

Introduction

The Dialectic of Theory and Clinic

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Some Questions in the Lacanian Field and the Work of Gifric

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Academic Interest in the Lacanian Clinic

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

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

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

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

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

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

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

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

Clinical Interest in Lacanian Theory

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Broader Debates

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

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

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

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

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

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

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

General Summary of Chapters in *After Lacan*

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

texts seemed to give to the assembled whole not a scattered feeling, but, to the contrary, a sort of rhythmic movement of deepening intensities balanced by the relief of more leisurely, more concrete pieces. The texts were originally written in French, the native language of the authors, generally in the early- and mid-1990s, and then given rough translation into English to be read at the conference. The editors of the present volume worked in close consultation with the authors to give the language a more congenial gloss, occasionally retranslating passages altogether, and, of course, editing and ordering the texts according to the necessities of published, rather than oral presentation. In the editing process, every effort was made to preserve the intended meaning of the original French texts, despite the fact that the authors' thinking has continued to evolve through the intervening years since the essays were written.

The early chapters (chaps. 1, 2, and 3) are devoted to the general concepts (for example, the *jouissance* of the Other, the sexual division, and the paternal function) and key terms (dream, signifier, and interpretation) that constitute the touchstones of the early phase of analytic treatment, elaborating their interrelations and their clinical relevance. The next chapters (chaps. 4, and 5) focus on the groundbreaking clinic of psychosis that Gifric has pioneered in Québec—how Lacanians theorize psychosis and how Gifric has come to treat it analytically. The next chapters (chaps. 6, 7, and 8) turn toward the second phase of analytic treatment, introducing a new set of terms—the letter of the body, the symptom, the fantasy—to understand the genesis within the transference and the ethical act of analysis in the subject's assumption of the Other's lack. The concluding chapters (chaps. 9, 10, 11, and 12) are especially rich in clinical material, and broaden the understanding of the analytic clinic by discussing the key psychic structures that describe the organization of subjectivity and thereby dictate the terms of analysis: obsessional and hysterical neurosis, perversion, and (again) psychosis.

"Language," writes Lucie Cantin in chapter 1, "has transformed us into beings subject to a logic that is other than biological or natural logic." The early chapters of the collection probe the clinical implications of this human fact. One discovers that at stake in this subjection to language is more than the way we are captured by desires, fantasies, and expectations in the discourse of others about us—though indeed one sees this dimension very concretely in Cantin's presentation of the case of Myriam, a young dancer who lives so painfully under the fantasy of a mother whose devaluation of the father and whose own refusal of loss interferes with Myriam's access to desire. As Cantin argues further, the very organization of our very bodies, our erotics, our symptoms, even our life and our death—all this has come under the law of the signifier,

with the exile of our bodies from a natural logic. This exile has at the same time necessitated an essential loss in human existence; in language, human life recognizes an impossibility of a natural *jouissance* or a total satisfaction. As language and the laws of culture mediate our appetites and our pleasures, human desire has shown itself to be irreducible, that is, without any specific object to offer perfect and complete satisfaction of its own. And if, in our subjection to language, “father” becomes the name of this necessity of loss under the law of the signifier and the law of culture, “father”—the paternal function—also acts to limit the *jouissance* demanded by the Other in the imaginary of the child. Loss and lack are the law for child, but they are the law also for the Other, whose claims on the life of the subject are thereby limited.

Willy Apollon’s canny and passionate chapter on *jouissance* (chap. 2) deepens the consideration of the irrevocable loss of natural satisfaction and the consequent impossibility of any total *jouissance*. When satisfaction must be routed through language and culture, when satisfaction submits itself as a demand to the Other, it becomes vulnerable to the whim of the Other, dependent upon the Other, who may or may not respond as the subject demands (by providing or withholding a desired object, say). Satisfaction comes to depend, therefore, upon the Other even more than upon the adequacy of the object itself. Moreover, a *jouissance* is imputed to the Other in this power of refusal—the Other may be thought to derive a certain pleasure from this power over the subject’s demand. Thus, *jouissance* always implies the relation to the Other. An obsessional neurotic, for example, may hypothesize a lost, mythical moment in which he or she was perfectly satisfied by the Other’s *jouissance*, but in actuality, *jouissance* will always prove an obstacle to satisfaction. It is the signifier that places the subject in an elsewhere outside of consciousness and in excess of need, an elsewhere regulated by *jouissance* and radically unknown to the subject. How the subject will relate to the Other and to *jouissance* in terms of the procreation of the speaking human being describes the asymmetrical terms of the sexual division, which Apollon explores in the balance of the chapter.

Danielle Bergeron’s chapter on the signifier (chap. 3) scales us back from the theoretical intensity of the preceding chapter and begins in a more leisurely fashion to describe the nature of the signifier in psychoanalysis. Lacanian borrowings from linguistics are, of course, familiar territory by now, but Bergeron illustrates how the signifier in psychoanalytic discourse also represents a break from the semiotic signifier insofar as the psychoanalytic signifier is what, above all, *ruptures* meaning, to suggest the workings of some “other scene” hidden from view. Moreover, with her clinical example from the dream and subsequent associa-

tions of a young medical intern, Bergeron shows vividly how the psychoanalytic signifier, selected from the navel of the patient's dream, gives voice to the unconscious and allows for the talking cure to do its work. Hence, Bergeron's description of the signifier as both the metaphor of the subject and as the metonymy of desire.

The next two chapters by Bergeron and Cantin (chaps. 4, and 5) build upon the earlier chapters' elaborations of the signifier, the paternal function, and the *jouissance* of the Other, to illustrate the theory and clinic of psychosis. In the cases of John, Mr. Owens, and Mr. T., the reader gets a powerful sense of the pathos and the anguished drama of the psychotic in his vulnerability to the abuse of the Other. This exposure to being used as the object of the Other, we learn, results from a failure of the paternal function to establish the law of the signifier, the law of universal lack that would place a limit on the *jouissance* of the Other.

Through a graceful marriage of theory and case material, Bergeron and Cantin trace the precise positioning of the analytic acts that effect the movement from the subject's relationship to the signifier within psychotic *delusional* systems, to the logic of the signifier found in the *dream*—a movement allowing the psychotic a different relationship to his or her suffering. The delusion attempts to treat the real by subordinating scattered, aggressing signifiers with the imaginary as it elaborates a flawless knowledge that both accounts for the victim position of the psychotic subject as the object of the *jouissance* of the Other and signals the status of the psychotic as a privileged, elected one. The dream, by contrast, processes the real by subjugating the imaginary to the symbolic, where desire must obey the laws of language and meaning. It is by inducing the psychotic to produce a dream for the analyst, these chapters argue, that psychoanalysis can treat psychosis. Because the dream introduces the curious logic of the signifier and the signifying chain (and hence also a certain flaw or lack in *savoir*), when a psychotic is brought to dream, the certainty of the psychotic delusion begins to come under doubt. The consistency of the persecuting *jouissance* of the Other gradually diminishes as the analyst takes the specific signifiers of the psychotic's dream narrative and encourages metonymic association with the patient's past to construct a narrative of the psychotic's life that is outside of the delusion and alternate to it.

Apollon's chapter on transference and the letter of the body (chap. 6), initiates an important shift to the concerns of the second phase of analytic treatment, a phase dealing with the real of *jouissance* through symptom and fantasy. In this and the following two chapters, Apollon develops further the presentation of the parceled body dealt with in psychoanalysis to demonstrate how the logic of the signifier moves clinical

practice beyond what the signifier can reveal in itself. Since the symptom indicates the failure of the law of the signifier to limit the Other's jouissance, the analyst's maneuver in the transference aims to instigate lack as a barrier to that deadly jouissance that repeats itself in the life of the patient. In general terms, then, the analyst's desire under the transference elicits various materials—the signifier in the dream, the letter in the symptom, the object in the fantasy—to convert forbidden drive jouissance into desire. Apollon writes of the matter as an ethical choice, albeit not a choice on the ordinary level of conscious intention. More precisely, the choice of the subject—and the maneuver of the analyst—may be said to involve an ethical assumption by the subject of the Other's lack as foundational to desire. As Apollon will suggest in chapter 8, the choice revolves around the question of the relationship to jouissance sustained by the subject: either to persist in the prohibited, fatal (impossible, lapsed, etc.) jouissance that returns in the repetition of the symptom, or else to assume subjectively the constitutive failing of jouissance, to answer the lack in the Other, a lack necessitated by the law of the signifier, and lying at the heart of desire.

The next chapters on symptom and fantasy (chaps. 7, and 8) further integrate these theoretical elaborations with clinical case material. In chapter 7, drawing from the earlier argument concerning the routing of satisfaction through the vicissitudes of the Other's response (in chap. 2), and following the case of a young anorexic, Apollon propose two dimensions of the symptom in relation to jouissance. There is, as he describes it, a certain jouissance that inscribes the symptom itself in relation to the signifier and the failure of the Other; and there is another jouissance that fails to be inscribed in the symptom and in consequence returns to seek inscription in the *repetition* of the symptom. This latter jouissance is the one that concerns the second phase of analysis, as treatment begins to orient itself in relation to the symptom and the traversal of the fantasy. Analysis attempts to treat the symptom through the traversal of fantasy, where fantasy is understood as formulating the subject's relation to the lost object that gives rise to desire. The analyst's maneuver aims, as Apollon puts it, to disengage the fantasy, to grasp the remainder of jouissance that both repeats and resists inscription in the symptom.

The next chapter on the fantasy (chap. 8) continues Apollon's theoretical work with case material to follow the clinical process through to the traversal of fantasy that marks the end of analysis. The chapter follows the case of Marguerite, a young woman whose frigidity derives, she says, from her fear of fainting during sexual intercourse. Her analysis turns upon two dreams. While the dream attempts to accommodate

insistent *jouissance* by way of the signifier, the *jouissance* that the dream fails to reduce shows itself in the symptom. Her analysis shows that Marguerite's relation to *jouissance* has been organized according to a fantasy in which Marguerite supposes that the prohibition of her own *jouissance* derives not from the universal law of the paternal phallus, but rather from the reservation of a special *jouissance* for the mother. Through the analysis, her symptom gives way as Marguerite moves to make the ethical choice to confront the truth that was previously hidden by the fatal, prohibited *jouissance* at work to efface the subject

The final chapters focus on the fundamental structures of subjectivity, as defined by the Lacanian clinic: obsessional and hysterical neurosis, perversion, and psychosis. Bergeron's chapter describing obsessional neurosis (chap. 9) introduces the important Lacanian distinction between subjective structure and phenomenological features. She follows the case of Mr. Beauregard, a man whose sexual behavior and fantasies might be considered perverse by some classical and object-relations perspectives, but whose structure is clearly obsessional. Bergeron describes the anguish of the obsessional (and the obsessional's special difficulty in analysis) as that of a forbidden hope unabandoned. Mr. Beauregard's analysis illustrates the obsessional's paradigmatic seduction fantasy: events in his childhood have suggested the illusory hope that the mother may be available to him (despite the paternal prohibition he recognizes), and he feels himself therefore forbidden to desire any others, as well as guilty, fearful, and self-punishing for his forbidden fantasy. When we see this in the life of Mr. Beauregard as he symptomatically sabotages his sex life with his new partner, we understand the neurotic symptom as the *jouissance* of the drive seeking satisfaction in the body, when desire cannot supersede the demand of the Other—the demand Mr. Beauregard feels in response to what he imagines his mother would love (her son as a priest).

Cantin's chapters on perversion and hysteria (chaps. 10, and 11), elucidate the two structures by considering them in relation to each other, as well as by considering examples, one from the clinic, another from literature. Perversion, we learn, is characterized by a twofold movement: an initial postulation of the Father and of the signifier, coupled with a logically subsequent denial that stages the uselessness of the Father-signifier-symbolic. The pervert attempts to obscure the logic of the drive's functioning by imposing instead a logic of pure mechanism. A conflation of the natural/organismic penis and the symbolic phallus, for example, denies the phallus and symbolic castration to eliminate desire: no longer must the pervert hazard the question of a partner's desire. The perverse contract formalizes the matter by regulating exchange and eliminating

the gap, as if to say: “It’s not a question of what you or I might desire; it’s a matter of arranging our bodies and organs as pre-arranged, as scripted.” It’s like a reversion to some sort of animal code: the signifier compels, but only with the evacuation of the other—as Cantin shows in the example of the Sacher-Masoch contract (chap. 11). Nevertheless, in contrast with psychosis, the phallus *does* exist in perversion, and the pervert’s collusion in the denial of the law—and his or her status as the captive object of the mother’s desire—is determined by some sort of unconscious choice and assent.

Hysteria, we find, also features an unsatisfied mother, but where perversion accents the failure of the paternal most generally, hysteria accents the voracity of the mother, her unsatisfied demand. Because the maternal complaint concerns the insufficiency of the paternal phallus to put an end to the *jouissance* at work in the mother, the hysteric seeks to satisfy the mother by bolstering the inadequate father. Castration is repressed under the supposition that it is only the hysteric’s particular father who lacks, rather than fathers (and humans) universally. Consequently, the hysteric is on a quest for the phallic ideal, the Master, who might satisfy the mother and repair the inadequacy of the father—a role the pervert may feel privileged to play. Also, for the hysteric, the insufficiency of the signifier of the Father’s desire for the mother means that the subject has been unable to sufficiently trust the signifier. Thus, the ability to occupy the position of a possible object of desire has been compromised. Such is the tragedy of the hysteric, endlessly addressing the Other, seeking reference points that would allow the subject to construct the ego as an object of desire. In the pervert, the hysteric may find not only the Master who embodies the accountable other, but also the one who gives the hysteric the dedicated status as object. The hysteric, however, cannot be the object-cause of the pervert’s desire, but only ever an object of *jouissance*. The seduction fantasy, in which the hysteric’s desire is forsaken in becoming the object of the desire of the Other, as well as the quest for the credible word of love that would quiet the *jouissance* of the Other, constitute the pathos of this subjective structure.

The final chapter (chap. 12), in which Bergeron introduces a fascinating clinical analysis of the Japanese writer Yukio Mishima, usefully generalizes discussion of the psychotic from earlier chapters to examine the life of a highly functioning, very articulate psychotic, and to propose some conclusions about the treatment of the excluded *jouissance* that is unrepresentable by the signifier and that constitutes the real defect of language. Bergeron finds in Mishima an exemplary psychotic who experienced his body as powerless against the *jouissance* of an Other. Raised by a grandmother who, it seemed, cared only for his physical preserva-

tion and refused the boy entry into the world of social interaction and masculine identification, Mishima lived a childhood organized by key images—hypermasculine images of fairy tale violence and tragic sacrifice in the cause of God (Saint Sebastian) and country (knightly Joan of Arc). The psychotic's fantasy, as we see here (and as we might recall from earlier discussions), involves the subject being brutally captured by the jouissance of the Other, and abandoned to this jouissance. Foreclosed from masculine identification under the symbolic phallus, Mishima was nevertheless able to attenuate the violence of the jouissance of the Other, through his art and through his body building. His distance from perversion is suggested by Mishima's concern for masculine ethics, for a sacrifice on behalf of the paternal emperor—concerns that would have been anathema to a pervert. Mishima shows us, too, the peculiar relationship to language that the psychotic suffers: words have power over his flesh, but though supremely articulate, Mishima cannot make words represent reality. More and more he comes to forge a flawless language of the flesh in body building, an effort that also gives him access to a powerful masculine identification, and gives meaning to his life and death.

Limited Glossary of Terms

There are several fine Lacanian and psychoanalytic dictionaries currently available in English and the interested reader may usefully consult those of Dylan Evans, Elizabeth Wright, and Laplanche and Pontalis. The definitions given below are not considered general, either in terms of the full scope of Gifric's thinking, Lacanian thought, or psychoanalysis, overall. Rather this brief list of terms is provided as a point of entry for some of the terms used in the present collection.

Castration

Castration suggests the subject's entry into the world of irreducible lack and loss, the impossibility of total satisfaction that necessarily accompanies the entry into the symbolic order of language and social law (chap. 6). Castration is therefore the result of the effects of the signifier, and constitutes the universal law for both women and men, though the masculine and the feminine positions have a different relationship to it (chap. 2), as will different subjective structures (chap. 10). One's relation to the Other is a Lacanian formalization of the "castration complex" as postulated within Oedipal dynamics in the Freudian paradigm as a mark in which a biological difference becomes a psychological inscription.

Ethics

Although Gifric certainly intends the word to describe the exigencies of clinical behavior, this isn't quite what North American practitioners know as a code of professional ethics. In their usage, the choice of the subject—and the maneuver of the analyst—may be said to involve the subject's ethical assumption of the Other's lack as foundational to desire. This ethical choice isn't on the ordinary level of conscious intention (weighing known alternatives, choosing between them, etc.). Rather, the choice revolves around the question of the relation to jouissance sustained by the subject: either to persist in the prohibited, fatal (impossible, lapsed, etc.) jouissance that returns in the repetition of the symptom, or else to assume subjectively the constitutive failing of jouissance, a failing necessitated by the law of the signifier, and lying at the heart of lack and desire (chap. 8). It's a matter relinquishing the comforts and promises of the devil one knows, in favor of hazarding the *unknown* of desire (one's own and that of the Other) to fully claim a position as desiring subject. Ethics presuppose an encounter beyond the pleasure principle.

Imaginary

Imaginary is one of the three basic, interconnected registers (with the symbolic and the real) with which Lacan describes psychic life. In chapter 1, Lucie Cantin writes of the imaginary body: the relationship the subject sustains with the image of his or her body. In chapter 4, Danielle Bergeron writes of the imaginary relations of the psychotic as being ones of strength and power, rivalrous relations unmediated by the restraints instated by the signifier and the symbolic. The imaginary is the register most firmly connected with what many think of as subjective experience, entrained to the visible world, bounded by a (false) sense of inside and outside, and functioning as correlative to an alter ego (and thus dyadic). The dimension of the imaginary presupposes some sense of coordinates within the symbolic (a place from which to see oneself—even if these coordinates fail to “overwrite” the imaginary in psychosis). The imaginary also comes into play when thinking of the object *a*, even as its functioning refers to the real and, of course, to fantasy, even as its formulation returns to the signifier.

Jouissance

Jouissance is probably the key term of the present collection and arguably one's of Lacan's most significant contributions to psychoanalysis.

Jouissance is tied to pleasure but only the sort of pleasure for which we would suffer endless pain. In fact, as one follows the trajectory of jouissance, it clearly reaches beyond the pleasure principle and is thus profoundly implicated in the ethical choices within psychoanalysis. In chapter 2, Apollon describes the paradox of this term that, on the one hand, suggests pleasure and total satisfaction, and on the other hand (since total satisfaction is prohibited and impossible), is experienced as an anxiety threatening to overwhelm the position of the subject and thus as an obstacle to desire. In this sense, jouissance is linked to the real and to the death drive. Jouissance in this collection tends to be considered specifically as the jouissance of the Other: the way the subject relates to that use or abuse by the Other, and the limits placed on that use by the paternal function.

Law

Law is written with an uppercase L. Law is here used in its philosophical sense to suggest the universal regulation of human life to which everyone must submit. The law of Law, so to speak, is that total jouissance is firstly impossible and simultaneously prohibited, that there is a limit to jouissance and that these laws apply equally to oneself and ultimately as one comes to see, to the Other. Law is aligned with the symbolic, with the signifier, desire, lack, and loss. In its absence, the caprice and strength of the most powerful are free to dictate the terms of satisfaction.

Name-of-the-Father

Name-of-the-Father refers to the installation of a certain function of the signifier in relationship to limit and to speech that is established by the paternal function: the fact that the mother seeks her object of desire elsewhere and that this loss/lack is referred to a particular suturing of the marks of the (m)other's desire by the logic of the signifier, allowing the subject to enter into the series of substitutions that found social existence.

Object a

The impossible object-cause of desire. In chapter 12, Bergeron describes the object *a* as an inadequate hallucination of a mythical lost object, supposed by the subject to be causing the real jouissance that traverses human being irreducibly in excess of any possible signification. Because that real jouissance cannot be represented, and yet insists in the

subject, the subject supposes a series of substitute objects as impostor representatives of that impossible representation. The object *a* insists as a non-specular quality of another that causes desire; it is deduced from its function in the subject's fantasy.

Other/other

These terms describe the position held by an important other person (parent, analyst, society, etc.) in the psychic life of the subject. The other (small o) describes this position in terms of the imaginary register; the Other (large O) is more commonly the concern of the present collection and describes this position in terms of the symbolic order. But the Other means more than its face as the symbolic Other, for this register always implies more; language is irreducible to its properties as a system; there is more to the alterity of language. Because the subject must go through the Other for the satisfaction of needs, and because the response (or nonresponse) of the Other seems unpredictable, the subject will suppose that the possibility of satisfaction is subject to the demands, desires, and requirements of the Other, that he or she occupies a certain position in terms of the *jouissance* of the Other. The relationship of the subject to the *jouissance* of the Other is, therefore, the crucial question of the subject's life and is determinative of his or her psychic structure.

Perversion

Perversion describes not any actual or fantasized behavior in itself, but rather constitutes one of the three fundamental psychic structures (together with neurosis and psychosis). The cornerstone of this structure is the subject's attempt to deny the paternal function (the phallus, the law of lack, the signifier of desire), to demonstrate the uselessness of the Father in a maternal universe. Perversion is more fully discussed in chapters 10, and 11.

Phallus

The signifier of the Other's desire that triangulates the child in the Oedipal scenario and thus engenders the subject as, precisely, a speaking being. Hence, it is not the same as the penis. When Lacan writes that the phallus is the signifier of the effects of the signifier, one of the things he means is that the phallus signifies the effects of the definitive *loss* due to language and its incompleteness. It introduces the child to lack and desire and bears a specific relation to his or her being as sexed.

Real

One of the three basic, interconnected registers (with the symbolic and the imaginary) with which Lacan describes psychic life. The real is linked with impasses in the logic of the signifier and its formalization. Thus, the real can be associated with the impossible and what can not be (at present or ever) put into the dialectic of the signifier. The real can be connected with repetition, *jouissance* (in some of its formations), and the drive.

Savoir

Gifric uses the word *savoir* to describe the singular knowledge that comes out of the experience of the clinic. At one level, *savoir* is a knowledge that is utterly particular to the subject, irreducible to the level of information, concerning the particularities of the subject's relation to *jouissance*. The *savoir* at the end of analysis refers itself to fantasy and concerns the cause of the failing of *jouissance*. *Savoir* may therefore be considered necessary to assuming the risks of one's desire and hence at the heart of a psychoanalytic ethics. There are other levels of *savoir* that serve to inform clinical praxis.

Symbolic

One of the three basic, interconnected registers (with the real and the imaginary) with which Lacan describes psychic life. In a general sense, the symbolic order is made up of the cultural and historical demands that social life imposes upon the human being (chap. 2). Put in a more structural sense, the symbolic concerns the subject's relation to the phallus, to law and to the signifier. The symbolic is the dimension that allows access to the unconscious in that the unconscious is structured like a language and returns in the formations and mis-fires of speech.

Notes

1. James Glogowski has also argued this point eloquently in his essay on the drive.

2. Other North American associations for the training of Lacanian analysts include RSI in Montréal, *Après Coup* in New York City, and the Lacanian School of Psychoanalysis in Berkeley, California; there are, moreover, innumerable Lacanian trained analysts offering individual supervision. The reader should not suppose that the training provided by such associations is uniform (as with any school of psychoanalysis), nor that the list here is an exhaustive one. Less formally of course, there exists a wide network of reading groups, seminars and cartels.

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