonely. She knew the man had a partner in the country; he would often say that this woman meant less to him than she (M) did. Well, one day she found herself in the area where this woman lived, and decided to go and tell her that her lover was deceiving her and was about to leave her. And what did she find? A woman glowing with happiness, with a baby in her arms! It was too much for her. She broke off the affair, suspended her analysis, and threw herself completely into her work. She came to see me again a few months later, to pick up the analysis on a new basis, even if her complaint seemed on first sight to remain unchanged.

She now knew that because of her age she would not be able to have a child. She knew she had put all her desire into her work, where she was much appreciated and which she could perform without the slightest difficulty. But she was still as lonely as ever. With this exception: she had cleared everything out in her cluttered life, she had sorted out the final problems of the paternal inheritance, at the price of a lawsuit; and finally, she had found a calmer way of relating to her mother, whom she had described at the beginning of her analysis as a liar and a hysteric.

It was from the point of the acting out, with its unexpected consequences, that the desire of the mother was properly brought back into play for the patient. It was part of a new configuration, in which invasion by this sort of horror of femininity no longer dominated as before.

Demand turns itself into complaint in order to make itself heard; that is how demand most often establishes itself and how the signifiers get to work in the transference. That is why the neurotic's demand knows all those detours which lead him to consult a doctor rather than a psychoanalyst. The doctor or the psychotherapist, inevitably, always responds to demand with a position of mastery, and the principal effect is identification. Besides, this has been a trend in psychoanalysis after Freud. Yet Freud had warned his pupils against the *furor sanandi*, but it did no good. This mastery is what brings into play a transference as "the subject who knows". The Other knows what is right for the good of the subject to ensure his well-being. From that point on, the pathway to the unconscious is closed. The analyst himself, too, necessarily occupies this place of the Other, but he does not respond with a knowledge [*savoir*]. Knowledge is sent back to the unconscious and to the speech of the subject. "If you want to know, you have to speak!" Put another way, the analyst incarnates the big Other, but is inconsistent. It is the only way that complaint can wear itself out in demand. In the case I have just spoken about, complaint was mixed up with demand, throughout an analysis which lasted more than ten years. It is only very recently that she has been able to inscribe the figure of her mother as helpful: the primordial Other the mother represents is no longer the vector of anxiety, as it was when it carried in its flood the enigmatic child, which she would alternately identify with or radically reject. The child was enigmatic because it was an intruder, because it emerged at the moment when puberty upset the real of sex of the young girl. We find ourselves in a configuration not unlike that of Freud's "young homosexual woman", but the response from the side of the subject is not of the same order, for reasons of

structure with regard to the phallic mark. Once the metonymic child was excluded from the fantasy by the arrival of the little sister, the analysis consisted up till now in reestablishing the subject, often vacillating, in a fantasy which could hold together, before finally detaching from it the object whose place she vainly tried to monopolize.

The analyst's function was above all never himself to occupy a full place, so as to allow new signifiers to lodge themselves there, so that they could then articulate themselves in the apparatus for extracting *jouissance*.

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