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About the Patients

All identifying information has been removed from or heavily disguised in the following case studies, so that no reader (except, possibly, the patient her- or himself) will be able to identify who is being discussed. The symbolic relationships between aspects of these patients' stories, however, have been preserved.

Introduction: AnOther Psychoanalysis

Man thus speaks, but it is because the symbol has made him man.

—Lacan (1953, p. 65)

LACAN'S ABSENCE FROM THE AMERICAN CLINIC

Nearly a century after Freud (1918) first took up the question of the “narcissism of minor differences,” the culture of psychoanalysis seems to have taken that art to new heights. An extraordinary appetite for factionalism, even as psychoanalysis in general languishes at the margins of American psychology, continues to splinter its adherents into innumerable camps. Indeed, it seems as though there may be as many types of psychoanalysis as there are theoreticians and practitioners. But this is not entirely a bad thing. ð is tradition imparts to the student of psychoanalysis an embarrassment of theoretical riches, the opportunity to listen

closely to any of the numerous voices from the dissonant chorus, and the challenge to test them philosophically in ways that often transcend simple questions of treatment efficacy.

Some voices are, of course, louder than others. In the United States, the legacy of ego psychology still looms large, while the relational turn dominates much of current discourse. And one arguably important voice is barely audible above the others.

A student of psychodynamic therapy in this country is hard-pressed to find a legitimate clinical education that involves any academic or practical work based on Jacques Lacan's contributions to psychoanalysis. Her exposure to Lacan is much more likely to come in the form of what she overhears in departments of literature and philosophy than it is to come from her psychological training. If the clinician in training wishes to take up Lacan clinically, she is largely on her own, even in psychoanalytic training institutes, faced with a shortage of mentorship, clinical literature, and camaraderie of like-minded professionals.

à is ostensibly not without reason. In the first place, Lacan's writing is often thought of as too bizarre and opaque to be rewarding to the reading clinician. à is criticism is not entirely baseless: Lacan's prose is arguably on a par with James Joyce's in its level of obscurantism. But when challenged on these grounds, Lacan (1975/1998, p. 26) himself responded by declaring that his writing was never meant to be read, least of all by "idiots" (Lacan & Copjee, p. xxv). Such narcissistic rhetoric does little to ingratiate Lacan to readers who may be put off by his style. Yet for the challenge he represents to the reader, does Lacan deserve to be left aside by American psychotherapy, or is there something more that he has to offer us? To look at the more enthusiastic response his work has garnered in other parts of the world, one cannot but suspect that there is.

However obscure Lacan's writing may be, and however far from the American psychoanalytic (and therefore psychodynamic) mainstream it may remain, it should give us pause to realize his effect in other places, both geographic and academic. Curiously, as his analyst Stuart Schneiderman (1983) put it, Lacan "made a very

successful career out of saying things that just about no one could understand” (p. vi). One measure of that success might be found in the fact that 4 years after his death in 1981, 19 of the 20 existing psychoanalytic organizations in France were basing their work on the teachings of Jacques Lacan (Nobus, 2000, p. 213). Along the way, he enlisted intellectuals of all stripes—philosophers, anthropologists, and most importantly for our purposes, *clinicians*—in an important rebellion against the psychoanalytic status quo of his time.

à e nature of that rebellion, which I will discuss in the pages that follow, may have just as much to do with Lacan’s lack of popularity in the United States as does his convoluted prose. Lacan’s work was anything but kind to the strain of psychoanalysis made popular here under the auspices of Hartmann, Kris, and Loewenstein, among others (see Fink, 2004). Hence, the experience of the American analyst or analytic therapist who reads Lacan is made doubly unpleasant: Why spend time and effort reading work that insults not only the reader, but his ideological forbears as well, and does so in a way that is barely intelligible?

Despite all this, as a psychologist who has had the opportunity to gain some exposure to the clinical application of Lacan through academic work and clinical supervision, his conspicuous absence from the clinical scene in America strikes me as unfortunate. I have been experimenting for some time now in my own clinical work with applying Lacan, and feel that he has something unique and useful to offer the clinician. But the discursive (and cultural) gap between “Lacanian” and the rest of psychodynamic clinicians—never mind psychologists or psychotherapists in general—is often so great that it becomes difficult to communicate about ideas.

Perhaps this need not be the case. Malone and Friedlander (2000) have called for a “cross cultural dialogue” between American psychology and psychoanalysis via Lacan, and a similar dialogue between Lacanian theory and more mainstream American psychodynamic therapists may also be called for. Malone and Friedlander have, indeed, with a few others, begun to lay the groundwork for such a dialogue.

Even as authors such as Malone and Friedlander (2000), Nobus (2000), Schneiderman (1980, 1983), and Dor (1997a, 1997b) have begun the task of creating a body of literature wherein one serious clinician can hear from another about a viable approach to doing psychotherapy, their work with Lacanian theory tends to remain just that—theoretical. These authors leave us to wonder: What might a Lacanian approach to psychotherapy actually look like? What happens when we *use* Lacan? As with other clinical theories, one of the most rewarding ways to evaluate Lacan's may be through the chronicling of its attempted application.

Yet there are few concrete clinical illustrations of Lacan's theories, written such that they may be taken up constructively by the reader and considered as an option for practice. Lacan himself generally preferred to comment or critique cases already published; he did discuss one of his own cases in “The Direction of the Treatment and the Principles of its Power” (1961/2002), but the presentation was hardly comprehensive. Similarly, a number of Lacanian authors have turned to the analysis of existent texts or theoretical elaborations rather than the publication of their own clinical case material. While this gap in the literature is widely acknowledged—even lamented—few authors seem to try to remedy it. Jean-Michel Rabate makes this observation in his introduction to *Lacan in America* (2000), a volume that seeks to further a dialogue about Lacan in the North American context:

[I]n a typically Lacanian manner, a number of clinical practitioners choose to address fundamental issues rather than make points based on case studies, as is regularly done in more traditional Freudian literature. These several Lacanian clinicians who write here [in North America] deliberately abstain from systematic discussions of clinical material, in keeping with Lacan's often-noted reluctance to engage in case discussions. (p. xxiv)

Oddly enough, not one of the essays that follow that introduction presents a case study.

Such is one problem in the literature that this book proposes to help address: the lack of concrete case discussions in a Lacanian

framework.¹ I intend to take up what might be seen as Lacan's seminal objection to the stance of ego psychology—that it had lost sight of language as the proper domain of psychoanalysis. Æ rough my own clinical case studies, I will attempt to illustrate the application of a Lacanian attitude toward listening to the patient's language “to the letter,” and thereby the unique and fruitful ways in which it affects a course of psychotherapy.

My position as I take to this task is somewhat unique, as I am not a psychoanalyst, and therefore the cases I have written about were not analyses, although I do consider my work with these patients to have been analytic in nature. Rather, I conducted these therapies as a clinician who has had the good fortune to be exposed to a number of different ideas about doing psychotherapy, including various articulations of psychoanalysis, psychodynamic therapy, and existential and humanistic therapy. Æ is admittedly curtails my rights to speak as an authority, and puts my project in danger of relying on too little knowledge. As Malone and Friedlander (2000) point out: “Much of the English-language psychological literature on Lacan is produced by authors who are not explicitly trained in ‘Lacanian psychoanalysis.’ Even when they themselves have positive impressions of Lacan, they may stumble on some of the more obscure turns in his thinking” (p. 3).

While this is a viable objection, I must clarify that my aim is not to speak as a psychoanalyst, nor do I wish to portray myself as an authority on all matters Lacanian. Rather, I am interested in

¹ A lack of case studies does not in itself suffice as a call for more case studies. After all, how many case studies will finally be enough? While this is obviously not an answerable question, it may be relevant to point out that at present, only one researcher (Goldman, 2004) has presented original case studies in American Lacanian psychotherapy (as opposed to psychoanalysis). Regardless of the question of what might constitute enough case studies, we might argue that a clinical approach must evolve via more than one voice, and that if Lacanian therapy is to become a viable field of study and practice, rather than an artifact, something akin to a dead language (which needs only one authoritative text to maintain itself as such), it must go beyond the form of monologue. Further, I argue below that the method of the case study stands on its own, regardless of the frequency or quantity of its representations, as a viable approach to answering the question of how one might apply a given theory, in this case Lacan's theory of the analysis of language.

telling the story of what happened when I applied some Lacanian principles to relatively short-term psychotherapies. It may be problematic to those who are invested in a purist approach to Lacanian praxis (whatever that may be), but I contend that my position—as a non-analyst—helps the honesty and rigor of this project. I can afford to be excited and fascinated by Lacan’s work, hopefully without becoming its zealous missionary. As for the possibility that I will “stumble on some of the more obscure turns in [Lacan’s] thinking,” I am resigned to the possibility that I will stumble upon even the most basic, and I will leave it to the reader to agree or disagree with my interpretations.

A WORD ON THE WEIRD

Much of what follows will almost certainly strike the reader as counterintuitive, or maybe even a bit ridiculous. Let me say in advance that I am fully aware of that. There are a number of opportunities in these chapters to find the absurd, and to take issue with it, both of which I welcome and fully expect. While I am advocating a closer look at how Lacan can be useful, I am by no means a pious devotee of the methods I outline here. At the same time, what seems absurd in and of itself in fact only becomes absurd in a context. Our current psychotherapeutic *Zeitgeist* inherits from American pragmatism and scientific positivism a reverence for the face-valid and the apparently efficient, and even contemporary psychoanalysis has come to de-emphasize a Freudian unconscious in favor of a (perhaps less threatening) intuitionism. Part of what makes what is written here seem so strange is that this book, with Lacan, departs somewhat radically at times from those values.

What I have come to believe, and what I hope you’ll consider as well, is that part of the unique value of psychoanalytic therapy lies precisely in its capacity to tolerate and foster the counterintuitive and the unconventional.