

Psychoanalysis: A Treatment, a Cure...or much more than that?¹

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Preface

Cura meant in mediaeval Latin 'cure of souls', carrying thus its religious/spiritual connotation through the Middle Ages. Its meaning evolved in Modern English from a 'spiritual' and 'pastoral charge', to 'something that cures, recovery from a disease, a treatment leading to it, and a period of treatment' (Webster's, 1983). Significantly, in French the Latin word meant 'care'. We note that the term 'treatment' is preferred in psychoanalytic literature, in English at least, rather than 'cure', which evokes 'healing'. In French, however, the term 'cure' is much more frequently in use. Significantly, Lacan calls his only paper on the theory of the psychoanalytic treatment 'The Direction of the Cure', (Lacan, *La Direction de la Cure*, 1958), while he refers to the possible 'Treatment of Psychosis' in his own 'Preliminary Question' (Lacan, *D'une question préliminaire à tout traitement possible de la psychose*, 1958). This paper will argue that the specific operation of psychoanalysis is not covered by either of these terms, although both have something to say concerning the analytic process. Furthermore psychoanalysis is often referred to, especially in Lacan's teaching and Lacanian literature, as an 'experience of the subject'. It is often described in the simple terms of an 'experience of speech', an experience which despite the religious connotations of the word, has nothing to do with any spiritual progress, reduced as it is rather to the experience of 'castration'. Does this 'experience' aim at the advent of a different sort of subject? Of a way of life? The answers differ and the simple answers join the more complex ones. It depends what aspect one chooses, the practical, 'therapeutic' aim or the more ambitious transformations of the subject. We will also argue that the closer we examine our object, psychoanalysis, the more it becomes evident that despite appearances, it is not psychotherapy, as its aim is ultimately not the generally accepted 'good' and neither promises nor guarantees a successful outcome in the form of 'well-being'.

Freud believed that his method for treating human suffering was rooted firmly in science and that was what he endeavoured to achieve. As in any science, likewise in psychoanalysis, at first, certain hypotheses emerge during the observation of the 'investigated phenomena' to become later the conceptual frame of these observations. Thus 'the basic concepts' are born. These however are progressively modified or even sometimes altered, as it happens with any science.² But also, in the case of psychoanalysis, a method of 'mental' or 'psychical treatment' is refined, which is modified in view of new considerations or obstacles (Freud, 1905b). It is also to be noted that psychoanalysis has a history of borrowing concepts from other sciences, often diverting them and subverting them to its specific project.

¹ 'Psychoanalysis, a treatment or a cure?' was the title of one of the working days of the Diagonal in Paris. Both terms have medical connotations and cure has the disadvantage of implying complete recovery.

² Freud, S. (1915c), Drives and Their Vicissitudes, Standard. Ed. 14, p. 117. The first page is a classic paragraph in which Freud argued why psychoanalysis is a 'science'.

In the years between 1903 and 1905 Freud wrote three papers on the relations between psychoanalysis and psychotherapy during what can be considered his early period of work. These are 'Freud's Psychoanalytic Procedure' (Freud, 1904a, *Die Freud'sche psychoanalytische Methode*), 'On Psychotherapy' (Freud, 1905a, *Über Psychotherapie*), and 'Psychical (or Mental) Treatment' (Freud, 1905b, *Psychische Behandlung* or *Seelenbehandlung*). We will examine the first two, leaving out the third one, which refers to hypnosis and suggestion. We will also leave out Freud's six 'Papers on Technique' written between 1911 and 1915 as better known. However some references will be made, especially to the 'Remembering, Repeating, Working-Through' paper (Freud, 1914g). Our aim is to contrast the early theories of Freud, his invention of psychoanalysis, to his final summary on its theory and technique in 'An Outline of Psychoanalysis' (Freud, 1940a[1938]), and in 'Analysis Terminable and Interminable' (1937c).

Lacan neither wrote specifically on technique nor on the relations between psychoanalysis and psychotherapy, because for him psychotherapy did not exist as a separate epistemological field. His well known text in the *Écrits*, 'The Direction of the Treatment' (Lacan, *La Direction de la Cure*, 1958) is a classic of Lacanian psychoanalytic theory of the treatment. The short text preceding his 'Function and Field of Speech and Language in psychoanalysis' (1953), and entitled 'On the subject finally' (*Du sujet enfin en question* - Lacan, *Écrits*, 1966), put the stress on what is sometimes called 'pure psychoanalysis' or 'training psychoanalysis', analysis simply carried to its final outcome and its consequences for the subject, the training, and civilisation, broadly speaking. Otherwise, there are scattered passages throughout his Seminar as to the question of 'healing' (*guérison*) in psychoanalysis, in particular in Seminar VII on 'The Ethics of Psychoanalysis' (Lacan, 1959-1960), X on 'Anxiety' (1962-1963), XII on 'The Crucial Problems of Psychoanalysis' (1964-1965), to mention but a few, or more extensively in his interview 'Télévision' (1973).

Psychoanalysis and Psychotherapy

Freud's initial approach had a therapeutic aim and he viewed psychoanalysis as a form of psychotherapy. We find these views as early as 1893, in his lecture to the Vienna Medical Club 'On the psychical mechanism of hysterical phenomena'. Hysteria was deconstructed there first as a cause (sexual), second as a symptom. When the cause is found the symptom vanishes. The treatment, under hypnosis, aimed at the removal of amnesia's and physical symptoms, as the patient was reliving the experience of the 'trauma' itself and 'abreacted' it. Thus, as Freud said, 'we cure not hysteria but some of its individual symptoms...'³ But, as he concluded, in the therapeutics of hysteria deeper causes set limits to the success of the treatment (Freud, 1893h).

In 'Studies on Hysteria' Freud wrote extensively on his first cases and also wrote the theoretical chapter IV on 'The Psychotherapy of Hysteria' (Freud, 1895d). As we know, he initially used Breuer's so called 'cathartic method' under hypnosis, but he soon abandoned hypnosis in the course of treating hysteria. In the year 1896 he applied his new psychotherapeutic method, 'psychoanalysis' to obsessional neurotics.⁴

³ Freud, 1893h, Standard Ed. 3, p. 39.

⁴ The term 'Psycho-analysis' was used for the first time in Freud's French paper *L'hérédité et l'étiologie des névroses*: 'I owe my results to a new method, of psycho-analysis...' (Freud (1896a),

The first of the two papers we examine here is Freud's contribution to Loewenfeld's book on 'Obsessional Phenomena', with the title 'Freud's Psychotherapeutic Procedure' (Freud, 1904a). Adapting his epistemological investigation to his specific public, he described his invention, psychoanalysis, as 'a particular psychotherapeutic method', 'an outgrowth' of the 'cathartic method' practised earlier with Breuer and considerably modified by him.⁵ It was precisely those modifications which prompted Loewenfeld to ask him for his contribution, in which Freud discussed the therapeutic results of his newly founded science. The book was addressed to medical students.

Breuer and Freud's cathartic method was centered on the symptom. Its aim was the removal of the pathological symptoms, and was achieved by inducing the patient to return to the psychical state in which the symptom had appeared for the first time.⁶ That was done under hypnosis. Freud himself used it with suggestion for the first time in the case of *Frau Emmy von N*, where he obtained the removal of the traumatic memories, vivid images, and other hysterical symptoms one by one, after they had been relived: 'My therapy consists in wiping away these pictures...'⁷ The same method was used with *Frau Cäcilie* (Freud, 1895d. Standard Ed. 2, p. 176-178). In the process Freud learned a lot about the determinants of those symptoms (Freud, 1895d, 178). As for the outcome, Freud and Breuer, '...explained the therapeutic effectiveness of their treatment as due to the discharge of what had previously been, as it were, 'strangled' affect attaching to the suppressed mental acts'.⁸ Breuer called this effect 'abreaction' or 'catharsis'.

But, as Freud pointed out, they soon realised the complexities of such an operation. First that it was not about a 'single trauma', but a host of memories, thoughts and impulses which participated in the formation of each symptom. Second, they could not count on the therapeutic efficacy of 'the prohibitive suggestion', which worked so well in all other forms of psychotherapy. The expectation is rather that the symptoms will disappear automatically as soon as the operation, based on certain hypotheses concerning the psychical mechanism, succeeds in diverting the course of mental processes from their previous channel, which found an outlet in the formation of the symptom.⁹ For this, the full co-operation of the patient was needed, and this could not be guaranteed under hypnosis.

Thus, prohibitive suggestion was already abandoned, but Freud made another step by abandoning hypnosis, 'pressure of hands' and other 'suggestion' techniques, and instituting in its place the psychoanalytic setting. He stayed outside the patient's field of vision and avoided touching the patient, 'or any other procedure reminiscent of

Standard Ed. 3,151). Other terms had already been used by Freud, such as 'psychical analysis' (Freud, (1894a, Standard Ed. 3, p. 47 and note 1), and 'psychological analysis' (Freud, 1895c, Standard Ed. 3, p. 75). For a further discussion see 'Psychoanalysis' in Laplanche and Pontalis 'Dictionary of Psychoanalysis'.

⁵ Freud, 1904a, Standard Ed. 7, p. 249. In Loewenfeld, L. (1904) *Die psychischen Zwangerscheinungen*, Wiesbaden. Freud's contribution was written in the third person: *Die Freud'sche Psychoanalytische Methode*. It was reprinted in 1924 in *Technik und Metapsychologie*, and a first English translation appeared that same year. The translation in Standard. Ed. VII is a later and much altered one. In it Freud's title became 'Freud's Psychoanalytic Procedure', Standard Ed. VII, 249-254.

⁶ Freud, 1904a, Standard Ed. 7, p. 249.

⁷ Freud, 1895d, Standard Ed. 2, p. 53.

⁸ Freud, 1904a, Standard Ed. 7, p. 249.

⁹ Ibid. p. 250.

hypnosis'.¹⁰ He substituted hypnosis with 'free associations', gave instructions to the patient as to the communication of involuntary thoughts 'most frequently regarded as disturbing elements and therefore ordinarily pushed aside which so often break across the continuity of a consecutive narrative'.¹¹ He invited the '*Einfälle*' of the patient, 'what comes into their heads', which he later called 'the fundamental rule of psychoanalysis'.

As Freud collected the material in that way, he came across his main discovery, the gaps in memory, forgettings and other phenomena, which led him to the hypothesis of 'repression'. He also came across what he called the 'resistances' of the patient. The ideas pushed aside are derivatives of the repressed psychical phenomena, he noted, the reason is unpleasure: 'Ideas are pushed back by every possible critical expedient, omissions and distortions occur, due to unpleasure deriving from the return of the repressed' (Freud, 1904a, Standard Ed. 7, p. 251). In order to arrive at the repressed material Freud has developed '...an art of interpretation which takes on the task of, as it were, extracting the pure metal of the repressed thoughts from the ore of the unintentional ideas'.¹² He applied 'interpretation' to the patient's dreams, his symptomatic acts, and 'to the blunders he makes in everyday life'.¹³

Although the aim of the psychoanalytic treatment thus described by Freud in Loewenfeld's book, could be formulated in several different ways, it is all coming down to the same in essence, as he pointed out. For example, remove the amnesias, fill all gaps in memory, elucidate all the enigmatic products of mental life, thus making 'the renewal of the morbid condition impossible'.¹⁴ Or, it could be formulated as 'all repressions must be undone', or 'making the unconscious accessible to consciousness by overcoming resistances'.¹⁵

Freud was aware that this was an 'ideal' goal, and mentioned another more limited aim, the 'practical recovery' of the patient, which he defined as 'the restoration of his ability to lead an active life and of his capacity for enjoyment' (Freud, 1904a, Standard Ed. 7, p. 253). He also acknowledged that in a less than ideal treatment even symptoms 'may continue to exist without stamping the patient as a sick man'.¹⁶

The second paper is a lecture Freud gave to the Vienna Medical Faculty a year later with the title: 'On Psychotherapy' (Freud, 1905a). Freud's main argument was to oppose his analytic technique - of extracting the unconscious material from the distortions due to resistances - to suggestion, and used for that Leonardo da Vinci's famous formula on the opposition between painting and sculpture: Analysis works by way of removing something, '*per via di levare*', like sculpture, while suggestion works '*per via di porre*', by way of superimposing something, like painting, (Freud, 1905a, Standard Ed. 7, p. 260). This is the psychoanalytic method which Freud is defending against the objections that psychoanalysis is a longer, complicated type of therapy unlike 'hypnosis', which, however, has the disadvantage of not being able to get rid of the patient's 'resistances'.

¹⁰ Ibid. p. 250.

¹¹ Ibid. p. 251.

¹² Ibid. p. 252.

¹³ Ibid.

¹⁴ Freud, 1904a, Standard Ed. 7, p. 253.

¹⁵ Ibid.

¹⁶ Ibid.

Freud noted that the ideas contained in the 'Studies on Hysteria' (Freud, 1895d, with Breuer) had been accepted since, but not the therapeutic procedure. 'Psychotherapy' had its rival, as many physicians preferred the use of 'physico-chemical' remedies, considering psychotherapy and hence psychoanalysis as 'a product of modern mysticism... unscientific and unworthy of the attention of a serious investigator' (Freud, 1905a, p. 257-8). Freud spoke in defence of psychoanalysis as a 'scientific method' of psychotherapy.¹⁷ He made the following points:

i) 'Psychotherapy', he said, 'is in no way a modern form of treatment'... but 'the most ancient form of therapy in medicine'. Loewenfeld's *Lehrbuch der gesamten Psychotherapie* (1897) is a proof of that. He described many of the methods of primitive and ancient medical science. 'The majority of them must be classed under the head of psychotherapy; in order to effect a cure a 'condition of expectation coloured by faith' was induced in sick persons.

ii) The role of the patient's 'psychical disposition' in the therapeutic process is 'most frequently favourable to recovery, but often acts as an inhibition' (Freud, 1905a). Freud calls this phenomenon 'suggestion'.¹⁸

Although it comes only from the patient, 'without any intention on our part', and proves to be 'a powerful' but 'unreliable factor'.¹⁹ All physicians are therefore 'continually practising psychotherapy', even when they 'have no intention of doing so and are not aware of it'.²⁰

Having thus stressed the importance of the 'mental or psychical factor', he then asked if it is not better for the physician to 'obtain command of this factor' – 'to check on it', 'to administer it in doses or intensify it' – 'to use it with a purpose and to direct and strengthen it', instead of leaving it completely in the hands of the patient'.²¹ This and nothing else is what scientific psychotherapy proposes' (ibid.). He will point to the old saying of physicians that 'these diseases - the psychoneuroses - are not cured by the drug, but by the physician...'²² This is an indication about what will become the handling of transference in psychoanalysis, and transference's origins in suggestion are not missed. The technical aspect of transference in psychoanalysis will be developed later by Freud in his Papers on Technique.

Psychoanalysis was at the time often confused with hypnotic suggestion, and Freud noted in his lecture that colleagues still referred patients to him, usually their most 'refractory' cases, with the request that he hypnotise them, even though he had not 'used hypnosis for therapeutic purposes for some eight years'.²³ This brings us back to 1896 when he applied psychoanalysis to the treatment of obsessional neurotics.

¹⁷ In fact, Freud opposes here 'psychotherapy' to his method 'psychoanalysis', if we think that 'hypnosis' was at the time the paradigm of all what we call psychotherapy today.

¹⁸ Here Freud points at a phenomenon, which he will analyse and fully describe later under the single term of transference. It is indicative that here he is using the term 'suggestion', within the general context of psychotherapy. Freud will be concerned in case suggestion operates in psychoanalysis too.

¹⁹ Freud, 1905a, Standard Ed. 7, p. 258.

²⁰ Ibid.

²¹ Ibid. p. 259.

²² Ibid.

²³ Ibid. p. 260.

In order to show the antithesis between suggestive and analytic technique, Freud used Leonardo's formula of comparison between painting and sculpture.²⁴

He defines the applications of psychoanalysis, its indications and counter-indications, and finally gives a summary of 'what this treatment consists and on what it is based: the recognition that unconscious ideas ...are the direct cause of the morbid symptoms'.²⁵ He underlines that he shares this opinion with the French school (Janet) who refers to the cause of hysterical symptoms as an unconscious '*idée fixe*'.²⁶ He also stresses that 'our unconscious' is not the same thing as that of philosophers and that the majority of philosophers will hear nothing of 'unconscious mental processes'.²⁷ For him lifting the 'compulsion', which is another word for the '*idée fixe*', and the transformation of the unconscious material into consciousness will lead to normality and 'control of the impulses' which are 'much more powerful if they remain unconscious'.²⁸

This upbeat description was, however, toned down by the continuous presence of resistances in the patients. Freud's insistence on this phenomenon was in accordance with his theory of the two principles governing the psychical life. Bringing the unconscious material into consciousness involves unpleasure and this is why it is rejected. Freud will give the physician/analyst almost a role of educator or rather of 're-educator': 'Psychoanalytic treatment may in general be conceived of as such a re-education in overcoming internal resistances'²⁹ and, nowhere else is re-education more needed than in the mental element in one's sexual life, where 'civilisation and education have done much harm'. To that end, the physician needs 'one important qualification in this work': not only his own character must be irreproachable ...but 'he must have overcome in his own mind that mixture of prurience and prudery with which ...so many people habitually consider sexual problems'.³⁰

The psychoanalyst will not only take sometimes the mantle of educator or re-educator, but also the mantle of the superego itself. Finally, in order to avoid the ever so easy misunderstanding concerning the emphasis psychoanalysis puts on sexuality as a factor of neurosis, Freud will stress that this does not mean that he regards sexual privation as the ultimate cause of neurosis. If that was the case, he said, psychoanalysis 'would recommend sexual activity as a therapeutic measure' instead of 'a circuitous and laborious path of mental treatment'. 'Sexual need and privation', current in Freud's bourgeois society, were 'merely one factor at work in the mechanism of neurosis'.³¹ The other factor, no less essential, was 'the neurotic's aversion from sexuality, his incapacity for loving', that feature of the mind which Freud called 'repression'.

²⁴ Ibid p. 260. With Lacan's practice of the signifier psychoanalytic technique often brings about something new and unexpected, adds rather than subtracts. But the subtracting principle is also operating in the reduction of the number of signifier(s) needed to make the fundamental fantasy.

²⁵ Ibid. p. 266.

²⁶ Cf. the 'excessively intense ideas' of sexual origin in Freud's 'Project for a Scientific Psychology' (1950a [1895]).

²⁷ Ibid.

²⁸ Ibid.

²⁹ Ibid. p. 267.

³⁰ Ibid.

³¹ Ibid.

Psychoanalysis, a treatment, not a cure.

In the years between 1910 to 1920, the psychoanalytic technique underwent a new modification. Freud writes six technical papers. In his opening sentences in 'Remembering, Repeating and Working Through' (Freud, 1914g) he makes a quick reference to the techniques psycho-analysis used including even 'hypnotic suggestion' and Breuer's catharsis, then the technique of 'free associations', and more recently interpretation in order to 'circumvent resistance'. Analysis was no longer addressing the individual symptom as in the times of hypnotic suggestion, but the technique of 'free associations' had come to some grief too, as it encountered the obstacle of 'resistances'. Recognising the resistances which appear in free associations and making them conscious to the patient through interpretation became the new technique: 'The aim of these different techniques has, of course, remained the same. Descriptively speaking, it is to fill in gaps in memory; dynamically speaking, it is to overcome resistances due to repression'.³² As the resistances were mostly expressed in the form of 'transference', Freud wrote extensively on transference during that period. Freud had already underlined the importance of the patient's 'mental disposition' towards the physician and the treatment. In this second period of his work this 'mental disposition' took centre stage under the name of transference. Transference and its handling became crucial to the outcome of the treatment. Transference was considered both a tool for the progress of the cure and an obstacle. The old hypnotic suggestion was its precursor. Although suggestion was abandoned, and replaced by the fundamental rule of 'free association', the patient's resistances continued - supplied as they were by the existence of 'transference'. Initially 'transference' (*Übertragung*), meant the displacement of the intensity of an unconscious representation to a preconscious one.³³ 'Transferences', in the plural, were 'the new editions or facsimile of the impulses and phantasies ...aroused and made conscious during ...analysis'.³⁴ Finally 'positive' and 'negative' transference were distinguished as feelings centered on the physician, bearer of the parental *imago*s, who should now learn how to handle them.³⁵

Psychotherapies use suggestion. But, what bothers Freud is the question that transference too may be a form of suggestion, especially the positive transference. Transference is 'the strongest weapon of the resistance'.³⁶ Freud readily admits that positive transference may well amount to suggestion, but only as Ferenczi understands the term, 'the influencing of a person by transference phenomena which are possible in his case'.³⁷ But, it is the negative form of transference as resistance, which is more of a problem. Freud linked negative transference to the phenomenon of repetition in analysis. The new technique consisted in persuading the patient to abandon his resistances in the form of repetition and enactment, and thus bring back the unconscious and repressed material from which they stemmed. Thus, all symptoms now took a new 'transference meaning': 'Provided only that the patient shows compliance enough to respect the necessary conditions of the analysis, we regularly succeed in giving all the symptoms of the illness a new

³² Freud, 1914g, Standard Ed. 12, pp. 147-148.

³³ Freud, 1900a.

³⁴ Freud, 1905e, Standard Ed. 7, p. 116.

³⁵ Freud, 1912b, Ibid. f. 105

³⁶ Freud, 1912b, Standard Ed. 12, p. 104.

³⁷ Freud, 1912b, Ibid. p. 106.

'*transference meaning*' and in replacing his ordinary neurosis by a '*transference neurosis*' of which he can be cured by the therapeutic work.'³⁸

Thus, a 'working-through' (*Durcharbeitung*) of the resistances was possible: This 'arduous task for the subject of the analysis' and this 'trial of patience for the analyst' which was the 'working-through' of resistances, became, for Freud, the most important difference between treatment by suggestion and analytic treatment.³⁹

Freud noticed, however, that even this new technique of interpretation aiming at the resistances concealed in repetition or enacting in the transference and we know that later Lacan criticised the blunders of this technique especially favoured by the post-Freudians could neither prevent nor help the patient deal with the unconscious conflicts. What the patient comes across here seems to be not resistance as inherent in his conscious discourse, but resistance 'unknown to the patient himself, that is unconscious. This is what Freud starts to realise '...giving the resistance a name could not result to its immediate cessation. One must allow the patient time to become more conversant with the resistance he has now become acquainted with, to work through it to overcome it, by continuing in defiance of it, the analytic work according to the fundamental rule of analysis'.⁴⁰ Freud will take these unconscious 'resistances' to be defences originating from the *id* and the *superego*. They are the cause of the 'negative therapeutic reaction' which Freud will address later in his work, as 'fundamental inertia' for example, or as a 'desire to remain ill', to suffer.⁴¹

Towards the end of his life - just before or as soon as he arrived in London - Freud got himself into writing 'a brief work' of which the aim was 'to bring together the tenets of psychoanalysis and to state them as it were dogmatically in the most concise form and in the most unequivocal terms'.⁴² The work has a very interesting structure and confirms Strachey's remark that it was certainly not for beginners. Freud used his latest theory of the psychical apparatus for this summary and divided the work into three parts, of which the middle one on the 'practical task' is relevant to this paper.

Freud is proud of 'his science'. The view that the psychical is unconscious 'enabled psychology to take its place as a natural science like any other', he says, concerned as it is with processes which 'are in themselves just as unknowable as those dealt with by other sciences, by chemistry or physics, for example'.⁴³ The new science has concepts and principles (drives, nervous energy, etc.) which need to be elucidated. 'Every science is based on observations and experiences arrived at through the medium of our psychical apparatus', as he points out, 'but *our* science has as its

³⁸ The terms Freud used are respectively *Übertragungsbedeutung*, and *Übertragungsbedingung*, that is 'transference-meaning', and 'transference-condition'. (Freud, 1914g, Standard Ed. 12, p. 154).

³⁹ Freud, 1914g.

⁴⁰ Ibid. p. 155 '*...sich in den ihm nun bekannten Widerstand zu vertiefen*'. All later German editions except this first one have '*unbekannten*' (unconscious) instead of '*nun bekannten*'. Strachey chose the version of the first edition and translated 'this resistance with which he has now become acquainted', because he cannot make sense of the later editions. However, the later editions seem closer to the point Freud makes. It has a different impact to say 'to become acquainted with the resistance in him which is unknown to him', as the later editions suggested. (Freud, S. (1914g), Standard Ed. 12, 155). Isn't it true that the patient speaks about what he does not know?

⁴¹ Cf. Freud: 'The Ego and the Id', 1923b, 'The Economic Problem of Masochism', 1924c, 'Inhibitions, Symptoms and Anxiety', 1926d, and finally 'Analysis Terminable and Interminable', 1937c.

⁴² Freud, 1940a [1938], Standard Ed. 23, p. 144.

⁴³ Ibid. p. 159.

subject that apparatus itself'.⁴⁴ Psychoanalysis takes into account 'the gaps and breaks in the sequence of psychical events' and tries to translate what is omitted, to 'construct a sequence of conscious events complementary to the unconscious psychical'.⁴⁵ Psychical events have two inscriptions, two records at least,⁴⁶ something that Freud had already stated in *Letter 52* to Fliess and in the *Traumdeutung*.

The second part of the work was devoted to 'The Practical Task', and examined the technique of psychoanalysis, as it was modified and finalised by Freud. It is this part which is the most relevant to our inquiry. Freud will ask the question if psychoanalysis can cure the 'dreaded spontaneous illnesses of mental life'.⁴⁷ At this late phase of his work, the third one, it is the structure of the ego (*Ich*) which interested Freud and how it can become altered or weakened by the demands of the *id* and the *super-ego*.⁴⁸ If the ego is hard-pressed, as he says, it will lose its sense of coherence and will not be able to meet the demands of reality. The ego as defined by Freud in his second topography was at stake in the cure in this late phase of Freud's work, and its strength and weakness, its relative autonomy, its relation to the other two structures, its place in the general structure of the psychical apparatus were important. The ego has to be the ally of the physician/analyst, if a cure is to be considered as possible, in order to deal with the drives' demands coming from the *id* and the severe demands of the *super-ego* in the form of guilt. However, this was not always the case: 'Our plan of cure is based on these discoveries. The ego is weakened by the internal conflict and we must go to its help'.⁴⁹

Freud's advocating of the strengthening of the ego as an aim of the treatment is somehow surprising for those of us who know of Lacan's criticisms of the ego psychologists. Lacan criticised Balint exactly for that reason (Lacan, 1953-54, 19 May 1954). But Lacan did not criticise Freud, because Freud's *Ich* is not a unified and unifying structure; it seems to correspond to the divided subject and includes an unconscious part from which the defences operate. Freud wrote another paper early in 1938, which was also published posthumously with the title 'The Splitting of the Ego in the Process of Defence' (Freud, 1940e [1938]). The German term *Ichspaltung* indicates a rift at the heart of the subject by the unconscious process of defence, it is division, the cause of which is the disavowal or denial of castration and it is a process different from repression.

In his final summary, Freud underlined that psychoanalysis cannot be applied to psychotics, so there is no reference here to the treatment of psychosis, no theoretical or technical implications after Freud's second topography, except to stress the unreliability of the psychotic's ego. According to Freud in the 'Outline' the psychotic's ego cannot be the analyst's 'useful ally, as it is lacking a minimum coherence and understanding of 'the demands of reality': Thus we discover that we

⁴⁴ Ibid.

⁴⁵ Ibid. p. 160.

⁴⁶ Ibid. p. 172.

⁴⁷ Freud, 1940a [1938], Standard Ed. 23, p. 158.

⁴⁸ To talk about an alteration of the ego, is not the same as the reference to the repressed. With Lacan's reading of Freud, it has been argued that this alteration, which Freud will define better in another work if that same year, as *Ichspaltung* (The Splitting of the Ego in the Process of Defence, Freud (1910b [1938]), could be the indication of a Freudian concept of a divided subject.

⁴⁹ Ibid. p. 173

must renounce the idea of trying our plan of cure upon psychotics, renounce it perhaps for ever, or perhaps only for the time being...⁵⁰ Freud's plan of cure can be applied, however, on 'the vast number of people suffering severely from neuroses', but he repeats his warning about resistances. First they come from the 'ego' and are due to repression. The patient has to say the unimportant, the disagreeable, and the nonsensical. This is the fundamental rule of analysis.⁵¹ Resistances gather under the general umbrella of developed 'transference', either positive or negative, the need to be loved, to be pleasant or on the contrary to revolt against the parental figure of the super-ego as incarnated by the analyst. Transference is ambivalent,⁵² thus, the results of the treatment, if they are positive and successful, have the whiff of suggestion, and prove to be short-lived when transference is transformed from love to hate (negative transference). Freud, however, thought that the patient could be warned early on about what is awaiting him. Thus, transference offers the possibility to 'educate' the patient, or rather his 'ego' and 'tear him out of his menacing illusion' of love or hate as mistakenly addressed to the analyst.⁵³ At the same time, Freud warned the analyst against the temptation of becoming a 'model, an educator, an ideal for other people'. Freud addressed the difficulties in advocating the 'strengthening of the ego by extending 'self-knowledge', and also by the continuing work of analysis.⁵⁴

The worst was to come, however, as the other resistances with 'deeper' roots emerge, such as resistances due to the patient's 'need to be ill or suffer'.⁵⁵ Freud stressed the arduousness of the task of analysis concerning those resistances and also warned the analyst against taking the role of teacher, re-educator, master, or ideal which the patient's 'positive transference' will so easily confer to him, not only because transference is ambivalent, but also for the reasons of not repeating in the transference the parent's mistakes, thus taking away the patient's freedom. In any case the treatment will only come across more resistances.

Finally the hardest task of all is extending the ego's self-knowledge despite all the deceptions and illusions it is exposed to. As Lacan pointed out, Freud's '*Wo es war soll Ich werden*' ('Where it was I shall be') is the ideal conclusion of Freudian analysis and it is not about extending the field of consciousness, but about something very different. In the beginning of his teaching it was about a displacement in the process of the realisation of the subject through speech.

As Lacan showed us with the help of his optical schema, if the subject can be identified with *Es* (S), the *id*, looking at the mirror in A, 'are we to understand that there where the *id* was in A the ego must be? That the ego must move to A and at the end of the most refined of ideal analyses no longer be there at all? Well, ...this is quite conceivable...'⁵⁶ He also argued, in the same Seminar, that it is not enough simply for the subject to name his desires, for him to have admission to name them,

⁵⁰ Ibid.

⁵¹ Ibid. p. 174.

⁵² Ibid. p. 175.

⁵³ Ibid. p. 176-177.

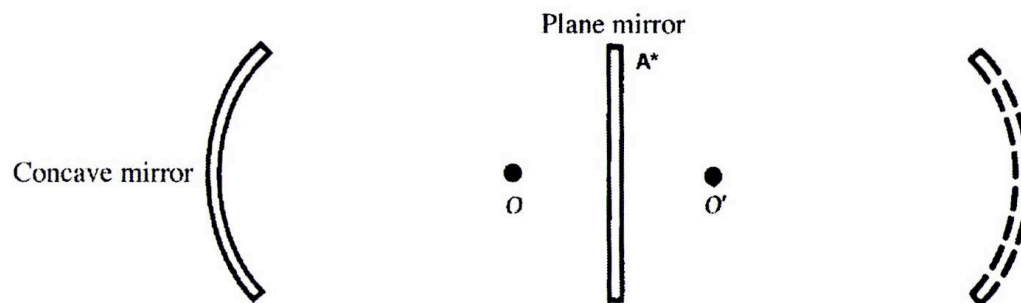
⁵⁴ Ibid. p. 177.

⁵⁵ Ibid. p. 179. This was further elaborated by Freud in 'Analysis Terminable' (Freud, 1937c), as the 'negative therapeutic reaction' due to 'psychical inertia' and 'resistance of the *id*', that is the death drive (Freud, 1937c, p. 242). Lacan's equivalent is *jouissance* linked to suffering.

⁵⁶ Lacan, Seminar 1953-54, p. 195.

for the analysis to be terminated'.⁵⁷

A few years later, in his Seminar 'The Formations of the Unconscious' (1957-58) he gave another meaning to the formula '*Wo Es war, soll Ich werden*': 'I am in the place that the phallus occupies in the signifying articulation'. This is the meaning of castration, the ideal end of the treatment. It is the realisation that the subject is not the phallus, but that it has it when it has it, and does not have it, when it does not.⁵⁸



*note: the letter A does not appear in this diagram which is a simplification of the diagram on page 139 *ibid*. Though the very same diagram in the *Ecrits* on page 674 names the plane mirror A c.f. p195 *ibid*

Figure 1: Simplified Schema of the two mirrors (Lacan, 1953-1954, p. 165).

Psychoanalysis is not Psychotherapy, but 'cure comes as a bonus'.

The 'psychotherapeutic' claims of psychoanalysis cannot be separated from its epistemological ambition. The individual who goes to see an analyst, because things are not working in his life, is invited to say 'not only what he knows and conceals from other people', but also 'what he does not know', as Freud already pointed out.⁵⁹ Lacan, after Freud, examined the implication of 'the desire to know' as a motive force for analysis. Analysis, he said, implicates from the start 'the desire to know, placing itself before the moment of knowledge... and this in itself... gives a certain philosophical tinge to our discourse'.⁶⁰ However, as Lacan added, this epistemological investigation would not be worth pursuing for long if the question of desire and the way it emerges was not implicated at every moment in the 'therapeutic position' of the analyst together with the question of 'how to make a place for it'. This question 'remains a problem, the most concrete problem of all, that of how not to engage ourselves on a false path, how not to give side answers, wrong answers, how to acknowledge that we pursue an aim...', an aim which is not, for Lacan at least 'to cure' (*la guérison*): 'I remember having caused a sort of indignation in someone amongst those colleagues who defend themselves behind that sort of bubble of good feelings destined to reassure God knows whom, when I said that in analysis cure comes as a bonus (*la guérison vient par surcroît*)... Our justification, our duty is, of course, to improve the position of the subject. But, I claim that nothing in our field is more shaky than the concept of 'cure'.⁶¹

⁵⁷ *Ibid.* p. 193.

⁵⁸ Lacan, 1957-58, 25 June 1958.

⁵⁹ Freud, 1940a[1938], Standard Ed. 23, p. 174.

⁶⁰ Lacan, 1962-1963, 12 December 1962.

⁶¹ *Ibid.*

For Freud, however, things started differently, and this is also why his conclusions were different.⁶² In the 'Outline of Psychoanalysis', his final summary, he said: 'These neurotics may show themselves ready to accept our help. We will confine our interest to them and see how far and by what methods we are able to 'cure' them'.⁶³ 'Cure' could be effected thanks to the work of transforming unconscious 'material' to conscious knowledge through the interpretations and constructions of the analyst, who acquired this knowledge in advance. 'But in all this we never fail to make a strict distinction between our knowledge and his knowledge.'⁶⁴ For Freud, it was possible to acquire 'self- knowledge' (*Selfbewußt*) in analysis with the help of the analyst, and this was knowledge about the Oedipus and Castration. However, he was also aware of the limitations encountered in the process of 'self-knowledge' which he elaborated earlier in 'Analysis Terminable and Interminable' (Freud, 1937c).

He found the obstacles in 'ego alterations', 'the constitutional strength of the drives', the 'influence of traumas', and in the 'unconscious defences' expressed as 'resistances' during the treatment and after it. He pointed especially at the 'id resistances', what is known as the 'negative therapeutic reaction', and finally epitomised the limits of the treatment in the structural problems concerning sexuality, the 'rock of castration' for men and 'penis envy' for women.

Thus, although there is an 'end' to analysis, analysis and therefore 'cure' is never complete. To the question how does an analysis end, Freud answered simply 'when the analyst and the patient cease to meet each other'.⁶⁵ He indicated goals such as 'that the patient shall no longer be suffering from his symptoms and shall have overcome his anxieties and his inhibitions, and secondly that the analyst shall judge that so much repressed material has been made conscious, so much that was unintelligible has been explained, and so much internal resistance conquered, that there is no need for a repetition of the pathological processes concerned': 'The therapeutic effect depends on making conscious what is repressed, in the widest sense of the word, in the id'.⁶⁶ But, even if knowledge of the repressed is possible and can have therapeutic effects, complete analysis depends on so many other factors, both 'constitutional' and accidental, that an end of analysis becomes a far more ambitious and problematic aim.⁶⁷ Is absolute and everlasting psychical normality possible? Is it possible to completely lift repression, fill the gaps in memory, and overcome all resistances? It seemed rather that 'instead of the inquiry into how a cure by analysis comes about, ...the question should be asked of what are the obstacles that stand in the way of such cure'.⁶⁸

Lacan, on the other hand, described the analytic process as unfolding within the dimension of speech. It progresses according to the rules which govern speech and

⁶² Freud seems to have started from his own desire to know.

⁶³ Freud, 1940a[1938], Standard Ed. 23, p.174.

⁶⁴ Ibid. p. 178. This distinction refers only to precedence in time, as far as there is a right moment to communicate a construction, waiting therefore till the patient himself has nearly arrived to it, otherwise there will be resistance (Freud, 1940a [1938], Standard Ed. 23, p. 178). Lacan outlined the importance of time –for– understanding in *Durcharbeitung* in analysis. 'The concept is time', as he said, 'in that sense one can say that transference is the very concept of analysis, because it is the time of analysis' (Lacan, 1953-54, 7 July 1954, p. 286).

⁶⁵ Freud, 1937c, Standard Ed. 23, p. 219.

⁶⁶ Ibid. p. 238.

⁶⁷ Ibid. p. 219.

⁶⁸ Ibid. p. 219-221. All this was prompted, as we know, by the analysis of Ferenczi.

language, and this is why knowledge of these rules can clarify at least partly this process. The analyst is not addressing the patient's ego. It is a question why Freud, in the 'Outline of Psychoanalysis', ordered the process of analysis following a certain rational of the 'weak ego': To start with, we get the patient's thus weakened ego to take part in the purely intellectual work of interpretation, which aims at provisionally filling the gaps in his mental assets, and to transfer to us the authority of his super-ego'.⁶⁹ Lacan, on the other hand, argued early in his work that 'interpretation' which involves 'the meaning and function of the action of speech is *not an intellectual dimension* in psychoanalysis': 'If the intellectual is to be situated somewhere, it is at the level of the ego, in the imaginary projection of the ego, ...which analysis has exposed as a phenomenon of defence and resistance'.⁷⁰ In the beginning of his teaching Lacan situated the aim of analysis, and hence the cure, in the realisation of the subject through speech: 'It is through the spoken assumption of his history that the subject becomes committed to the path of bringing into being his truncated imaginary'.⁷¹

Lacan talked at the time of a 'complementation of the imaginary' through the analytic process, but as 'achieved in the Other', a movement from the imaginary to the symbolic and back again, which could correspond to Freud's description of the analytic process in the 'Outline', if we take the notion of the 'weak ego' for what it is: imaginary. Lacan drew the following figure of the process of analysis:

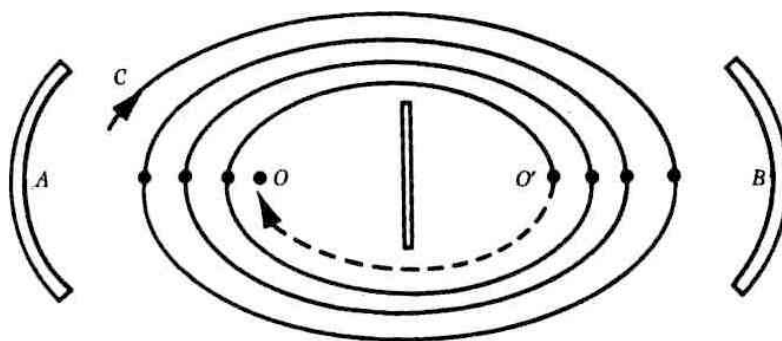


Figure 2: A schema of analysis (Lacan, 1953-54, 7 July 1954, p. 283) [or realising the Symbolic of the Imaginary dimension. Continuation on the theme of the reduced optical schema].

In this elaboration Lacan drew the analytic process as a spiral movement of the subject between the imaginary and the symbolic axes, and as a revolving dialogue between the subject in A and the analyst who is located in B, the place of the other. O is 'the unconscious notion of the ego'.⁷² C is the place of the *id/ego*, one of the

⁶⁹ Freud, 1940a[1938], Standard Ed. 23, p. 181.

⁷⁰ Lacan, 1953-1954, 7 July 1954, p. 274.

⁷¹ Ibid. p. 283.

⁷² Point O is also called the 'point of confusion and innocence' (Lacan, 1953-1954, 19 May 1954, p. 193). Lacan calls it here 'the unconscious notion of the ego of the subject...what the subject fails to recognise in his structuring image... those captivations by imaginary fixations... unassimilable to the symbolic development of his history... traumatic (Lacan 1953-54, 7 July 1954, p. 283). Freud introduced the idea of an unconscious part of the ego in 'Beyond the Pleasure Principle' (Freud, 1920g) and in 'The Ego and the Id' (Freud, 1923b). It is worth noting that the unconscious ego is not to be confused with the repressed.

places of the subject.

During this process there is a return of the repressed, the 'unassimilable traumatic image' here which is the same as 'repression'. The repressed returns in analysis as integration in the symbolic world progresses. In that sense there is no 'successful repression', no lifting of repression which would amount to complete forgetting. 'Successful repression', the forgetting of forgetting, 'is a therapist's term'. During a discussion Hyppolite pointed out that this integration of the subject which is followed by 'forgetting', as implied by 'successful repression', is a total failure. 'Nothing could be worse for Heidegger', as he added; Lacan agreed: nothing could be worse for analysis too. Of course, there is 'a sort of fundamental $\lambda\eta\theta\eta$ or shadow of the truth' ($\alpha\lambda\eta\theta\epsilon\iota\alpha$) to be found in every realisation of being.⁷³ But analysis only brings about the failure of repression, and not the forgetting of forgetting.

To return to our figure above, from O through speech the subject will move closer to O'. 'What was closed off to him opens up through verbalisation, ...through the mediation of the other, that is the analyst'.⁷⁴ What is O'? It is the ideal ego, the successive identifications: 'What is on the side of O passes over to the side of O'. Everything which is proffered from A, from the side of the subject, makes itself heard in B, on the side of the analyst'. The analyst hears it, but, in return, so does the subject. The ego of his discourse is symmetrical to the specularity of the image'.⁷⁵ In this spiral movement the subject will be brought back to O, via a series of points between A and O, and then move closer to C.

This is how the subject progresses in the realisation of its being, in its symbolic intergration. This is Lacan at the beginning of his teaching. 'Where', finally, 'should the subject be placed, insofar as it is to be distinguished from point O?', he asks. 'It is necessarily somewhere between A and O, much closer to O than any other point-let us say, so as to come back to it, in C'.⁷⁶ A number of cycles will have to be accomplished and still the process will not have ended.⁷⁷

In 1954-55, in his Seminar 'The Ego in Freud's Theory and in the Technique of Psychoanalysis', after pointing out that 'life doesn't want to be healed'... Lacan asked 'What is healing (*guérison*) anyway? He answered it straightaway: 'The realisation of the subject through speech, which comes from elsewhere, traversing it'.⁷⁸ In that Seminar Lacan introduced the big Other, a place from which the analyst

⁷³ Lacan, 1953-54, 19 May 1954, p. 192.

⁷⁴ Ibid. 7 July 1954, p. 283.

⁷⁵ Ibid. pp. 283-284.

⁷⁶ Ibid. p. 284.

⁷⁷ In this development Lacan takes also into account the structure of the superego, which is not covered by the oedipal structure and can play a decisive role in the subject's life and symbolic integration. In analysis the complete symbolic system needs to be integrated. 'What was in O then in O' then again in O, has to be referred to the complete system of symbols (Lacan, 1953-54, 19 May 1954, p. 198-199). This complete integration of the symbolic structures including the superego, was Freud's ideal too concerning the end of analysis. In Lecture 31 he described a tripartite constitution of the mind which involved some overlapping and crossing over between the areas of the psychical apparatus and concluded: 'Where id was there ego shall be'. It is a work of culture - not unlike the draining of the Zuider Zee (Freud, 1933a. Standard Ed. 22, p. 80). But Lacan stated something altogether different in Seminar 1: 'Where id was there ego must be....The ego must move to A, and at the end of the most refined of ideal analysis, no longer be there at all. (Lacan, 1953-54, Seminar 1, pp. 194-195).

⁷⁸ Lacan, 1954-55, 18 May 1955, p. 233.

functions. The Other is the place of speech, as such external to the subject.

In 1962 in his Seminar on Anxiety, Lacan insisted on the Other being unconscious: 'of what constitutes us as a field we know nothing'... and the *Selbstbewußte*, which I taught you to call 'subject supposed to know', is a 'deceiving illusion... The *Selbstbewußte* considered as constitutive of the subject which knows (*sujet connaissant*) is an illusion, a source of error'.⁷⁹

The illusion begins, as Lacan argued, with the formation of the ego as an object in the mirror stage: 'The dimension of the subject supposed transparent in its own act of knowing, only begins from the moment a specific object comes into play, the object of the mirror stage, the image of the body... The extension of this illusion which is the illusion of consciousness to all aspects of knowledge owes its existence to the way the object of knowledge has been constructed, modelled on this relation to the specular image'. It is only thanks to psychoanalysis that we know that there is another dimension to the object, that 'a certain apparition of an object throws us into the dimension of the uncanny, of something which can in no way be grasped, facing which the subject literally vacillates...' (Lacan, 1962-1963, 12 December 1962). To explain this experience of anxiety, philosophers and psychologists have constructed all sorts of theories, not to see that it is caused by a certain sort of object, which Lacan will name object *a*.

In the Seminar on Anxiety, Lacan used the optical schema again, to show that the subject experiences anxiety when in the place of the lack on the level of the specular image *i(a)*, as seen in the mirror A (the Other), something emerges... 'to occupy this place of lack, something which corresponds to a non specular residue of the libidinally invested body'.⁸⁰

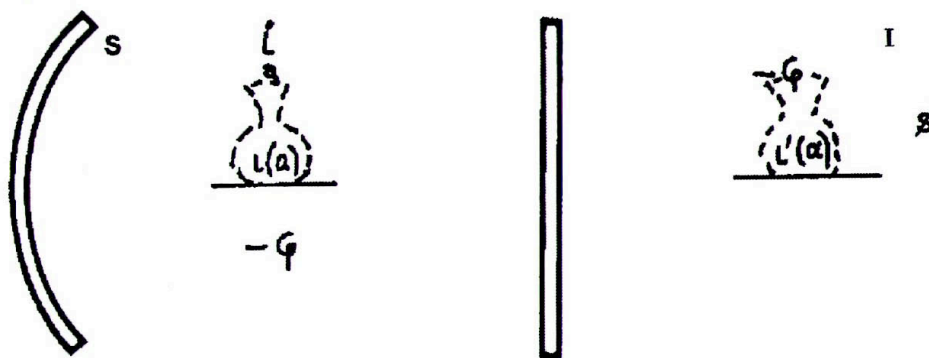


Figure 3, Lacan Seminar on Anxiety, 12 December 1962. The reversed bouquet and the place of lack. Lacan calls lack *-q*, Freud called it castration.

Things have shifted since the first Seminar, as it is from the place of lack that the subject questions the desire of the Other. And, it is essential that the Other should not know: As Lacan argued, the: 'he did not know' of the subject in Freud's narrative of a dream at the end of 'Formulations on the Two Principles of Mental Functioning'

⁷⁹ Lacan, 1962-63, 12 December 1962. The Unconscious (*Sa*) becomes the intersection between the subject and the Other.

⁸⁰ Lacan, 1962-63, 12 December 1962.

(Freud, 1911b), is rooted in a 'he must not know', of the Other. It is important for the progress of analysis: 'What feeds the emergence of the signifier...is to aim that the Other, the real Other should not know...The signifier undoubtedly reveals the subject but by effacing its trace'.⁸¹ The trace remains outside the signifier as a residue, as the object *a* of the hunt... A. The mirror, is the place of the analyst as the Other and I the ideal identifications, the ego ideal and in the interval a barred subject, S, a subject which does not know.

Thus, at first, all consequent discovery of the subject rests on that necessity of a *reconquest of the originally not-known (le non-su, the unconscious), knowing* something about one's desires and about the *object* which causes it, becomes the aim of the treatment. Object *a* is the cause of desire and the *agalma* of the treatment, which at the end, becomes its reject. In his 'Proposition on the Psychoanalyst of the School' (9 October 1967) Lacan gave a formalisation of what he proposed there as 'the experience of the pass'.⁸²

Second, Lacan will develop that there is, however, certain knowledge in the unconscious. This is knowledge concerning the sexual relation. For that reason only, the analyst could be in the place of 'the subject supposed to know'.⁸³ As for the analysands, they could come to know something of their desire, and reposition themselves, 're-conquer their being'.⁸⁴ Lacan also pointed out a few years later, that the analyst was himself operating from the place of object *a*, an object destined to be discarded at the end, while the analysand, from being the *agalma* of the treatment, would go through an experience of 'subjective destitution'.⁸⁵

It is more accurate now to say, that concerning the question of desire related to knowledge, psychoanalysis, for Lacan, does not proceed from a position of ignorance to knowledge already there, especially not the knowledge of the analyst, but to a new knowledge issued from the impossibility to know anything about sex. In the way towards this knowledge obtained in the analytic process which Lacan called subsequently the impossibility of a sexual relation, the subject will be trapped in many illusions, illusions of being loveable, great or beautiful and will suffer anxiety coming face to face with the as-yet-unknown-to-it demand including the desire of the Other, and the *jouissance* of the Other only to realise that he has been all along this object for the Other. The question is if this sort of knowledge is therapeutic? Or, to put it differently what can be therapeutic, if anything, in the knowledge that there is no sexual relation and that the only possible answer to the lack in the Other is through the offer of an object. One suspects that there may be liberating effects, depending on the structure.

Lacan became convinced that the articulation between knowledge, sex and the subject as put into question in psychoanalysis, needed a special logic and topology. In his Seminar *Crucial Problems of Psychoanalysis*, 19 May 1965, he showed the following figure:

⁸¹ Ibid.

⁸² 'Thus the being of desire reunites with the being of knowledge and is thereby reborn in their being bound together in a one-sided strip on which a single lack is inscribed, the one supported by the *agalma*' (Lacan, Proposition of 9 October 1967).

⁸³ Lacan, 1962-63, 12 December 1962.

⁸⁴ Ibid.

⁸⁵ Lacan, Proposition of 9 October 1967.

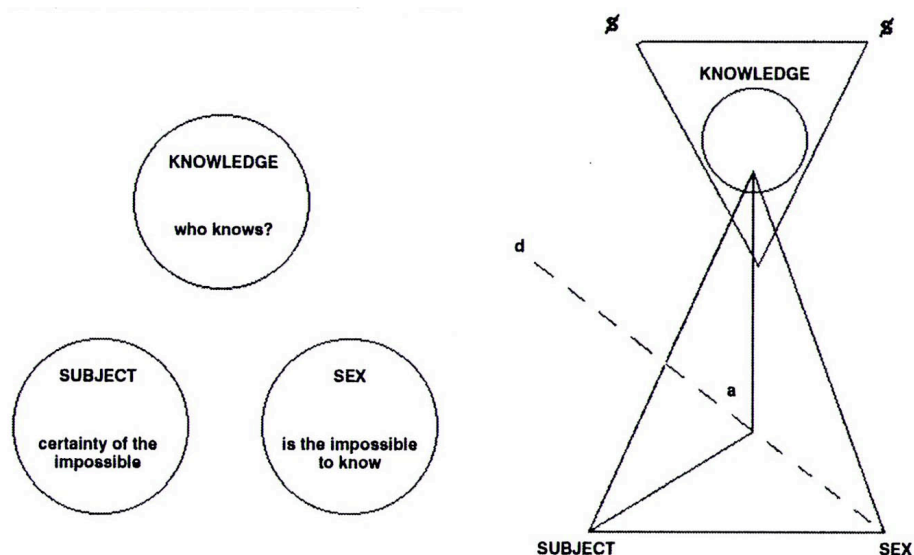


Figure 4: The three circles, sex, knowledge, subject (Lacan, 1964-65, 19 May 1965).

The unconscious is knowledge, as he said, in which the subject remains indeterminate: what does it know? To put it in other words, there is knowledge (*savoir*) in the unconscious about sex as impossible to know, and this is the new certainty of the subject at the end of analysis. In the figure above Lacan drew a relation between the three terms which seems to be a circular one, in which each one of the three terms relates to the other and all three turn around the obstacle of sex:

*'The subject remains indeterminate within knowledge, which stops in front of sex, which confers to the subject that new sort of certainty by which - its place of subject being already determined in no other way than by the cogito - with the discovery of the unconscious that all human desire is fundamentally sexual, the subject takes its new certainty, that of making its abode in the pure deficiency (défaut) of sex.'*⁸⁶

In other words: The subject of the unconscious remains uncertain as to what it knows, as there is no meaning which covers the question of sex. The subject who is only determined by the *cogito* (as subject of science), after the discovery of the unconscious that all human desire is sexual, will take its new certainty by nesting in the pure deficiency of sex.⁸⁷

Can this be considered as the halting point of analysis, its truth?

Is this knowledge, this truth, therapeutic? Or, what is or can be therapeutic in this knowledge?

Knowledge on sex can also be looked at through the angle of good and evil. What is the 'good' in the psychoanalytic treatment and theory? Lacan devoted a year of his Seminar, 1959-60, to *The Ethics of Psychoanalysis*. He questioned the desire to

⁸⁶ Lacan, 1964-1965, 19 May 1965.

⁸⁷ 'What is important here is not that the relation is predominantly circular, but that it takes the form of a game; a game called precisely game of love, amour, Amora. Sex and knowledge are very important in Freud himself. The subject knows more than what he believes, says more than what he wants...' (Lacan, 1964-1965, 19 May 1965).

cure like Freud who warned psychoanalysts against a ‘furor sanandi’, Lacan going even further defined the ‘desire of the analyst’ as a ‘non desire to cure’: ‘What can we want to cure our patient from?’ he asked. ‘Of course wanting to cure him from the illusions that keep him on the path of his desire is central to our experience...but how far can we go...?’⁸⁸ As an example to avoid he discussed psychoanalysis ‘the American way’ which promises access to goods; it is a certain way of arriving at the psychoanalyst’s office loaded with fantasies, ‘illusions in the path of desire’. Breaking these illusions ‘is a question of specialised knowledge, knowledge of good and evil’, for example.⁸⁹ Again it is a question of knowledge about desire and about the essential ‘he did not know’ of the Unconscious. Desire, in the Seminar on *Ethics*, is raised to the dignity of the Thing itself, as it rules Antigone’s life to her death. On the other hand ‘the good’ is the barrier put on that desire.

Since ‘Formulations on the Two Principles of Mental Functioning’ (Freud, 1911b), Freud made the distinction between what can be educated in the realm of the sexual drives, educated or sublimated towards religion or art for example, and the side of the sexual, the part drives which remain fundamentally non-educated, non-sublimated. He indicated that the sexual/part drives were seeking a gain of pleasure (*Lustgewinn*, Lacan’s *surplus-jouissance*), while the ego drives were ruled by the reality principle and sought the ‘useful’. The latter is what utilitarianism is about. But, as Lacan pointed out ‘the ethics of psychoanalysis is not about prescriptions for or the regulation of the service of goods’.⁹⁰ He linked psychoanalytic ethics to the desire which is at the heart of the experience. He advocated an ethics for psychoanalysis which is not agreeable to a moral law, but rather to the law of desire, something which is ‘good’ in the realm of Freud’s pleasure principle, in that *Lustgewinn*, mentioned by him. He advocated a kind of ethical judgement: ‘Have you acted in conformity with the desire that is in you?’⁹¹ But, this is not Sade’s law of *jouissance*. His proposition that the only thing of which one can be guilty of in psychoanalysis is ‘giving ground relative to one’s desire’ (*céder sur son désir*,)⁹² raised a few brows. Again, this is a departure from the morality of the good citizen, or the politically correct citizen of our days. Desire, for Lacan in the Seminar on Ethics, is that ‘central field’ which has been burned down, that area of not-knowing, of the fundamental fantasy in which stands Antigone, the area of the Thing.⁹³

We arrive here at the end of this reflection in which we only touched upon some aspects of Lacan’s conception of a ‘cure’ in psychoanalysis. In the few references on the ‘curative’ effects of psychoanalysis in his early teaching, Lacan talked about ‘a realisation of the subject in speech which traverses it and which comes to it from elsewhere’,⁹⁴ and he talked about a ‘symbolic progress’ similar to Freud’s working-through (*Verarbeitung*).⁹⁵ Similarly to Freud he warned against a ‘desire to cure’⁹⁶ and talked about ‘cure’ as a ‘bonus’ and the ‘duty of the analyst to improve the patient’s position’.⁹⁷

⁸⁸ Lacan, 1959-60, 11 May 1960, p. 219.

⁸⁹ Ibid.

⁹⁰ Ibid. 6 July 1960, p. 313.

⁹¹ Lacan, 1959-1960, 6 July 1960, p. 314.

⁹² Ibid. p. 321.

⁹³ Ibid. May 11 1960, p. 219.

⁹⁴ Lacan, 1954-55, May 19, 1955.

⁹⁵ Lacan, 1956-57, July 3 1957.

⁹⁶ Lacan, 1959-60, May 11 1960.

⁹⁷ Lacan, 1962-63, 12 December 1962.

In Lacan's later teaching we find some references to the question of 'cure' in psychoanalysis, for example in 'Télévision'.⁹⁸ When asked if 'cure' (*guérison*) is a fantasy he answers: 'The cure (*la guérison*) is a demand that originates in the voice of someone who suffers from his body or his thought'.⁹⁹ His interviewer pushes him to differentiate between psychotherapy and psychoanalysis which both use words. Lacan answers that, as it happens, all psychotherapy is expected now to be 'psychoanalytically inspired'. Can the only difference be the one which is usually put forward, that of not lying on the couch? These analysts, he answers, have no other means to say what psychoanalysis is about other than their positions of hierarchy and power, their 'formalities of rank' in their organisations. They do not have the pass.

So, what is the real difference between psychoanalysis and psychotherapy?

To summarise his response, the difference between psychoanalysis and psychotherapy is that the latter maintains itself in the common sense of the existence of the sexual relation while psychoanalysis opts for the non-sense of the nonrelation. Thus, psychotherapy is on the side of common sense, while psychoanalysis reduces meaning to the non-sense of the sexual relation. The idea that there is 'sexual relation' is 'the high-point of comedy', as Lacan pointed out, except that in comedy 'there is an awareness of the non-relation of the getting it off'.¹⁰⁰ On the other hand, psychotherapy which is on the side of the meaning of the existence of the sexual relation, leads to the worse: 'not that it does not do some good, but it is a good that's a return to what's worse'.¹⁰¹ From this point of view it can only amount to tragedy.¹⁰²

Lacan will point out in 'Télévision' that there are two sides in language, the side of meaning and the side of the sign. It seems as if psychoanalysis could be on the side of meaning, using words for 'pouring out a flood of meaning to float the sexual boat', but, since Freud, the unconscious is rather revealed to be the structure of a libidinal ciphering made of puns and jokes, metaphors and metonymies, which Lacan called '*lalangue*', and made also of the symptom. All this is the side of the sign and psychoanalysis is on the side of the sign. Freud deciphered dreams, slips of the tongue, even jokes: 'Making his way through a tissue of puns, metaphors and metonymies Freud evokes a substance, a fluidic myth... he calls libido'.¹⁰³ By translating them Freud reveals something else: that the unconscious 'enjoys' in the ciphering, that *jouissance* in the primary processes consists 'in the logical straights through which he so artfully leads us'.

So, what Freud discovered in the unconscious is not a pansexual meaning, but the real marked as neurosis, psychosis, and perversion. Every signifier, from the phoneme to the sentence reverberates against this real. Every signifier can serve as a coded message, and this is why it emerges as an object, and 'this is why in the world the One occurs'. As Lacan will say: 'it is the real that permits the effective unknottng of what makes the symptom hold together, namely a knot of signifiers'.

⁹⁸ Lacan 1973, Trans. 1990.

⁹⁹ Ibid. p. 7.

¹⁰⁰ Lacan, 1990, p. 8.

¹⁰¹ Ibid.

¹⁰² Pierre Naveau, 2003.

¹⁰³ Lacan, *Télévision*, p. 9.

Knotting and unknotting are not metaphors, as Lacan will point out. They are the knots which make the signifying material, they are chains of 'enjoy-meant', *jouis-sens*.¹⁰⁴

It is important to point out that Lacan will operate later in his teaching a more radical step concerning the beyond of analysis itself, in which the subject is going to risk a new form of *jouissance*, another step of separation, not anymore with the object *a*, but with the signifier S(A) barred and the signifier S2 which was that of knowledge about the repressed. The subject will risk 'a jump through the phantasy' towards 'another *jouissance*, ecstatic *jouissance*, *jouissance* of existence'. A more radical tack, a gaping hole snatched from the real is introduced in the subject, which is that of S(A) barred of signifier S2'.¹⁰⁵ It is not knowledge concerning object *a*. It is not anymore about the subject separated from the Other through object *a* - which now has vanished - but a step of separation beyond the object *a*. It is about the beyond of analysis, desexualization and sublimation. It is access not to *surplus-jouissance*, but to another non-sexual *jouissance*, namely *jouissance of the Other*.

Epilogue

We could summarise as follows: Nowadays all psychotherapy can be expected to be psychoanalytically inspired. However, psychoanalysis is not psychotherapy, although it can have therapeutic effects. If the patient is reasonably happy in his life and relations the treatment does not need to go further. But, for those who carry on, psychoanalysis does not promise happiness. It progresses inevitably from the unpleasant to say to uncovering the 'horrific, unspeakable pleasure' (*jouissance*) behind one's neurotic symptoms, for example the rat fantasy in the Rat Man. It cannot be cleaning up or moral purification, the only meaning of catharsis being the reliving of that *jouissance*. It cannot lead to certainty in one's sexual relations or social group or to a secure position. Lacan talked of a 'continuous drifting' as the true meaning of Freud's drive (*Trieb*) as early as 1966.¹⁰⁶ What the unconscious knowledge is about is *jouissance*, *jouissance* of '*lalangue*' and of the symptom (*surplus jouissance*). Lacan was interested in the destiny of the drives after the end of analysis. He pointed at the beyond of analysis in which a drive is relived not as a part drive, a *surplus jouissance*, but as *Other Jouissance*, ecstatic *jouissance* and *jouissance* of the existence itself, desexualization and sublimation.¹⁰⁷ He also talked of a traversing of the phantasy and identification to one's symptom, as one of the ways of ending an analysis.¹⁰⁸

¹⁰⁴ Ibid. p. 10.

¹⁰⁵ Lacan, 1976-77, 21 December 1976.

¹⁰⁶ Lacan: Of Structure as an Immixtion of an Otherness Prerequisite to Any Subject Whatever, Baltimore 1966.

¹⁰⁷ Lacan, 1976-77, 21 December 1976.

¹⁰⁸ '*L'insu que sait de l'une-bévue s'aile à mourre*', non-published. The title can be read as: The success of the unconscious is love.

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