

# Sham or shame?

*Vincent Dachy*

“To be discontented with the divine discontent, and to be ashamed with the noble shame, is the very germ and first upgrowth of all virtue.”

(said a Mr. Ch. Kingsley in *Health and Education*, 1874)

## I. Sham

### *I.1. When the forest hides the tree:*

Ostensibly some like to believe that the forest, the field, the waste land of psychotherapies exist as sufficiently unified, neatened and smartened up by a common denominator: “trying to get people (to manage) better (with their lives)” (or anything to the same effect). Everything else is held to be secondary and does not interest some who are liberally happy to leave any further considerations to the “preferences” of “clients/consumers”, after having established some standards of respectability to protect the public from quackery and raised the question of “effectiveness”, perhaps to “cover their mind”.

It is a business market out there you know...

### *I.2. Scarecrows dressed like crows:*

In this growing supposedly unified field some *others* (and some *others* may even belong to the *some*) distil fine accounts of hours of training, hours of analysis, length of sessions, etc.; in a word, they engage in a debate of objective accountancy which, beyond its slippery utility and distinct obsessional flavour, does not do very much more than attempt to secure privileges for themselves and apportion for others - on the grounds of merit of course, or reputation if it suffices.

This forest of homogeneity testifies to a cynical, perhaps lazy or at least disenchanted, choice for ignorance.

The establishment of a scarecrows “Who’s Who” joins the (f)utile utilitarian quest.

Both show a great “*preoccupation*” at the level of enjoyment.

This much shows what the question is not about.

But what was the question? It is to know whether there are reasons to differentiate psychoanalysis from “psychotherapies” at a level that affects clinical practice, that is, at the level of aims and principles that direct the positioning of the analyst. How, in other terms, can this question help me to precise and refine my work and its orientation? This simple enough endeavour aspires to mix badly with ignorance and also shifts the import from rights to duty.

The question, therefore, opens a dimension in which shame can occur - which has the virtue of giving the subject some bearings about his position.

## II. Shame

### II.1. *I don't want those lips:*

The general principled agreement on “personal” analysis amongst psychoanalytic orientations manifest a consensus on the importance for the analysand to know enough of his singular position to be able to occupy the position of the analyst for an analysand, without much hindrance. Added to this he needs some bearings as to how to sustain such a position according to the aim that orientates his work. In other terms, position and aim have to find an articulation, and go hand in hand with what we call the dimension of the act.

Hopefully, the experience of analysis can allow someone to experience shame when giving in to the *deadful* kiss of ignorance.

### II.2. *Just call me happiness:*

If psychotherapies are ranging from desensitisation to hypnosis, from “individual reprogramming” to “self-development”, and many others, there is nonetheless the presumption of a goal: to make one feel better (or anything to the same effect). We will cautiously call the desire sustaining this goal the therapeutic desire, avoiding a candid motto such as the wish to help. Here again only the some most dedicated to ignorance will be content with a defiant “so you don't want people to feel better? People want to feel better, we make them feel better; there is something they want that we have, we trade, and everybody is happy. What's your problem?”

As everyone knows, it is, of course, as easy as winking. Anyone who does not limit the art of winking to closed eyes will, however, concede the reverse: to happiness, let's say to satisfaction (in order not to fuel idealisation and its train of woes), no universal, not even a general way has been securely established. But, moreover, it may have struck some that satisfaction is not in all respects equivalent or even reducible to pleasure or contentment. In the field of enjoyment there are pleasures and pleasure, there is also the excess (too much or too little) of pleasure.

From this point on, differences start to show, according to the stand taken vis-à-vis this excess. Differences that manifest themselves in various unavoidable questions such as:

That of knowledge – “Who has it?”

That of the symptom – “Should life be without one?”

That of the fantasy – “What is the real reality, the real world?”

That of castration – “What is impossible?”

That of authority – “Who is the master... of life?”

That of ideals – “Is the demand for love the horizon of the work?”

For instance, some therapeutic methods would claim to (quickly) relieve people of their even long-standing symptom. The thorn gets pulled, the patient is pleased and can run again. Is this not ideal? Well, yes, precisely so; and, clearly, an ideal at the

service of the Good. The therapeutic desire serves this ideal, and the ideal is indeed very loveable. What's wrong with that? Nothing, nothing is wrong with that, precisely. That is what the ideal is: nothing wrong. And for those who can tie everything up under the "nothing wrong" why bother to do otherwise? When the subject thinks he is happy to live, it's enough, indicated Lacan.

If some methods claim to know how to make people think they are happy to live, then it may show that promising happiness – didn't we say satisfaction? – characterises the ultimate ambition of the therapeutic desire. Casting a glance at the back of Time one realises that such desire is an ancient longing in mankind: the wish for better, for well-being to overcome the worst, the illness of being, the *ill-being*. Can we therefore infer that, from this point of view, happiness is a name for the relief of the symptom; or, at least, of it's suffering - because life without any symptom is difficult to imagine. Unless the symptom can "dissolve" into an ideal?

The therapeutic desire finds its limit when it happens - and it happens - that a subject "loves his suffering as himself" or when a subject cannot bear the loss of his symptom (it is well known that in cases of melancholy, for instance, the moment of feeling relieved often announces the worst). One will know that the limit has been reached when the word "sabotage" would be used.

The analytic desire, differently, is a desire to sustain the analysis of desire, how it is caused, organised and assumed. This desire may indeed not become operational without a suffering that the subject is prepared to address but it does not target the relief of the suffering as the orientation of its work. Rather, it is observed that the analysis of desire is often accompanied by some symptomatic relief or even the disappearance of some symptoms. The analytic desire, as logically as it was the case with the therapeutic desire and happiness or self-satisfaction, ends when the subject finds a way with his desire's cause (a way that Lacan ended up naming "sinthom"), the core of which may very well have a lot to do with the "sabotage".

### 11.3. Parting time:

The therapeutic desire supports the ways a subject will be able "to feel better", "to feel better in or about oneself" or else, which can only be articulated from the horizon of the Other, the Other of Good perhaps, the Other of order in any case: to belong to the order of the *universe*. There are three major ways (and possible combinations) through which it operates: according to more or less suggestive prescriptions (S1), through subscription to a convincing understanding (S2) or through conscription to a loveable model (I(A)). It is a matter of finding a way that would allow someone to fix an order that had been "disordered" via the ordering of a "specialist", via a new model of life or via an understanding reform of what was wrong. The dynamic follows a movement attempting to establish a convergence, an accord between the subject and the instance of order and harmony (which is "saved" by psychotherapies - and acquaints psychotherapies with religion, and perhaps with (a certain idea of) Science too).

The analytic desire (i.e. the desire to elicit the cause of desire and the modes of enjoying) rather operates through the "a-scription" of the above three: to position oneself in order for the analysand to delineate his pattern of love, to construct his

knowledge of the unknowable and to produce the prescriptions under which he has lived by (i.e. transference as a path to separate<sup>1</sup> enjoyment, love and desire; transference as a path to separate knowable and unknowable; transference as a path to separate identifications from loss). This “a-scription” (as a writing of “dis-attribution”, [as in “subjective destitution” and “disbeing” (“desêtre”)]) aims at circumscribing the singular way(s) the excess that we mentioned above has been the ballast of the subject’s mode(s) of enjoyment (*jouissance*) and the key to his relation to the Other’s (inexistence).<sup>2</sup>

In the end, what the subject does when he encounters a change of modality (what appeared to be necessary may deliver its part of contingency, and what’s impossible rather be the bedrock of possibilities, e.g.), is what we only hear when someone chooses to bear witness to their “end-(a)way” - at that point, the analyst is dropped as the litter that he had tried to make ex-sist, and to elicit.

The therapeutic desire maintains common knowledge, general consensus and community of human condition, and gives the individual a sense of belonging. The analytic desire wants to elicit the singularity of a subject, that is, what separates a subject from others but also from his ownness just as well, up to a know-some-how with that singularity. And this indicates that we can try to treat some real but that it is very different to want to look after it.

### **III. Split one's sides**

#### *III.1. Sidelight in the forest:*

In the end, the initial question seems fairly simple. The therapeutic desire and the analytic desire are different, their causes are different as are their aims. The therapeutic desire wants relieved individuals, the analytic desire wants responsible (divided) subjects. But both have therapeutic effects, i.e. effects of easing vis-à-vis a real.

Talking, being talked to, expressing oneself, being reassured, being told (off), etc., all these have effects; it is even difficult to know which kind of “human exchange” has no effects whatsoever! But the question, analytically speaking, is not simply the impact on reluctant symptoms but whether or not a subject wants to be responsible for his singularity.

Indulging in formulas, I would argue that the therapeutic desire supports an idealism of utility whereas the analytic desire sustains a pragmatism of uselessness. If some insist to understand this as “a difference of philosophies”, let’s situate the stake at the level of Ethics.

That a desire be a reference with which an analyst can position himself within the

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<sup>1</sup> A lot should be said about this ‘separation’. Where it passes, whether it is a kind of relation or the negation of any relation, whether it leads to another ‘arrangement’, to another seam and not to an eternal breaking up. Between enjoyment, love and desire, for instance, separating the love of oneself (or lack of) from the taking into consideration of the lack of oneself may allow a subject not to love his misery more than himself and, perhaps, even less!

<sup>2</sup> It may not therefore be a figment or an “obsession” of analysts that drives (satisfaction), sexuality and enunciation constitute so often the very weft of the process!

process in which he takes part, allows shame to become an affect, rising up against debility and futility.

### *III.2. The side of splits:*

The analytic desire, one hears sometimes, wants to take things apart and wants to go “deeper”. I take the latter to allude to the fact that the analytic desire is not sustained in the Name-of-the-father. About the former: perhaps, but only following the knot of the subject’s symptom. The knot itself follows the particular lines of fracture of a subject’s life that his speech conveys responsively. The subject’s edge is made of those “aparts”, splits. And the analysis is the modest attempt at writing this knot - encompassing the enjoyment enclosed by the knot. And we should examine whether the “writing of a knot” corresponds to some “de-knotting”, to some “de-tightening”, to some lightening...of being.

Perhaps “split one’s sides” could be a variation to Freud’s ‘onion peeling’...

Lacan thought that the end (of analysis) was comical or, rather, witty.

- How many split to a knot?
- What's the difference bet win a speak in being?
- A tongue’s split, reelly.

Otherwise,

“when god decided to invent  
everything he took one  
breath bigger than a circustent  
and everything began  
when man determined to destroy  
himself he picked the was  
of shall and finding only why  
smashed it into because”

E.E Cummings