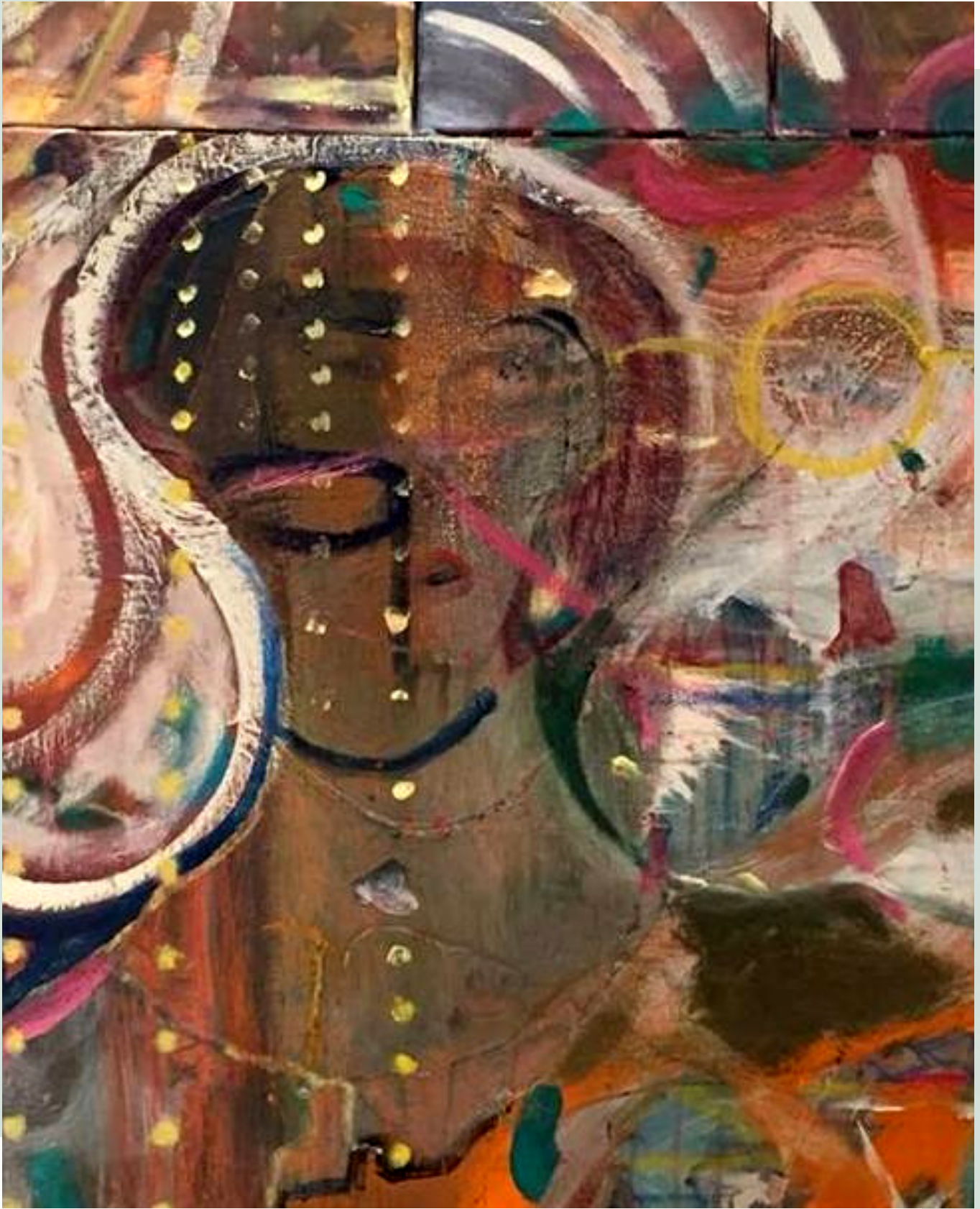


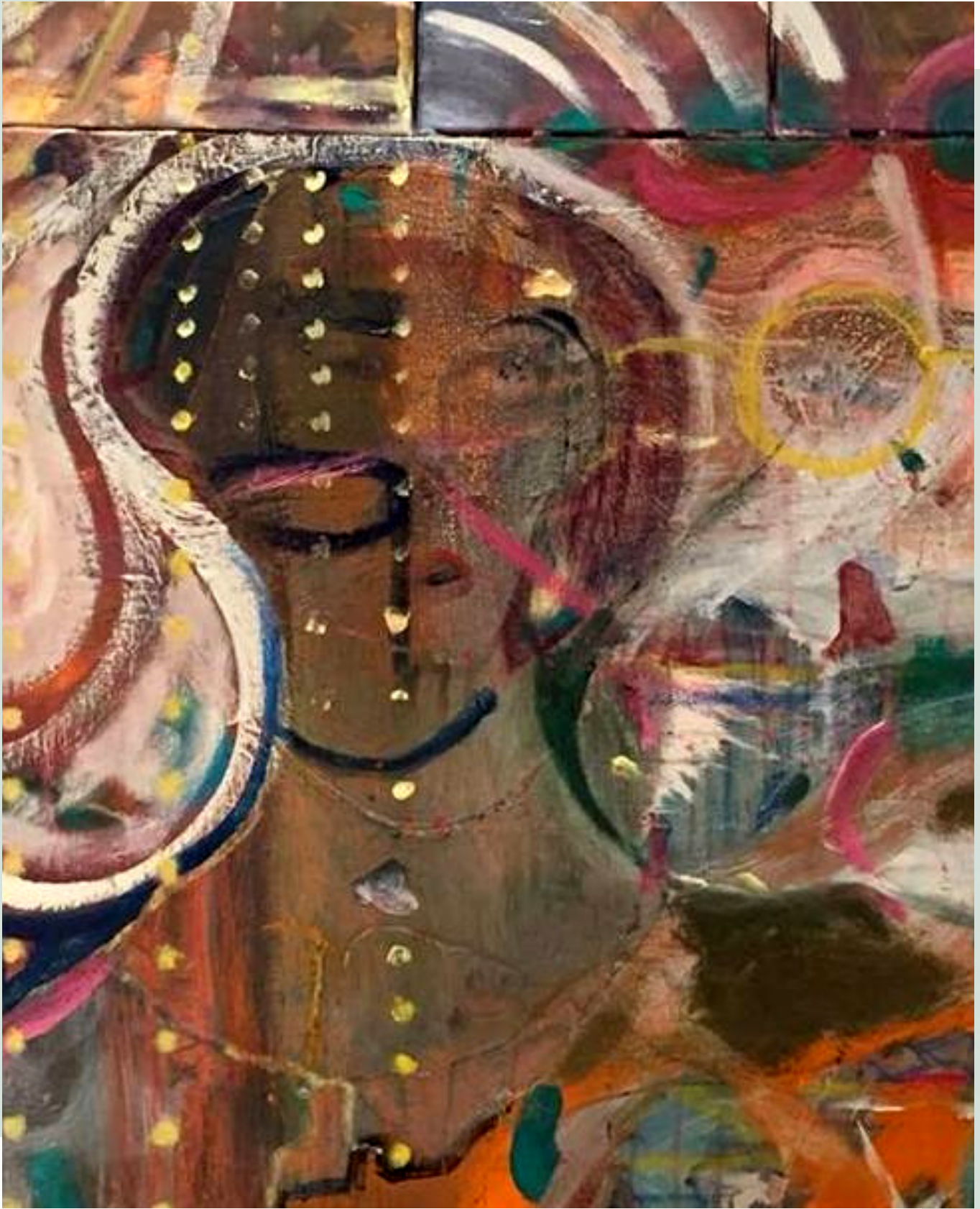
# SCRÍOBH



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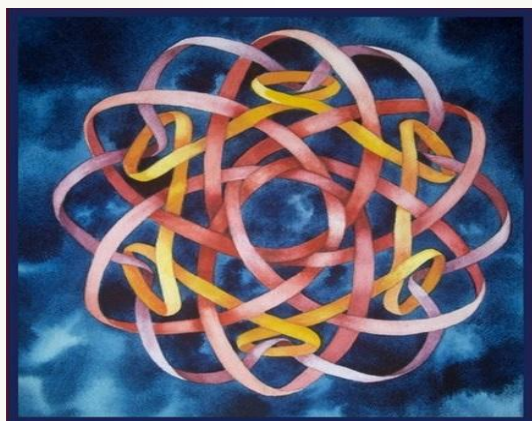
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## ***SCRÍOBH* 4 Editorial**

### **Clinic: 'one-by-one'**

In this the 4th issue of *Scríobh*, the digital newsletter of ICLO-NLS, we pay homage to Judith Miller, philosopher and indefatigable fighter for the cause of psychoanalysis; daughter of Jacques Lacan and Sylvia Bataille, her passing last December was a source of great sadness amongst the psychoanalytic community and beyond. We publish here, for the first time in English and with the very kind authorisation of Eve Miller-Rose, an interview that Judith Miller gave to *L'Ah Non* in October 2004. The topic: "The Freudian Field", which nominates a continual re-conquering of Freud's invention of psychoanalysis and his hypothesis of the unconscious via the teaching of Jacques Lacan. Judith Miller emphasises the necessity of the one-by-one in clinical practice and offers encouragement via 'the permanent surprise of the clinic' to remain 'dynamic, vigilant and determined', particularly in the face of a new proliferation of practices of cognitivist normativisation and a wave of epistemic homogenisation within the University system today – a totalitarianism and all the more insidious that it is of the soft kind – involving 'an indefinite reproduction of segregation' where invention, poetry and exception are decried and psychic suffering is deemed as illness. Block, resist, invent anew; each one is responsible for that which he or she leaves to future generations, and in that we thank Judith Miller for her bequest.

Gustavo Dessal in his paper, *The Slip of Sex*, takes up the thread in proposing that advances in technology and science, in a political and economic landscape where the old assurances no longer hold sway have 'induced the delusional ideal of unprecedented freedom', the possibility of a self-invention – to choose one's gender, or to establish one's sexual difference via the signifier.



However, despite the best efforts of the socio-medico field in the area of 'transgender', Gustavo Dessal highlights, from a psychoanalytic perspective, that sexual difference concerns a real of jouissance which 'exceeds the signifier'.

Pierre Sidon, proposes a fine text dedicated to the fate of the fantasy in the age of the ready-made-object, where imperatives towards the direct incorporation of the object, - whether it is the latest gadget or educative solutions for addiction treatment -, are contraindicated by educative messages of moderation and mindfulness. What are the effects of this within institutions of care and programs of treatment for addictions? What solutions are possible in the absence of desire and in that face of the often harmful effects of re-education as it appears as a function of the pseudo-discourse of capitalism?

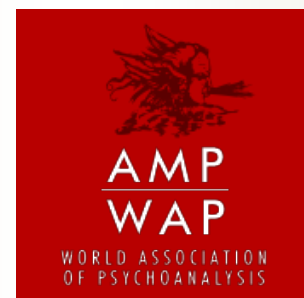
Hugh Jarrett offers a report on Neus Carbonell's seminar: "The Field of Psychosis in Childhood [...]", in which he identifies a particular thread: no psychosis outside of language, yet no subjectivisation of history with the psychotic subject. Hugh recalls that Neus alighted on three moments of Lacan's teaching as to how a limit can be brought to bear on problematic(s) of jouissance in child psychoses - three moments which are not at all mutually exclusive.

Sheila Power, in her review of the production in the Gaiety Theatre, Dublin of "ART" - The Play by Yasmina Reza examines themes of friendship and identification *via* the concept of the void as a function of productivity in art works - that also perhaps escapes representation in matters of love.

What is clear nowadays is that it is the analytic experience which offers a response, as treatment of the ever increasing effects of multiplying segregations and the vicissitudes of consumerism; it also involves a requirement, to deploy the analytic discourse within the political arena. In

this Issue 4 of *Scríobh* the texts selected reflect a desire that this engagement with politics will continue.

*Raphael Montague*



**ICLO-NLS**

The Irish Circle of the Lacanian Orientation-  
New Lacanian School



## Interview with Judith Miller - Excerpts

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### THE FREUDIAN FIELD, ITS SPACE-TIME AND ITS AIMS

"The Freudian Field is a vast ensemble for which I am not solely responsible, to which I actively contribute with dozens, and even hundreds of others. It concerns thousands of people around the world. What is inscribed under this signifier, Freudian Field, is the entire community of work that refers to the teaching of Jacques Lacan, "the one by whom psychoanalysis still exists today", as Serge Cottet said in 1991 in his address at the *Rencontre Jacques Lacan*, commemorating the tenth anniversary of his death. Some of the interventions of this *Rencontre* were published in the collection of the Freudian Field under the title "Do you know Lacan?" thanks to Françoise Giroud.

The name Freudian Field [*Champ freudien*] was given to this collection by Jacques Lacan since its creation at Le Seuil in 1966. This was not the first time that Lacan used this phrase, present notably in the *Founding Act of his School* in 1964. By Freudian Field Jacques Lacan names - the conceptual space and the new practice opened up by Freud's invention of psychoanalysis, and his hypothesis of the unconscious. Field is to be understood in the sense of magnetic or electric field, it indicates that the subject - like the electron - is not free but responds to laws, those of language, in the contingency from which his pathway results. See Jacques Lacan's *Seminar XI* or his more difficult text on Edgar Poe's *Purloined Letter*, with which he chose to open his *Écrits* in 1966. It is important to recognise today, when we

are called to calculate and to quantify, the very scientific treatment given by Lacan to the random; perfectly compatible with the analytic work, that of the unconscious, since he accounts for it. But I'm anticipating [...]

Therefore, the Schools of Psychoanalysis of the Lacanian orientation gathered in the World Association of Psychoanalysis, and the Clinical Sections, the Seminars of the Freudian Field (crucial for the training of practitioners, and one of the foundations by means of which the Schools of the Freudian Field were built and consolidated), the Institutes, they are all part of the Freudian Field. You can appreciate that the Freudian Field is a kind of small world which, through its comprehensive study of the thought of Jacques Lacan, wishes to remain dynamic, vigilant and determined, in order not to fall into routine, to continuously re-conquer itself - and to respond to the surprises - good or bad - that the contemporary world holds for us. I'm still anticipating! I hope you will give me the opportunity to talk a bit about what Lacan calls the "re-conquest" of the Freudian Field?

This re-conquest is in point of fact explicitly defined by Lacan in the third Section of the Statutes that Lacan wrote for his School in 1964. The chapter "ethics" of this third Section rejoins the first one on "pure" psychoanalysis and the second one on psychoanalysis "applied to therapeutics", that is to say, the practice of psychoanalysis, in private practice or in an institution.

Lacan himself assured this re-conquest, first by means of his teaching, through the "return to Freud" that he operated, as well as through the advances he himself produced, not without giving his attention to the analytical literature contemporary to him. Thanks to Lacan, one can today read Freud without going into all the dead ends where the so-called "orthodox" brought Freud's work - to the point of betraying it -

notably in the first topography, the *Project for a Scientific Psychology*, *Studies on Hysteria*, *On Narcissism*, the Five Case Studies, and other great Freudian papers; the death drive, and the very notions of superego and drive (*trieb*). Then, by means of the foundation of his School – he who says School, says disciples. Last but not least, by means of his practice. Today this re-conquest continues: on the one hand through the Schools of the WAP, and on the other hand through the Freudian Field as an institution, which works primarily to re-conquer itself, and to give to psychoanalysis the place which it deserves in the city, but also in the countries where it was absent, particularly the countries of Eastern Europe where the rule of law is restored. Regarding this last activity, exciting and long-term, it progresses slowly but surely. It is now becoming more and more closely linked to the New Lacanian School, which brings together, from European countries, communities of work that are not numerous enough to assure the aims of a School of Psychoanalysis. If I begin to tell you about the details of this section of the Freudian Field, I risk being inexhaustible [...]. Here [again], the case by case is precious, and therefore indispensable.

Let's go back to your question which concerns the Association of the Foundation of the Freudian Field, created by Jacques Lacan in 1979, and what is called the “Freudian Field” [...]. The first article of its statutes says that the Foundation's aim is to contribute to the promotion of psychoanalysis and its progress. Jacques Lacan thought of it as not addressing (I begin in the manner of Derrida – by a neither/ nor definition) neither the members of the School of Psychoanalysis, nor the students of the Department of Psychoanalysis at the University of Paris VIII, nor the students of the Clinical Sections. It addresses all of the practitioners in the field of mental health, from the nurse to the Head of the Psychiatry Service, but also from the paediatrician to the social worker, because of the weight of their tasks, who

want to know how psychoanalysis approaches the singularity of each person and his suffering; the suffering that led him to address himself or be addressed to someone, in private practice or within an institution.

The Freudian Field, in the narrow sense of the term, is composed of a multiplicity of study and research groups, most of them very local and for this reason constituted as national, European or international networks. Some have a specific thematic [...]; others support and promote a work transference that allows those who are involved to advance in their theoretical studies, to enlighten their practice and modify it accordingly. Planned events, debates, Seminars, Study-Days, Colloquia, journals, bulletins and libraries, are the instruments of this work transference, which continually demonstrate its fruitfulness. The status quo is not the prerogative of the Freudian Field but rather the breath (its emblem is a little Aeolus, god of the wind, of Dürer: up to each one to free-associate), and even its whirlpool. That does not mean that it spins aimlessly, quite the opposite. [...]

Lacan never spoke of a School of Psychoanalysts but a School of Psychoanalysis, which is very different. The School of Psychoanalysis serves psychoanalysis, it takes responsibility for maintaining the “cutting edge”, he said, of the Freudian discovery; it constantly sharpens it before anything that would contribute to eroding it, always staying as close as possible to the changes in civilization, as well as keeping itself awake. We all have to struggle against our own tendency to sleep. The recent battle<sup>1</sup> [...] illustrates the difference between a School of Psychoanalysis and a School of Psychoanalysts: the School of the Freudian Cause (ECF) has not defended professional, corporatists interests; it defended the very principles of psychoanalysis and its

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<sup>1</sup> Against the Accoyer amendment of 8<sup>th</sup> October 2003



practice; it did not hesitate to show solidarity with other professionals to stop the aggression that constituted this amendment against psychoanalysis, but also against the reduction of citizens to 'users' and of those who know human suffering to 'sick people', thus depriving them of the right to choose who to talk to about what is most intimate for them, and therefore depriving us all of the right to speak. [...]

Jacques Lacan was the first director of the Department of Psychoanalysis at the University of Paris VIII, which is - to my knowledge - the only Department of Psychoanalysis within the University system. This department statutorily specifies that it does not train psychoanalysts, nor does it deliver any qualification of 'psychoanalyst', but ensures a teaching which addresses the concepts of the psychoanalytic doctrine, its trends, its history, its relationships to sciences and the arts, etc. I believe that psychiatrists, whether or not there is any teaching of psychoanalysis in the Faculty of Medicine, even among the most radically biologist supporters of biochemistry hypotheses, when they have a difficult case, continue to send them to Lacanian psychoanalysts who, with Lacan, do not recoil before psychosis.

Don't forget that throughout his life, Lacan never stopped, - providing a weekly patient presentation at Sainte-Anne hospital. The Clinical Sections continue in his footsteps, and patient presentations have become a Lacanian tradition. It must be pointed out that a patient presentation such as Lacan practiced has nothing to do with the presentation of a patient (in order to pass the certificate of psychopathology) as I knew it when I was a philosophy student and which horrified me; it turned a lecture hall of students into voyeurs, at whom the psychiatrist winked each time the patient gave a sign that ticked the box of what had been taught to them of this or that pathological state. For my part I gave up these

presentations after the second one, which did not prevent me from passing this certificate, because the case to be diagnosed was constructed from the standpoint of the course that we had to take.

I do not know entirely how things are going today, I know that the teaching of psychopathology is under threat, that a cognitive-behavioural wave is sweeping through the French universities and that cognitive-behavioural laboratories are being opened. My conviction, of course, is that it is essential for students to be able to compare what is said in these courses with what they hear from those who resist this invasion while teaching the concepts that account for the experience of the psychoanalytic clinic and of the psychopathology of everyday life. This comparison will allow them to choose as these are two incompatible approaches.

If I take the example of the symptom, on the one hand the objective is to make it disappear according to a pre-established program, a protocol, as one says to seem scientific, a protocol which must be as cost-effective as possible and therefore as brief as possible. On the other hand, the removal of the symptom is not the goal - but it will happen. Freud himself even says that it is not desirable that the symptom is removed for a certain time and apologises for the apparent cruelty of such a position: the disorder, the noise that the symptom can engender, is not considered as having to be eliminated as quickly as possible, nor silenced so that everything continues to purr serenely. The question is posed as to what does someone mean by or with his or her symptom(s), this meaning is to be determined and only he who is its bearer knows it without knowing it. This meaning is particular to the one whom, while complaining about it and suffering from it, finds in it a singular solution to the question which he cannot immediately circumscribe, but which arises for him as for everyone else, and which I would formulate thus: Do I want what I desire?

What may seem even crueller on this side is the denial implicit in the claim to eradicate the symptom: because here, there is something incurable; the symptom at the end of an analysis is not the same as that at the beginning and also it is lived differently. Everyone knows what Freud used to say: drive the symptom out the door and it will come back through the window. It is not the symptom that is targeted, but its meaning, and it is an answer, for which everyone can arrive at becoming responsible if one decides to get out of one's ignorance about it.

It is therefore up to you, the students and all those who care about that which is the permanent surprise of the clinic, also that which is proper to man, to block, to resist the generalised uniformisation, the homogenisation of university education and the requirements of CBT's, which treat men as dogs, citizens as users, inventors as disruptors; which treat those who experience psychic suffering as sick people. Thus refusing attempts at the homogenisation (as if it were milk) of the creativity present in each one. (What would poets and inventors become in a world normalised by CBT?)

[...]

Clinical Sections, as their name suggests, train practitioners of what is called mental health in the practice and knowledge of the clinic [...]; I must say that this term seems to me pernicious since it leads to a consideration of sickness for those considered as non-normal, because he/ she does not correspond to the norms derived from averages and curves constructed from often implicit coordinates, which aim to eliminate their so-called "disorders". What are these 'disorders' of, if not of the established order? No more poets or poetry, no more inventors and no science, no more diversity and no more exchanges, in a society that aims for mental health to reign over its members: "All the same, and keep moving" (a

new interpretation of "Silence!, we are filming!"<sup>2</sup>), such is the motto. This pertains to a soft totalitarianism, but a totalitarianism nevertheless: inveigh against the exception, immediately of which a class is made, then a subclass, and a sub-subclass, such that segregation is reproduced indefinitely; we know that this cannot last, but it is better not to risk it and thus seek to put a stop to its installation so as not to have an excessively hard time of it, even for a while. Resistance and invention are possible and no more difficult for the moment than the voluntary enslavement to which certain psychoanalyses are suited in their corporatist attitude, of the type "after me, the deluge".

For my part, I am still Kantian and consider - more each day - probably because I am three times a grandmother, that each adult is responsible for what he bequeaths to future generations. This is my version of the Last Judgment."

Translated by *Florencia F. C. Shanahan*

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<sup>2</sup> [TN] *Tous pareils, et que ça tourne (nouvelle interprétation de "Silence! on tourne!")* : Reference to a theatrical play. "Tourner": to film and to go around.



## THE SLIP OF SEX

### Some remarks on the so called Gender Identity Disorder

#### Gustavo Dessal

To begin with, I would like to describe briefly the conditions of our times in which we witness the emergence of this sexual phenomenon. The transmutation of sex, and the declaration of the existence of many sexes or genders, is a symptom of the liquid life, to employ the expression forged by Zygmunt Bauman. It is evident that these sexual manifestations are possible as long as all the solid definitions have been shaken, eroded and sometimes dissolved in the flow of a modernity that was created by several factors: economical, political, and techno-scientific. This upheaval of all definitions has produced two main effects. On the one hand, a general feeling of helplessness, on the other hand, it has induced the delusional ideal of an unprecedented freedom: the possibility of a self-invention. This is the point where technology will find its best chance, offering a platform, the know how and the tools to perform that invention. In the liquid and digital life, all of us are avatars of ourselves. In the liquid and digital life we can get rid of all the determinations, and conquer the magic and hallucinatory power of choosing what we want to be. This is the historical and social context where we have to locate the transgender phenomenon.

Now, if we move on to the psychoanalytic perspective, we should pick up the old Freudian notion of "bisexuality". The idea is actually brilliant, and I wonder if Freud was fully aware of all the consequences that it would bring when he advanced his thesis. We have to understand it as follows: if the subject is potentially bisexual, if their sexuality is free from the tyranny of the anatomical reality, it is so because there is a zero degree of sexuality. We won't start either from

the One (man or woman), or the Two (man and woman), but from the zero degree. The zero degree of sexuality is the condition of possibility for the construction of sex, or, in our words, the subjectivation of sex. This zero degree corresponds to the Lacanian formula that there is no sexual relation. Sex is a limit, it is the impossible to be properly said, and at the same time it is the cause of saying. If according to psychoanalysis sex is everywhere, it's because in human beings it doesn't have a place of its own. And this lack of an own place turns sex into a real always allocated to the symptom. Thus, in this matter disruption is forever the norm.

The Lurie Children's Hospital of Chicago is currently one of the most advanced institutions dedicated to the multidisciplinary approach to the Gender Identity Disorder in childhood and adolescence. It is composed of specialists in paediatrics, urology, endocrinology, psychiatry, psychology, family therapy, social workers and counsellors who supervise the ethical principles underpinning theoretical and practical issues. Even if the actual pioneer in the matter was the Boston Children's Hospital, the Lurie has the advantage of gathering in the same department the different and complementary therapeutic viewpoints to these cases. A rigorous, strict and thoughtful protocol allows the demand to be hosted, worked out and discussed by the whole team. Thus, every single case is considered in its radical singularity. There is a careful setting where different phases are planned in order to receive and assess the patient in such a way that gives privilege to the particular history, the background, the family context, and everything that might contribute to acknowledge the demand as a fact of discourse, much more than a clinical reality. One of the main features of the departments philosophy - directed by Dr. Robert Garofalo and Dr. Earl Cheng - is to offer therapeutic support that starts leading and reducing the anxiety sparked by the problem, in

both patients and families. There is special care not to speed up any kind of clinical action, in the medical sense of the word, at least until the case has gone through an exhaustive evaluation. So, the first step is to classify the demand in one of these following groups of subjects:

- 1) Gender-nonconforming children: children showing an atypical behaviour in relation to their natal sex.
- 2) Gender-questioning youth: children and adolescents questioning about their gender identity (i.e.: “I was born as a girl, but I wonder if actually I am not a boy”)
- 3) Transgender and gender-fluid youth: children and adolescents assuming a strong gender identity that does not coincide with the natal sex (i.e.: “I was born as a girl, but actually I am a boy”)

The first group includes little kids that will very early show behaviours usually seen in the opposite sex, according to the cultural standards of a given society. It's very important to notice that these demeanours aren't still manifest on the level of the discourse. The second one entails a bigger degree of subjectification of the problem, insofar either the boy or the girl is now able to verbalize his or her discomfort, but in a way that reveals a subjective division. The third group is composed by those subjects that assume and declare an identity conviction, the status of which has to be carefully studied.

The experience and the statistics show that in the first group there is a high probability for the atypical behaviour to disappear by itself when puberty is reached. In the second group, there is a higher probability for the subjective question to evolve into an “inverted identification”. And finally, the casuistic of the third group indicates that those subjects who declare without hesitation their sexual identification usually confirm this certainty, and it won't be modified

by the evolutive and psychosocial process. By the way, “the declaration of sex” is an expression used by Lacan in a series of lessons he gave in 1971 under the name of “The knowledge of the psychoanalyst”.

Another aspect I would like to highlight about the philosophy of this department in Lurie Hospital is the fact that by no means the goal is to “normalize” the gender choice, to force a sort of “reconciliation” between the subject and the biological sex. On the contrary, the aim is to “normalize” the transsexual phenomenon, to introduce it in the social discourse as an alternative and legitimate mode of sexual choice. Hard work is necessary to achieve this purpose, not only with families but also with the community, especially schools, where students and teachers are informed and educated about the need of hosting and admitting this difference that unbalance the classical criteria, and must not be mistaken with a disorder of the sexual tendency. Professionals at Lurie Hospital seem to distinguish accurately between the level of the semblant, the choice of a sexual position, and the orientation towards the object choice. Nevertheless, and following the traditional Anglo Saxon model, their methodology is mostly pragmatic, whilst the theoretical principles are not so easy to perceive.

The normativisation of the transgender identity does not mean that the professionals will neglect the psychopathological side of the matter. They admit that a significant proportion of patients show a psychiatric history including depression, suicidal and mutilating behaviours, severe anxiety, bipolar disorder, and psychiatric hospitalization. Through diagnostic interviews and assessments they search for the possibility of a double pathology. However, specialists do not have a definite conclusion, and they wonder if the sexual problem is a result of the morbid symptoms or the other way round. As we will see, the fact that



patients treated with hormonal blockers (that will delay the pubertal transformation) will instantly react with a symptomatic relief, making the professionals think that in most cases the psychopathological manifestations are due to the sexual conflict. Another side that we must highlight is that the research does not prove any kind of genetic, hormonal or organic alterations. Although they will not pronounce themselves about causality, they speak clearly and rule out the organogenesis. Dr. Norman Spack (of Boston Hospital) suggests that anyway there is still a lot left to expect from the brain study. Instead, Dr. Garofalo (who by the way admits publicly being gay) argues differently. The therapeutic approach, including psychotherapy, medical procedures such as blockers, hormones administration and occasional sexual reassignment surgery in patients who eventually demand and fulfil the criteria, is from the very beginning drawn up as a strategy that gives up all causal theories and avoids stigmatizing the family. In other terms, they try to stay away from being involved in a battle like the one psychoanalysts had to bear as regards autism. Dr. Garofalo's strategy might be discussed, but the results are undoubtedly beneficial for the goals of his team.

Even if they do not encourage an ideology of re-agreement between the subject and their biological sex, they admit that the answer to the problem is extremely complex. For instance, a report of the Boston Children's Hospital says: "Although cross-sex hormones and genital reconstructive surgery promote cross-gender physical features, they often fail to achieve the appearance of the affirmed gender. Cross-sex hormones cannot undo breasts, body contour, and limited height in genotypic females or male-pattern facial/scalp hair distribution, skeletal changes, voice pitch, and 'Adam's apple' in genotypic male individuals. These cause emotional distress and can be altered only with expensive out-of-pocket treatments, often with

unrewarding results". On the other side, mammoplasty in female adolescents who haven't still reached the biological maturity may lead to serious aesthetic consequences: the trunk will never look like a man's.

Professionals do not say this in a manifest way, but it is absolutely evident that they admit a Freudian premise: the split between the biological sex and the assumption of the sexual identity and orientation. We find several remarks that are really interesting. In spite of this they are basically supported by cultural notions, they recognize the structuring force of the symbolic. Dr. Norman Spack, co-director of the Gender Management Service of the Boston Children's Hospital begins one of his papers this way: "In traditional Navaho culture, individuals with the physical or behavioural features of both genders are considered "two-spirited" and often arbitrate in marriage disputes because they're trusted to see both sides of the story. However, in the broader American culture, identifying with a gender different from the one assigned at birth—what we call transgender—is not fully understood or accepted". And in the above mentioned report, the authors remark that: "Parents of genotypic female individuals may believe their daughters with GID are going through a temporary phase because Western society accepts androgyny in female individuals". This is something familiar to us, since hysteria and bisexuality have been always connected by Freud, and later on by Coco Chanel when she discovered the sensual power of women in suits and ties. The authors also discuss that hormonal blockers will reduce the sharp discomfort of the endogenic pubertal development and will increase an "appropriate gender attribution", something they define as "the perception society has about a person's gender". Terms such as "gender identity", "gender expression" and "gender perceptions" show that, despite the conceptual weakness of the way they focus on the strictly subjective side of the

problem, they keep a prudent distance from a scientist position.

Different works and interviews show a common factor: that is, a need to place transgender subjects in the social discourse and the social bond, therefore, this is the main labour that has to be done in community centres, schools, universities, companies, in order to encourage the population to assimilate the existence of a sexual condition that is still unbeknown for many people, or mistaken with homosexuality. By the way, according to statistics, homosexual tendency is three times more frequent than heterosexuality in transgender individuals.

For the American specialists, the initial purpose of the clinical approach to pre-pubertal subjects is not the medical treatment, but firstly a correct psychological assessment of the problem, even if they are not very explicit of what they mean by a “correct assessment”. Then, they will try to find a consensual agreement between the child, his or her parents and the team about the convenience of using hormone blockers that have a reversible effect, in order to delay (the) sexual maturity and gain some time for the psychotherapeutic work. In most cases, the use of blockers is very quickly accepted. This second phase usually leads to the irreversible hormone treatment process during adolescence. Professionals wonder about the reason why adolescent patients change their psychological attitude and mood when they achieve a similar, or identical appearance of the gender they are certain to have. This is exactly the point where we can interrogate the “symptomatic” function that Lacan proposes, as far as the imaginary identification, and especially the assumption of a new name, and the re-naming as female or male in the discourse (hence the symbolic importance of an identity card that matches their name and gender; and the use of toilets) operates as a nomination or a quilting point that can mend the slip of the RSI knot. In

most cases, high levels of anxiety, suicidal thoughts or attempts immediately stop as soon as the patients know that they will get blockers. We have to dwell on this clinical indicator, because even if they demand an intervention in the body, the real that overflows them paradoxically seems to be beyond the body.

Surprisingly, there is a sort of secrecy everywhere, in articles, videos, documentaries, a kind of mystery about something as simple as this: “What kind of sexual life do young transgender people have?”. We scarcely find a single word concerning the sexual satisfaction they get, and how they use their body for that. Subjects stress the need of a concordance between feeling and body, and address themselves to the Other for the recognition of the declared identity. There is a very funny and even tender sequence in a documentary. Some male adolescents befriend with M., a girl who has adopted a male identity. At first, the boys are pretty much astonished, but they will soon accept the situation and become good comrades. They try to help the newcomer, and indoctrinate him to improve the male semblant. “We told him not to refrain himself if he wants to burp. He has to burp soundly, ‘cause that’s the way we boys do it”. Another one recommends gymnastics to increase the muscle bulk and make the body look more virile. M. seems to be happy finding his place among his peers, and feels safe and protected by his new friends. If femininity is related to the masquerade, the nice pieces of advice these young guys give to their disciple show that manhood is always an imposture. Even the subject that has a biological male sex has to play a parody of masculinity, and the more exaggerated it is, the less credible it seems: “playing the man”, the female hysteric will always be the winner.

Joan Copjec argues that gender theory has declared that the concept of “sexual difference” is suspicious, and replaced it by the category of



“gender”, a category that the author considers as “neutered”, taking advantage of the ambiguity of the word, which means “neutral” but also “castrated”. Copjec says that gender theory accomplished a great feat. It removed the sex from the sexual difference, in the sense that gender theory ontologises the sex, and cuts off the relationship between sex and enjoyment. Gender theory rules out every discussion about the concept of difference, proposing a virtual multiplicity of sexes, a sort of multiplication of “ones” and the possibility of an infinite number of drives. Every subject would be able to make use of their “individual drive”.

The real problem, that no medical and psychological approach will ever solve, is that either gender identification or gender dysphoria are both concepts wholly based on the symbolic and the imaginary. The funny silence about the sexual life of transgender subjects reveals that gender viewpoint on the symptom neglects the fact that the sexual difference cannot be reduced to the multiple possibilities offered by the signifier. Why couldn't we admit the existence of two, three, four, all the sexes we want? We would just need to find a name for each one. The sexual difference cannot be simplified as a symbolic opposition. It is not two parts that added up would equal One. From the viewpoint of psychoanalysis, the sexual difference is related to the real of jouissance. The jouissance is a real in the sense that it exceeds the signifier, and that is the reason why sexuality does not have a place of its own. Human sexuality constitutes a perversion of biology and at the same time it is not entirely submitted to the cultural influences as gender theories are prone to thinking. So, when we make such a simple question as: “How does a transgender subject enjoy?”, we must leave the ground of ontology. It's not a matter of being anymore, because jouissance will always pierce the consistence of the being. Lacan's seminar “Encore” deals with a very complex and delicate

problem, insofar number two is not the starting point to think through the sexual difference. In Seminar “Encore” Lacan goes beyond all the original binaries we already know: man/woman; nature/culture; presence/absence of either the phallic signifier or the organ; S1/S2, not even the famous binary signifier/jouissance. None of this will be applied to elaborate a new theory of the sexual difference. On the contrary, the conceptual frame is the axiom of “The One”: “There is the One”, the signifier as One, that by itself cannot name the difference. “There is the One” implies that the signifier is the cause of jouissance. It is at the same time evident and paradoxical that posing the sexual difference from the viewpoint of the One (a very particular One that subverts the notion of the one, because it is a signifier that cannot build up any sort of completeness), we have to do without everything that belongs to the register of the signification. Why? Because the signification demands the S2, the signifier that is missing, according to the axiom of the non existence of the sexual relation. Thus, we need a special logic to conceive the sexual difference starting from the impossibility of the relationship between the elements of the difference. Even if it might seem obvious, it is not the same to utter “there is no sexual relation” and “there is no relation between man and woman”. The latter is supposed to admit that man and woman are two modes of the being, that both of them are sustained by an ontology, or that even if there is no relation, we could however state that there are two types of beings. If we check the statistics of Chicago and Boston Hospitals we will find out that a 60 percent of the young transgender subjects declare a homosexual tendency. What kind of “other” would be this “same gender” chosen by the transgender subject? How are we going to answer this question if, according to Lacan, we make the subject depend on this One alone? The problem grows as long as sexuality cannot be reduced to an identitary matter. Dr. Norman

Spack, from Boston Hospital, is amazingly radical at this point: he literally says that “being transgender has nothing to do with sexuality”. Really? So, what does it have to do with? We can't help suspecting that everything connected to jouissance is simply foreclosed in the hospital departments dealing with GID.

Going against the grain of sex considered as a being (“Am I a man or a woman?”; “I am a woman captive in a man's body”; or “I am a man who was born in a wrong body”), Lacan is going to sustain the impossibility for psychoanalysis to found a new ontology, because the jouissance of the body, in the way it affects the human subject, does not really constitute a being, nor does it establish any kind of essence, hence the fact that it is only “for brevity” that Lacan allows himself to use the terms “man” and “woman”. What in psychoanalysis we call “sexuality” is a kind of anomaly that language inoculates in the organism, originating all the phenomena that we circumscribe under the concepts of libido, jouissance and sexual drive. To make a long story short: sexuality will never fit in the right place.

Of course, the “sexual non-relation” presupposes some kind of sexual difference. If not, it wouldn't make sense to say that a certain relation is not produced. The One, the signifier asserted as one alone and not as an element of the classical couple of signifiers that represent the subject of the unconscious, is a paradoxical One. It is a One less than a one (let's bear in mind the long Lacanian development about “the want to be”), but it is also more than one, bigger than the unity, because it carries that surplus we call jouissance. Hence, the One prevents not only the unity, but it is constantly in conflict with itself. This inconsistency of the One makes it useless to create a being that could identify itself as “one”. Thus, and independently of the diagnostic basis we could suppose to a transgender subject, his or her ontological certainty is a very singular

phenomenon, as strange as it can be, for instance, the pseudo hallucinatory perception of the body image in anorexia. The Swiss psychoanalyst François Ansermet suggests “a certainty with no exteriority”, which means that it will not admit any kind of dialectic flexibility. “I am a man” or “I am a woman” are statements very difficult to underpin from the point of view of the logic of jouissance. So, they can be uttered as “authentic” identifications as long as they play a role of defense in face to the real.



The transgender subject rejects the signifier determination, and asserts in a hyperbolic way his or her freedom of choice. He or she will claim for their right to build themselves, a claim that matches perfectly well with the message spread everywhere in our times.

Maybe we could venture the hypothesis that the transgender subject does not believe in the unconscious. So, in these cases we are due to start asking the following question, even if we know we shall never find a general answer. Beyond the diagnosis, is the transgender project of a subject attached to the unconscious or not?

*This is the text of a Seminar delivered by Gustavo Dessal at ICLO-NLS in April 2017. A version of it was published in Lacunae, Issue 15, December 2017.*



## The Triumph of Education<sup>1</sup>

Pierre Sidon

During his Course, *From the Symptom to Fantasy and Back Again*, Jacques-Alain Miller signalled that the Discourse of the Master “can only consist by rupturing the fantasy”<sup>2</sup>. The social bond induced by this Discourse, as identified by Lacan, is a functional bond: Keep moving! [*que ça circule*]<sup>3</sup>. It inscribes the impossible of the singular fantasy: S // a.

*Discourse of Imposed Servitude. Or: The For-One<sup>4</sup>*

But if it turns around, is it not because the - individual - fantasy is entangled in and by the social bond? ( $S \rightarrow S_1 \rightarrow S_2 \rightarrow a$ ) Of course the symptom, as the unconscious, is social. Is there however, a perfect seal between the discourses - which determine the social bond and the fantasy? Does the social bond in itself not bristle with secret affinities between voluntary servitudes and various fantasies?

Does the very articulation that Lacan inscribes as  $S \diamond a$ , not testify to the complicity between bodies and the symbolic register which he places as foundational to the concept of the social bond? We find the following in *L'Étourdit*:

<sup>1</sup> A version of this text appears on the blog [www.addicta.org](http://www.addicta.org) and forms part of the 2017 – 2018 Clinical Conversations and Addictology series of the TyA, a Europe wide organisation dedicated to psychoanalytic research and treatment of drug addiction and alcoholism.

<sup>2</sup> Miller, J.-A., *L'Orientation lacanienne*, Teaching delivered at the Department of Psychoanalysis, University Paris VIII, on 3/11/1982, Unpublished: “Et pour reprendre l'expression même où Lacan reconnaissait le discours du maître, qui est moins vrai depuis qu'Harvey a découvert la circulation sanguine : le désir que ça circule. Il n'y a pas que le policier à cet égard, qui désire que ça circule, il y a le médecin, depuis cette date, comme je l'ai dit, tout à fait précise”

<sup>3</sup> Ibid.

<sup>4</sup> “Le Pour'Un” to be read as a reference to “De la servitude volontaire, ou le Contr'Un” (*The Discourse of Voluntary Servitude, or The Against-One*), the most famous work of Étienne de La Boétie, written in 1549.

“I have the task of clearing a path for the status of a discourse, there where I locate something of a discourse: and I locate it via the social bond to which the bodies that labituate<sup>5</sup> [*labitent*] this discourse are submitted.”<sup>6</sup>

What then of the rise to power of the Scientific Discourse, which produces the rise of objects of surplus-jouissance at the zenith of civilisation?

Surplus jouissance produces a connection to the impossible which denies castration. It permits a new circuit of jouissance, other than the one of the fantasy. One which, by contrast to the unconscious, is not social; it short circuits the circuit of speech,  $S_1 \rightarrow S_2$ , and does not allow for Discourse:  $S \rightarrow a$ . From this authorisation of jouissance there follows the type of democratic individualism identified early on by Tocqueville<sup>7</sup>. This is neither the fantasy nor the Discourse of the Master, since the Master signifier no longer holds sway over a jouissance which in itself is pluralised and flocculated within civilisation. Lacan, albeit ironically, still refers to it as a discourse: the Capitalist's Discourse. It is really no more than the fantasy, yoked by the Master and broken like the neck of a beast of burden. As Jacques-Alain Miller has indicated, “the subject, in his status as subject of the unconscious, is a serf”<sup>8</sup>, but in essence he has his bridle at his own disposal: it is a defacto inservitude imposed on all. And it is because nowadays the donkey is free, that there are waiting-lists” [*l'âne-à-listes*]<sup>9</sup>. But

<sup>5</sup> [TN] *Labitent*: a portmanteau of *labile* and *habitent*; or in EN, *labile* (easily broken down or displaced) and *inhabit*, where perhaps “labituate” gives an appropriate rendering of the FR.

<sup>6</sup> Lacan, J., *L'Étourdit*, in *Autres Écrits*, Le Seuil, 2001, p. 414.

<sup>7</sup> Viscount de Tocqueville, Alexis Charles Henri Clérel

<sup>8</sup> Miller J.-A., *L'Orientation lacanienne*, Teaching delivered at the Department of Psychoanalysis, University VIII, Paris on 21/11/1992, Unpublished.

<sup>9</sup> [TN] Cf. Miller, J.-A., *La Question de Madrid* Teaching delivered at the Department of Psychoanalysis, University Paris VIII, on 21/11/1990. Unpublished: “In fact, the object *a* and the Master signifier are opposite poles of

also the Master ( $S_1$ ) runs around, irresponsible with respect to *jouissance*, with the University ( $S_2$ ) as his acolyte, it too is nowadays liberated. This team, unhitched from a power which is paralytic and from a blind and indiscriminate knowledge, believing itself King scours the countryside, puffing itself up in the handing out willy-nilly of prescriptions and prohibitions; believing itself all powerful because now that he is no longer responsible no one asks anything of him anymore. Such is power today: evaluate, inform, educate ("as Lacan in 1968 indicated with respect to the USSR: "it is the University which holds the reins"<sup>10</sup>): a sanitised, acephalic, dictatorial tyranny, as impotent as it is authoritarian. The bodies adrift are smuggled into the *alethosphere*<sup>11</sup>, liberated in "full consciousness": it is the success of practices of "mindfulness"; or they are matched up by means of technology: it's the empire of the object.

There is perhaps a third current: the articulation of the Ones informed by their singular *jouissance* eager to share their rejection with others, as a form of pluralised, assumed, governance by the One: in short, the pursuit of Enlightenment, by psychoanalysis then. This is the political project.

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discourse. The name of analyst is a Master signifier. There is nothing that fascinates the actual analyst, or the potential analyst, as much as the business of nomination, designation and recognition. It was in addressing this point that Lacan was able to break down the name of analyst to make it *l'âne-à-listes* (analysts = donkey with a waiting list), which translates this antinomy by which the psychoanalyst is drawn and quartered between the name of analyst and his status as object in the (analytic) experience. It is that very same movement where he appeals to, sometimes by stamping his feet, the  $S_1$  of the name of analyst that would redeem his revocation that he is inhabited by an affect of imposture that he hides or that he displays."

<sup>10</sup> Lacan, J., *The Other Side of Psychoanalysis: The Seminar of Jacques Lacan, Book XVII*, Trans. R. Grigg, New York: W. W. Norton and Co., 2007, p. 206.

<sup>11</sup> Ibid, p. 182. [TN] Play on words between the Greek "*atmos*", as spirit, or vapour, (spirit of the age) and "*sphaero*", meaning "globe", but also "range of influence"; combined with "*aletheia*" (our relationship (or not) to unconcealing of truth) where our age is mass-mediated via, satellites, orbital probes, television and comms. technology, etc.

## Educatology

We can take an example from the so-called discipline of addiction studies (addictology) where we can see the first, let's say triumphant, installation of the "educational": education via professional certification primarily representative of the institutional field, education as a manner of "motivation"<sup>12</sup> to care, education via behavioural therapies, via addictology and psychiatry, education in the supervision of the nursing profession, education in the caring professions, education via a literature of "how to..." which invades our bookstores. This is *educatology*!

Conditioning seems to be the just deserts for those who refuse to comply: "more pedagogy is needed!" Is this not also the cry from those politicians whose constituents resist? And here also we can include our proponents of *ataraxia*<sup>13</sup>: "passion is a positive thing, as long as it allows ample time for management of the daily routine"<sup>14</sup> – preaches one University of Love. Subsequently, matters of everyday life and everyday living are accompanied by a parasitic moralising and a guilty rousing chorus which targets the contemporary subject with contrary injunctive imperatives, advocating consumption, and at the same time... moderation. Such preventative methods have for decades now proved ineffective, and in light of the proliferation of hygienist advertising, - which is an insult to intelligence - have proved even harmful. By placing the accent on consumption rather than on what consumption treats, there is a risk of encouraging a more or less substantive or

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<sup>12</sup> Cf. "The encounter with the social care system requires [...] the deployment of motivational techniques which facilitate the acceptance of a decision to change". Brousse, G., et al. "*Alcool et soins sous contrainte*" in *Encyclopédie Médico Chirurgicale*, Elsevier Masson SAS, Paris, Psychiatrie, 37-901-A-30, 2010.

<sup>13</sup> [TN] *Ataraxia*: in Greek philosophy, a term used to indicate a lucid state of healthy equanimity characterised by complete ongoing freedom from all anxiety or perturbation.

<sup>14</sup> Reynaud, M., *L'amour est une drogue douce*, Paris: Éditions Robert Laffont, 2005, p. 220.



institutional transgression<sup>15</sup>. The fact remains that such preventative advertising is not working; so then, let's do more of it! However, these injunctions also have the effect of depriving professionals of their singular voice, becoming substitutive invaders like in the celebrity television series<sup>16</sup>, even robotised. Thus, the dissemination of standardised advertising messages is increasingly demanded from "prevention agents" and this is at the expense of traditional, vibrant, adaptive and nuanced interventions: above all, let's prevent any transference.

### *Well Educated Users*

How do these so called "users" – this fine name given to the patients who attend institutions in France of the so called "medico-social" sector – in this instance those institutions of "addiction treatment" – experience the educative onslaught with which they are confronted? They have become used to it, and many of them sail through it with indifference, pursuing their own agenda. Severely addicted subjects do not have the function of desire at their disposal. This is very often why, in the first instance, they take drugs which alleviate this lacking function, and merely present in our institutions when they can no longer consume. When they wish to separate from their prostheses, it is very often a hole, one can say the void, – and not the entanglements of desire – that threatens to suck them in. So, this prêt-à-porter educative discourse sustains them for a short period of time, notably during the course of their stay. But many over-hype. They integrate and promote the discourse of abstinence with fervour, especially within communities of the *Anonymous* variety. Others engender a ritualisation within institutions of care, where they rely on the welcome and support of a large number of professionals. But, in these cases, is it solely educative? To say so would be a

misrecognition of the invested and lively presence of the practitioners of the methodology they believe they are serving. It is the action embodied by professionals, former service users and well-meaning volunteers, which proves the most powerful driver of the help on offer. This was revealed in the well known research on the efficacy of psychotherapies (the famous "Dodo's verdict"). It is not so much about the method, but the quality of the practitioner<sup>17</sup>. Sick of rejection, our "users" are firstly helped by the quality of the welcome they are granted. It is transference in the sense of a desire for life for them, which functions as the first medication. Whereas, on the contrary, the educative discourse – re-educative, so to speak – is applied without soul; it is a machine which destroys subjectivity and which operates by trying to impose on the subject a superstructure to constrain thought that might curb the drive. A superego. This is the very principle of behaviourism which would ignore the "little black box" and thanks to a simplistic cognitivism it has been repainted in the modernist colours of a science. In wanting to re-educate these incorrect thoughts this cognitivism changes nothing, as it still misses that which the behaviourists chose to ignore: the drive is the cause of the thoughts. Furthermore, by charging the superego, the effect which is obtained – already well recognised since Freud's time – is to feed its gluttony and to overburden the yoke of unworthiness, which already weighs heavily on the shoulders of the subject. It is not uncommon for the subject himself to take charge of these imperatives and to present as wanting to "stop everything" immediately, to reintegrate and to become normal". The backlash, as always is not far off, in the form of a renewed, redoubled and insatiable appetite, avenging of the damage inflicted to the drive by the ideal. As Lacan pointed out, one cannot "tickle" the object *a* without consequences, especially here where what is at stake is to reduce it. And when it is the subject himself that is in the position of object, it is not only the drive which takes revenge, but the subject in its entirety, and more often than not, against himself. It may also be against the social

<sup>15</sup> This signifier, referring to so called toxicomaniacs, was notoriously promoted by Dr. Olivenstein at Clinic Marmotan in Paris.

However, in our opinion, it better characterizes those who place a certain belief in the Other.

<sup>16</sup> *The Invaders*, Television Series created by Larry Cohen, American Broadcasting Corporation, 1967.

<sup>17</sup> Cf. Fonagy, P. and Roth, A., *What Works for Whom?*, (2<sup>nd</sup> Ed.) UK: Guilford Press, 2005.

group as constituted in his rejection from it<sup>18</sup>. Look out for explosions: Islamic jihad is not the only example of this problematic.

Thus, as we can see, such conditioning is hopeless in the case of the human being, in particular with regards to his reactivity, and this is commensurate with the primordial absence of desire. Education, as a grafting-on of a foreign desire – as benevolent as it may be – risks ending up with a reaction of rejection towards the illegitimacy of it, or with an attack of the graft against the host, thus killing the patient. Is there nothing to be done?

### *The Desire of Caregivers*

As a matter of course there is a fundamental human duty of assistance. The housing first movement<sup>19</sup> (in the French, first a roof) is one example. We can propose a *caveat*; that what should not be underestimated here is the individual's role in the causation of the rupture of the social bond, therefore attributing the very same role to a social Other. A further *caveat*; that care-giving risks contributing to the effacement of the professionals who get behind this social cause and, by the mirroring of the self-effacement of the patient, risks contributing to a reinforcement of a primitive paranoia. If the institution of care, for its part, does not efface the desire of these professionals, behind the average sustainable wage, it is because the human being cannot be reduced to his needs. The time for solutions is not dissociated from the time for survival: it is cheese and desert. What kind of solution can we then propose, when confronted with the aspiration towards the hole – apart from desire, which is absent, and re-education, which is detrimental? The support from a professional

may be long-lasting. However, he or she can aim higher, of course without resorting to the ideal, but also without renunciation. But aim where? Without the function of the fantasy that would articulate the subject to the Other, it is a matter of aiming at avoiding the attraction to and petrification by the object<sup>20</sup>: avoiding becoming the object of the Other's fantasy, his reject. The return to the function of the speech-exchange is the first stage. This is the best remedy which can oppose petrification and indeed, on the condition that the conversation is sustained, it may be sufficient. But it is also a means towards a search for solutions that are an alternative to the absence of desire; namely, the search for a new place for the subject within the social bond. There is little chance of achieving this without the most determined will to tap even the smallest manifestation of the subject's most intimate resources: the only genuine source of passion and the sole remedy for dereliction.



### *On the Impotence of Politics*

The clinical considerations in addiction studies (addictology) are not without political resonances,

<sup>18</sup> Laurent É., *De la folie de la horde aux triomphes des religions*, HebdoBlog, 26 mars 2017, <http://www.hebdo-blog.fr/de-la-folie-de-la-horde-aux-triomphe-des-religions/>

<sup>19</sup> [TN] The practice of *housing first* as a social policy first appeared in California in 1988 and became influential at a national level, both in the US and Northern Europe, in the late 2000's; the aim of the movement is to provide housing without conditions for the homeless, before, or as a preliminary to any other form of social care

<sup>20</sup> Stevens A., *Two Destinies for the Subject: neurotic identifications or psychotic petrification*, in *The Newsletter of the Freudian Field (NFF)* Spring/Fall 1991, Volume 5, Numbers 1 & 2.



particularly since opiates have become the new religion of the masses<sup>21</sup>. Of course one could be tempted, following Lacan's indication that "the unconscious is politics", to want to act on the political in order to modify the conditions of the unconscious. However, that would also be inspired by re-education. Hence, there are those who think that they can offset the influence and expansion of the "addictogenic society" by redeploying professionals into the social care field. One worries that this would be akin to the emergence of a neo-Epicurean movement, prepared to let loose an army of benevolent educators, toughened up for autonomous action and well versed in all the social-sciences required to moderate each speaking-being, in the name of the common Good. Nonetheless a question remains, one which is aptly highlighted by its author. How to pay Paul without robbing Peter? This is the very objection raised in a report in 2001 by psychiatrists Piel and Roelandt, which advocated the redeployment of psy-practitioners to the frontline of various social-services which patients frequently access<sup>22</sup>. That is to say: implement prevention for everyone so that it is no longer necessary to treat anyone. A certain degree of idealism is here attained, which prevents this dreamed of solution from disseminating its benefits for the moment. Two apparently opposing solutions remain: prohibition – which has caused as many deaths as drugs themselves; deaths caused by the "war on drugs". (One can read Éric Laurent on this point). And then legalisation, deployed here and there also with problematic effects. One can say that this is because prohibiting and authorising both fall under the Master's Discourse: on the one hand as an interdictory imperative (S<sub>1</sub>) and equally so an authorisation and a push to jouissance (a). Because it is a prescribed enjoyment, a jouissance permitted by the Master: a tyranny of pleasure as well. The conclusion is relatively obvious. There

are no collective solutions and indeed these in themselves can be far worse than the original problem.

### *Psychoanalysis to the Rescue*

And it is therefore, precisely at this point, that psychoanalysis can and must intervene at the level of politics; not to take an involvement in politics *per se*, but to preserve a breathing space for the speaking-being and to allow each one, in this era of "post-truth", to tailor a bespoke solution. It is up to the Discourse of the Analyst to deploy its efficiency within society, and therefore within the political landscape, in order to ensure the necessary ground for the singular work of the fantasy, or for the construction of an ego. The challenge for the future is to safeguard the full exercise of freedom of speech as a fundamental human right, a right to bullshit, something which is as vital to us as the air we breathe. What is at stake is also an ecology; an ecology of the speaking-being which ebbs and flows like icepacks or glaciers, a speaking-being which is evermore threatened by robotisation, identification with the refuse of consumption and production, the politically correct, theocracy and all such tyrannies. The very science which saves lives also promises us augmented humus. We all become addicts, drenched in the rain of objects and it is our parasitic language [*parasite langagier*] which is thus taken away from us. In this perspective there is no longer any serendipity on offer, in a world of uniformity and finally calm, there is no promise of an encounter [*bon heur*] of which to make happiness [*bonheur*]. Bye bye Zadig!! All we have to do now is "go home"! Like the Hikikomori<sup>23</sup> of Boon Joon-Ho's excellent film "Shaking Tokyo", and hope for a bit more love in the face of individualism pushed to its extreme consequences: the end of all social bonds. The world thus needs a symptom: it is psychoanalysis. Here we are.

Translated by *Raphael Montague*

<sup>21</sup> Anders G., (1972). *L'obsolescence du sens*, in *L'Obsolescence de l'homme, tome 2: Sur la destruction de la vie à l'époque de la troisième révolution industrielle*, trad. Christophe David, éditions Fario, Paris, 2011.

<sup>22</sup> Piel, E., and Jean-Luc Roelandt, *De la Psychiatrie vers la Santé Mentale*, Paris, Ministère de l'emploi et de la solidarité, July, 2001, p. 86.

<sup>23</sup> Those who choose acute social withdrawal.

## **"The Field of Psychosis in Childhood (and Adolescence)" A Lacanian Practice. Seminar with Neus Carbonell**

Report by Hugh Jarrett

On 17th February 2018 Neus Carbonell spoke to ICLO on the topic of "The Field of Psychosis in Childhood (and Adolescence)". As was noted by Florencia Shanahan, Chair of ICLO, who introduced Neus, this title evokes a question about how psychosis is viewed in psychoanalysis as distinct from psychiatry and psychology.

Neus began by noting that structure is a result of 'the unsoundable decision of being', which makes it markedly different from psychology and psychiatry which view psychosis as a result of some kind of trauma: physical, emotional, genetic, etc. Instead, for psychoanalysis 'psychosis is nothing other than a particular relation of the *parlêtre* (speaking-being) with language'. This very dense sentence highlights that there is no psychosis outside language, as Neus noted there are no schizophrenic rhinos or giraffes! She noted that since *Seminar I*, Lacan highlighted this relation of psychosis and language.

Neus posed a question. Can we say that the field of childhood psychosis is something qualitatively different to that of an adult psychosis? Unlike in neurosis, where there remains a trace of the infantile neurosis - the original relation of the subject to phallic jouissance, as noted in *Seminar VI*. But in psychosis there are no traces of the effects of his/her history on their current condition.

This doesn't make it any less important but highlights that there is no subjectivisation of history like we see in neurosis. In psychosis we are confronted with a clinical paradox, how can we speak of a childhood psychosis in an adult psychotic subject, if there is no history of the child there?

Neus noted that in Lacan's teaching there are three moments or ways to read psychosis in childhood. She pointed out that lots of analysts

have remained stuck at different points but that it is important to use the three together, as they show how the theory developed.

The first moment is from the first three Seminars where Lacan points to the inscription (or not) of the function of the father as that which will determine whether or not the subject's structure is psychotic. Here the father acts as a regulator of jouissance and prohibition, leading to questions about desire: what can I have, what do I want? But when this is lacking the child only has the imaginary to limit jouissance, and this can lead to real issues.



The second moment is from *Seminar XI* and relates to the concepts of alienation, separation and the object *a*. Lacan began to speak of language as that which is symbolically consented to. Something of the subject is covered by the umbrella of signifiers, but not all of it, that which remains, this excess jouissance, is the object *a*.

Neus spoke about a number of clinical cases in which subjects were alienated but not separated from the object, and the anguish that they experienced when they were confronted with a separation from their object - in effect their body was being mutilated because their body included the object.

The third moment is the perspective of the knot. Neus noted that the Name of the Father is a very powerful knot although it is in decline and asked will it ever work again or will we only find singular solutions from now on in our contemporary clinics?



Neus pointed to an article by A. Stevens on adolescents which indicates that 'adolescence is a symptom of puberty'; a time when the subject is confronted by new forms of jouissance that put strain on the knot created in childhood. Neus noted that if the subject can't develop a symptom there can be an eruption of violence - the pure drive that isn't weaved into the symptom, which is dependent upon language. This is why we see so much passage-to-the-act-type of behaviour committed by young men particularly.

To finish Neus spoke about how the analyst has to accompany the adolescent to create a symptom but that we have to avoid becoming workers in a system that makes us reformers of the drive, like some other psychotherapies.

### **"ART"**

**David Pugh & Dafydd Rogers, The Old Vic  
Production of ART written by Yasmina Reza,  
transl. by Christopher Hampton**

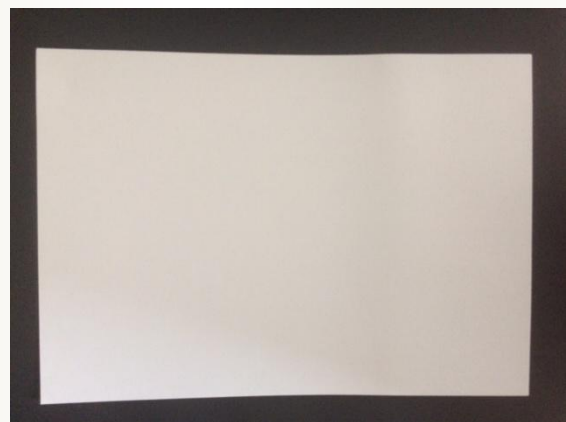
Review by Sheila Power

Throughout its 146 years The Gaiety Theatre in Dublin has brought pleasure to the people of Dublin and to the Irish people. This spring the theatre staged a touring version of "Art" with Nigel Havers, Denis Lawson and Stephen Tompkinson. The play was written by the French playwright Yasmina Reza, for which she won an Olivier award. Subsequently translated by Christopher Hampton the play had an eight year London run.

"Art" centres around friendship and a piece of art by a painter called Antrios that Serge has bought; paying 200,000 francs for. He is very proud of his purchase and he is enraptured by its magnificence, it is an ideal object for him and it also holds an agalmatic quality. The art work, as opposed to the work of art, reflects his status as wealthy, perhaps even representing the phallus for him.

Representation of the world is always constructed in the imaginary which also constitutes the

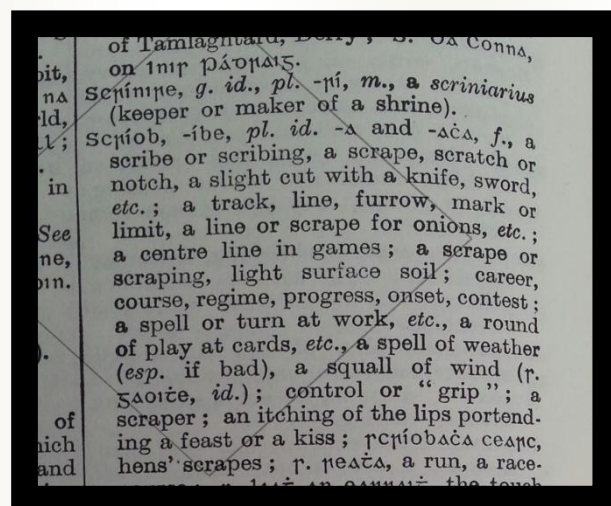
objects of perception. That the art is a piece of white canvas, elicits a different response from his two friends Marc and Yvan. For Marc, no matter what angle he looks at it from, it holds no value, he disdains it, and considers it a piece of shit, a waste object. It is a real signifier as it signifies nothing, just a sign of prestige and pretentiousness. Yvan, their mutual friend, swims with the tide depending on which man he is speaking to about the piece. He seldom holds a position of his own. He acts as go-between when all three are together, the counterpart who tries to keep the peace between the two. Of the three Yvan has great difficulty in owning his own opinion, firstly he is influenced by Serge and then by Marc. Each man in his turn is critical of the other and how they are in the world. The white canvas acts as a mirror to the three spectators and speaks to what each sees in the other. The painting is gazed upon from every angle by the three, Serge is ecstatic, but no matter from whatever angle Marc looks at it, it remains a piece of shit to him. Social bonds depend on positions within the knotting of the real, imaginary and symbolic.



The play raises the question what is a work of visual art? The white canvas is (de)void of any representation of objects, images or colour that might make the space around it resonate. Although Serge and Yves say they can see some red lines running through the piece Marc cannot see it. The piece may be an effort to represent something of the impossible to represent, the hole that the image covers. Such a piece brings to mind Miro's triptychs. To quote Miro: "where line alone, precedes form, embodies the origin of creation [...] conquering freedom is to conquer

simplicity. At the very limit, then, one line, one colour can make a painting” and that in art we look for “noise hidden in the silence [...] forms in a void”<sup>1</sup> Although perception is always subjective, all art is characterised by a certain mode of organization around an emptiness, a void<sup>2</sup>. Marc is unable to see the piece of art as “productive in its emptiness”<sup>3</sup>

At the heart of the play is the value of friendships. It is a play about the little other, each looking for their support in the counterpart and how the counterparts involved in friendships can be easily disrupted when views change. In the play Marc's aggressiveness towards Serge and Yves tied in with his narcissistic identifications comes to the fore. In the end they make an effort, and appeal to save the friendships and maintain a social bond. Both Serge and Marc come to the conclusion that their difference can be overcome by being nicer to each other. Marc tells Serge he has changed his opinion about the painting and apologizes for being highly strung and lacking judgment. Serge is also insincere; he lies to Marc about a coloured marker used to deface the painting, saying he did not know that it was erasable. Nowadays, the play is promoted as a comedy, whereas Yasmina Reza is quoted as saying that she thought she had written a tragedy.



<sup>1</sup> Miro, J., *Commentary supporting the triptychs at the Miro Foundation*, Barcelona.

<sup>2</sup> Lacan, J., *The Seminar Book VII, The Ethics of Psychoanalysis*, 1959–1960, Ed. J.-A. Miller, Transl. with notes D. Porter, London and New York: Routledge, 2008, As cited in Regnault, F. *Art After Lacan*. The Symptom 14, Summer 2013.

<sup>3</sup> Kruszel, L., *What Art Teaches Us*. Echoes: Lacanian Psychoanalysis, NEL-Miami.





ICLO-NLS 6th Annual Study-Day  
Saturday 2nd June 2018

# TRANSFERENCE

*in and out*

with Lynn Gaillard  
Member of the  
Executive Committee of  
the NLS

Venue: PSI, 2nd Floor, Grantham Hse,  
Grantham St, Dublin 8

Walking through geometry - Miffy O'Hara

EVENTS	What's Coming Up?	WHERE/ WHEN
<b>JUN 02nd SAT</b>	<b>ICLO-NLS 6th Study Day: "Transference In and Out" With <b>Lynn Gaillard</b></b>	PSI Grantham House, Grantham St, D2 10.00am-4.15pm
<b>JUN 08th FRI</b>	<b>ICLO-NLS Teaching Seminar (3) <b>Rik Loose</b> - <b>Florencia Shanahan</b></b>	PSI Grantham House, Grantham St, D2 7.00am-9.00pm
<b>JUN 22nd FRI</b>	<b>ICLO-NLS Space Formation of the Analyst &amp; Its School "Pass and Politics - How to participate in the functioning of the School without perishing in the attempt"</b> Guest Speaker <b>Anna Aromi</b> (Barcelona)	PSI Grantham House, Grantham St, D2 7.00am-9.00pm
<b>JUN 23rd SAT</b>	<b>ICLO-NLS Annual Clinical and Theoretical Seminar "Lacanian Psychosis - How to speak of the clinical work we do as psychoanalysts"</b> with <b>Anna Aromi</b>	PSI Grantham House, Grantham St, D2 10.00am-1.00pm
<b>JUN 30th- JUL 01st</b>	<b>New Lacanian School Congress 2018 In a State of Transference: <b>Wild, Political, Psychoanalytic</b></b>	Maison de la Chimie 28 bis rue Saint-Dominique 75007 Paris.

[WWW.ICLO-NLS.ORG](http://WWW.ICLO-NLS.ORG)



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*Scríob*: Dineen, P.S., (1902). *Foclóir Gaedhilge agus Béarla: Irish-English Dictionary, being a Thesaurus of the words, phrases and idioms of the modern Irish language*. The Educational Company of Ireland for The Irish Texts Society, Dublin, 1927. (Original photograph © Raphael Montague, 2017)

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