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Lacan's goal of analysis: *Le Sinthome* or the feminine way.

Paul Verhaeghe and Frédéric Declercq

Introduction

Freudian psychoanalysis started as a therapeutic treatment meant to remove pathological symptoms. Moreover, it was Freud's ambition to install a causal treatment, by which the symptoms would be removed in a permanent way. His initial enthusiasm about psychoanalysis as psychotherapy gave way to a more pessimistic view at the end of his career. Finally, he considered the analytic process as "interminable," thus turning psychoanalysis into an impossible profession. In the meantime, he had elaborated a whole new theory on psychopathology.

Since Freud's discovery of the unconscious, pathological processes are explained on the basis of defense, in which repression takes the prominent place. After Freud, it was more or less forgotten that repression in itself is already a secondary moment within the dynamics of the pathogenesis. Indeed, repression is an elaboration of the defence process against the drive. Right from the beginning of his theory, Freud recognized a twofold structure within the symptom: on the one hand, the drive, on the other, the psyche. In Lacanian terms: the Real and the Symbolic. This is clearly present in Freud's first case study, that of Dora. In this study, Freud does not add to his theory of defense, which had already been elaborated in his two papers on the psychoneuroses of defense (Freud, 1894, 1896). It can be said that the core of this case study resides precisely in this twofold structure, as he focuses on the Real, drive-related element, what he terms as the "*Somatisches Entgegenkommen*".¹ Later, in his *Three Essays*, this will be called the fixation of the drive.² From this point of view, Dora's conversion symptoms can be studied from two perspectives: a Symbolic one, that is, the signifiers or psychical representations that are repressed, and a Real one, related to the drive, in this case the oral drive.

Freud will confirm this hybrid composition of the symptom in all his later case studies. Little Hans's phobia is built upon and against oral, anal, and scopic drives; the obsessions of the Rat-man go back to the scopic and the anal drive; and the same holds for the Wolf-man's phobia and conversion symptoms (Freud, 1909a, 1909b, 1918b).

¹ S.Freud, *Fragment of an Analysis of a Case of Hysteria* (1905), SE VII, pp. 40-41.

² S.Freud, *Three Essays on the Theory of Sexuality* (1905), SE VII, passim.

In the light of this twofold structure, every symptom has to be studied in a double way. For Lacan, both phobia and conversion symptoms come down to the formal envelope of the symptom, that is, they are what gives Symbolic form to the Real of the drive.³ Thus considered, the symptom is a Symbolic construction built around a Real kernel of jouissance. In Freud's words, it is "like the grain of sand around which an oyster forms its pearl."⁴ The Real of the jouissance is the ground or the root of the symptom, while the Symbolic concerns the upper structure.

Both Freud and Lacan discovered that it is precisely this root of the symptom in the Real that obstructs the therapeutic effectiveness. They had to acknowledge the fact that the resistance of certain symptoms to interpretation and the relapse of symptoms after or during the analysis have everything to do with this drive root. We can demonstrate this by referring to the two Freudian case studies that have been followed up.

Six years after his analysis with Freud, the Wolf-man was seen by another psychoanalyst, Ruth Mack Brunswick. She noted a change in the Wolf-man's character, analogous to one during his early childhood: "In this contemporary change of character, one finds the same regression to the anal sadistic and masochistic phase."⁵ Translated into Lacanian terminology, we can understand this regression as the "refente", the splitting of the subject by the Real of anal jouissance. At least, this is what Brunswick's next remark suggests: "I invite the reader here to refresh his memory by rereading Freud's case study. All the infantile material is already there, nothing new was revealed during the analysis he did with me."⁶ This remark endorses the idea that the character change is caused by the Real of the drive, and has nothing to do with any Symbolic material that might not have been analysed during the analysis with Freud. Indeed, Brunswick's affirmation that her further analysis of the Wolf-man revealed no new material leads to the conclusion that the two analyses with Freud had exhausted all the Symbolic aspects of the symptom. The repressions had obviously been overcome but the drive root, on the other hand, had not been rendered inactive. Moreover, it is clear that the analysis with Brunswick, and all the others that followed, did not succeed in this respect; at the age of 77, the Wolf man was still haunted by the anal drive.

Concerning Dora, the same kind of reasoning can be applied. The postscript published by Felix Deutsch fifty years after Dora's analysis with Freud reveals that the original symptoms – the catarrh, the tussis nervosa and the aphonia – had returned in their original form.⁷ Obviously, the limited analysis that Freud undertook with her was enough to remove the Symbolic material of her symptoms, but it did not touch on the relationship between the subject and the oral drive. Consequently, this oral drive reinserted itself into the chain of signifiers.⁸

³ J.Lacan, "De nos antécédents", in *Écrits*, Paris: Seuil, 1966, p.66.

⁴ S.Freud, 1905, *op. cit.*, p.83.

⁵ Ruth Mack Brunswick, "Supplement to Freud's History of an Infantile Neurosis," in M. Gardiner, *The Wolf-man by the Wolf-man*, New York: Basic Books, 1971.

⁶ *Ibid.*

⁷ F. Deutsch, "A footnote to Freud's *Fragment of an Analysis of a Case of Hysteria*," in C. Bernheimer & C. Kahane (Eds.), *In Dora's Case: Freud – Hysteria – Feminism*, New York: Colombia University Press, 1985, pp. 35-44.

⁸ For a related discussion of the transition from letter to signifier, see above, p. 67.

Thus, it is no surprise that Lacan considers the drive to be central to what he terms Freud's legacy. Indeed, Freud's conclusion, after fifty years of clinical practice, can be summarised as follows: it is the drive that determines the lasting success of the treatment.⁹ The same evolution is to be found in Lacan's work: the early Lacan will focus on the Symbolic and the Imaginary, but from seminar XI (1964) onward, the Real and the drive come to be given the most attention.

Therapeutic effectiveness: insight or change?

In the second period of Lacan's teaching, after 1964, he systematically demonstrated the twofold character of the symptom – Real and Symbolic – thus continuing a central theme of Freud's work.¹⁰ The reason for this is clear: traditionally, analysis tackles the Symbolic component of the symptom, but it is the Real part that jeopardizes the effectiveness of therapy. All the well-known problems – the partial resistance of certain symptoms to analytic treatment, the symptom relapse after a certain period, the negative therapeutic reaction – can be understood as expressions of the Real, that is the drive component of the symptom. That is why the overcoming of the repression – the Symbolic component of the symptom – does not lead automatically to the expected results. Lacan will summarise these problems with his theory on the object *a*, thus echoing Freud's conclusion in *Analysis Terminable and Interminable*: "There are nearly always residual phenomena".¹¹

We can draw up a balance sheet for the therapeutic results of psychoanalysis. Let us remember that Freud aimed at a causal treatment, rather than a superficial management of symptoms. It is clear that the overcoming of repression leads to insight and to the disappearance of symptoms. But even when the same or different symptoms stay away for months after the conclusion of an analysis, this clarification of the unconscious contents does not lead automatically to what we might consider to be a change in the subject. A "hysteria without symptoms", or character-neurosis, refers to a subject *that is still determined by its drives*. Even if the subject is freed from its symptoms, it can still function in a specific, repetitive manner. In Freudian terms, this reads as the particular instances of repression having been undone, but not the process of repression itself. For example, in his paper on "Negation", Freud stresses the relativity of the

⁹ S.Freud, *Analysis Terminable and Interminable* (1937), SE XXIII, p.224 ff. ; J. Lacan, *The Seminar, Book I. Freud's Papers on Technique, 1953-1954*, ed. J.-A. Miller, trans. J. Forrester, Cambridge: U.K., Cambridge University Press, 1988.

¹⁰ The very same twofold structure can be found back in every Freudian key concept. Each time, Freud makes a differentiation between a "primal" form and a second version: primal repression – "after-repression", primal father – oedipal father, primal phantasm – phantasm. In the context of our paper, the idea of primal repression is the most interesting one because we can situate there the drive root of the symptom, the Real. It is only with the after-repression that the Symbolic component comes into being. For Freud, this is always a "faulty connection" (*falsche Verknüpfung*) between a drive component and a representation. For an elaboration of this idea cf. P. Verhaeghe, *Does the Woman Exist? From Freud's Hysteric to Lacan's Feminine*, New York and London: Other Press – Rebus, 1999, pp. 149-205.

¹¹ S.Freud, 1937, SE XXIII, p.228.

effects of overcoming repression: “In the course of analytic work we often produce a further, very important and somewhat strange variant of this situation. We succeed in conquering the negation as well, and in bringing about a full intellectual acceptance of the repressed; but the repressive process itself is not yet removed by this.”¹² Ergo, even if the subject knows and accepts (“*Bejahung*”) the repressed contents, there is still a *status quo ante* on the level of subjective functioning. According to the Wolf-man, Freud expressed this as follows: “Freud said that one could get cured by analysis, on condition that one wanted to be cured. He compared it to a railway ticket. The ticket gives me the possibility to travel, but does not oblige me to. The decision is mine.”¹³ With this metaphor, Freud makes it obvious that the change at the end of the treatment, or a general recovery; does not depend solely on the revelation or decoding of the unconscious but to a far greater extend on a decision of the Ego. And this decision has everything to do with the drive.

A psychoanalytic cure removes repressions and lays bare drive-fixations. These fixations can no longer be changed as such; the decisions of the body are irreversible.¹⁴ This is not the case for the positions of the subject towards the drive processes; these can be revised. There are two possibilities: either the subject now accepts a form of *jouissance* that he earlier refused, or he confirms this refusal.

All repressions take place in early childhood; they are primitive defensive measures taken by the immature, feeble ego. In later years, no fresh repressions are carried out; but the old ones persist, and their services continue to be made use of by the ego for mastering the instincts. New conflicts are disposed of by what we call “after repression.” ... Analysis, however, enables the ego, which has attained greater maturity and strength, to undertake a revision of these old repressions; a few are demolished [the drive is accepted by the subject], while others are recognised but

¹² S.Freud, “Negation” (1925), SE XIX, p.236.

¹³ Freud’s metaphor is all the more interesting when one knows about his train phobia. K. Obholzer, *The Wolfman: Conversations with Freud’s Patient – Sixty Years Later*, trans. M. Shaw, New York: Continuum Books, 1982, p. 77.

¹⁴ This irreversibility can be understood from a Freudian point of view concerning the primal repression, which is first of all a primal fixation. In his descriptions of this primal repression, Freud makes it clear that this primal fixation concerns the drive (see S. Freud, *Psycho-analytic Notes on an Autobiographical Account of a case of Paranoia (Dementia Paranoides)*, 1911, SE XII, pp.66-67 and *Inhibitions, Symptoms and Anxiety*, 1926, SE XX, p.94.) Freud’s idea of fixation is the precursor and the precondition of repression. Lacan made it clear that Freud’s fixation implies the idea of a choice-making instance. For Lacan, this instance is the Real of the body , that is, the Real of the drive. This Real of the bodily drive is independent of the subject; it is an instance that judges and chooses independently: “Ce qui pense, calcule et juge, c’est la *jouissance*” (“What thinks, computes and judges, is the Enjoyment”, J.Lacan, “...Ou pire”, *Scilicet*, nr.5, Paris: Du Seuil, 1979, p.9). Subsequently, the subject has to take a position vis-à-vis these choices of the body. If the subject does not accept a certain choice of the drive, this entails repression. From the etiological point of view, repression is simply a mechanism, which will be stressed by Lacan when he states that “l’inconscient travaille sans y penser, ni calculer, juger non plus.” (“the unconscious operates without thinking, computing or judging”, J.Lacan, Introduction à l’édition allemande d’un premier volume des *Ecrits*, *Scilicet*, 5, op.cit., p.14.). It is in this context that one has to understand another Lacanian statement: that the subject is not condemned to his consciousness, but to his body (“Ce n’est pas à sa conscience que le sujet est condamné, mais à son corps”, J.Lacan, Réponses à des étudiants en philosophie sur l’objet de la psychanalyse, *Cahiers pour l’analyse*, 3, 1966, p.8). For a more detailed elaboration of these ideas, see: F. Declercq, *Het Reële bij Lacan*, forthcoming.

constructed afresh out of more solid material [the drive is refused in a more conclusive way]".¹⁵

This process entails a refusal that does not belong any more to the process of repression and symptom-formation. "In a word, *analysis replaces repression by condemnation*".¹⁶

We must stress the fact that this decision of the subject concerns solely the drives in their pure form; in order to be able to take such a decision, the subject has to be connected in a direct way to the object a, which means that the analytic process has to have run its course and fulfilled its task of clarification. This implies that, first, the repressions have to be lifted, that is, the symptom has to be cleared of its Symbolic components. Thus, it is not possible to save oneself the trouble of an analysis and go directly for the underlying cause, the drive root. Freud's answer to this idea can be found in his repose to Rank's suggestion that we should directly tackle the primal trauma of birth. It would be of no more use than if the fire brigade contented themselves with removing the overturned lamp that set fire to the whole house – the building keeps burning.¹⁷

Lacan's theory on the relationship between the Real and the Symbolic presents us with a more consistent view. His metaphor of the jar is a better illustration of the reasons one can't save oneself the trouble of an analysis.¹⁸ According to Lacan, the essence of making pottery does not reside in shaping the sides of the jar, but in the emptiness, the hollow space that these sides precisely create. The jar elaborates and localizes a hole in the Real; eventually, this elaboration and localization amounts to an authentic creation. The similarity of this to the genesis of psychopathological symptoms is due to the fact that *it is only through the elaboration of the Symbolic constellation that the Real of the drive appears*. In other words, one is obliged to pass through the Symbolic if one wants to approach the Real, because it is the Symbolic that delineates this Real. That is why psychoanalysis creates a new subject¹⁹: "Is it not precisely the claim of our theory that analysis produces a state which never does arise spontaneously in the ego and that this newly created state

¹⁵ S.Freud, 1937, op.cit., p.227.

¹⁶ S.Freud, *Analysis of a Phobia in a Five-Year-Old Boy*, (1909) SE X, p.145.

¹⁷ S.Freud, 1937, op.cit., pp. 216-217.

¹⁸ J. Lacan, *The Ethics of Psychoanalysis : Seminar VII, 1959-60*, ed. J.-A. Miller, trans. D. Porter, London: Routledge, 1992, pp. 120-123.

¹⁹ It's important to note that while Freud is talking about the ego, we are talking about the subject. We'll have to come back to this, especially because it entails an ontological problem. Moreover, in contemporary literature, the concept of "subject" is used in a very careless way, often almost as a synonym of "person" or "ego". The specific Lacanian meaning of the term is different, and makes it very hard to consider the subject an instance that chooses or decides. According to Lacan's "pre-ontology" of Seminar XI, the subject is not a decision-making instance, but an ever-failing realization of one's identity. If the treatment ends with a subject that can make decisions, then this indeed has to be a completely different kind of subject. This tallies with Lacan's ideas in Seminar XI about the effect of "se parer" in the process of separation, which means: to "dress" oneself, to defend oneself, but also to give birth to oneself (J.Lacan, *The Four Fundamental Concepts of Psycho-Analysis*, Seminar XI, ed. J.-A. Miller, trans. A. Sheridan, London: Hogarth Press 1977, p. 214; the original French version can be found at the end of chapter XVI of the seminar). See also: P. Verhaeghe, "Causation and Destitution of a Pre-Ontological Non-Identity: On the Lacanian Subject", in D. Nobus (Ed.), *Key Concepts of Lacanian Psycho-Analysis*, Rebus Press, 1998, pp.164-1889.

constitutes the essential difference between a person who has been analysed and a person who has not?”²⁰

Let us conclude our discussion of Freudian theory. With regard to the fixation of the drive (and thus the fixation of a jouissance), Freud evokes the free will of the patient. For instance, concerning moral masochism – jouissance in humiliation – Freud states: “It must be honestly confessed that here we have another limitation to the effectiveness of analysis; after all, analysis does not set out to make pathological reactions impossible, but to give the patient’s ego freedom to decide one way or the other.”²¹ He repeats the same idea when he discusses character neuroses (Lacan’s hysteria without symptoms):

[In character neurosis] it is not easy to foresee a natural end, even if one avoids any exaggerated expectations and sets the analysis no excessive tasks. Our aim will not be to rub off every peculiarity of human character for the sake of a schematic “normality”, nor yet to demand that the person who has been ‘thoroughly analysed’ shall feel no passions and develop no internal conflicts. The business of the analysis is to secure the best possible psychological conditions for the functions of the ego; with that it has discharged its task.²²

It is important to see that Freud does not consider it the task of psychoanalysis to intervene in the way the patient handles his drives; its task is to provide the analysand with all the necessary information to be able to assess his stance towards this drive-fixation and eventually either change or keep that stance. What Freud abhors most of all, and refuses in a categorical way, is any identification of the patient with the therapist as “therapeutical solution,” an end point of the analysis.²³

Identification with the symptom

In this respect, Lacan will present us with an identification of another kind, with which he specifies the decision-making process of the subject. Lacan coins the new subject, or the finally analyzed subject, as the subject that has made a choice to identify with (the Real kernel of) his symptom or object *a*:

²⁰ S.Freud, 1937, *op.cit.*, p.227.

²¹ S.Freud, *The Ego and the Id* (1923), SE XIX, p.50, n.1.

²² *Ibid.*, p. 250.

²³ Freud understood quite early on that the “natural” end of a psychotherapy consisted in the identification of the patient with the therapist in the position of the Ego-Ideal, and refused this immediately for his psychoanalysis: “... but otherwise the outcome of one’s efforts is by no means certain. It depends principally on the intensity of the sense of guilt; ... Perhaps it may depend, too, on whether the personality of the analyst allows of the patient’s putting him in the place of his ego ideal, and this involves a temptation for the analyst to play the part of prophet, saviour and redeemer to the patient. Since the rules of analysis are diametrically opposed to the physician’s making use of his personality in any such manner, it must be honestly confessed that here we have another limitation to the effectiveness of analysis; after all, analysis does not set out to make pathological reactions impossible, but to give the patient’s ego *freedom* to decide one way or the other.” (S.Freud, 1923, SE XIX, p.50, n.1, italics in original).

In what does this sounding that is an analysis consists? Would it, or would it not be to identify with the symptom, albeit with every guarantee of a kind of distance? To know how to handle, to take care of, to manipulate... to *know what to do with the symptom, that is the end of the analysis.*²⁴

Before we explore this formula, we have to stress the fact that Lacan not only elaborated this kind of decision-making process, but also radicalized it. Freud's liberalism concerning the subject's position towards the acceptance of a drive-fixation sometimes seems inspired by a sense of powerlessness, of failure to do any better. Several of his papers leave us with the impression that the acceptance of a fixation comes down to an ersatz for some unattainable ideal. Such an ideal would be the exhaustive genitalization or phallicization of the pregenital drives.²⁵ Thus, Balint's idea of "genital love" as the criterion for psychological health and normality, and hence as the end point of the treatment, can be very easily endorsed by Freudian theory.

By contrast, Lacan always took a clear stance against this idea of a supposedly normal genital-sexual life and a corresponding goal of analytic treatment.²⁶ According to Lacan, the pre- and extra-genital objects constitute the essence of human sexuality, because the genital-sexual relationship does not exist. The sexual partner always takes the place of the fixated drive or object *a*:

This \$ never deals with anything by way of a partner but object *a* inscribed on the other side of the bar. He is unable to attain his sexual partner, who is the other, except inasmuch as his partner is the cause of his desire. In this respect, as is indicated elsewhere in my graphs by the oriented conjunction of \$ and *a*, this is nothing other than fantasy.²⁷

The phallus is a kind of prosthesis, and even an incomplete prosthesis. The residues Freud is talking about are for Lacan not accidental: phallicization

²⁴ "En quoi consiste ce repérage qu'est l'analyse? Est-ce que ce serait, ou non, s'identifier, tout en prenant ses garanties d'une espèce de distance, à son symptôme? savoir faire avec, savoir le débrouiller, le manipuler ... savoir y faire avec son symptôme, c'est là la fin de l'analyse." J. Lacan, *Le Séminaire XXIV, L'insu que sait de l'une bavue, s'aile a mourre, Ornicar ?, 12/13, 1977*, pp. 6-7 (our translation, italics added).

²⁵ If Freud equals the subjective acceptance of a pregenital fixation to infantilism or perversion, he implies indirectly that a fixation is by definition abnormal, that is, it does not tally with the genital norm. This can be read in his papers on the drive. In his Introductory lecture 21 on "The Development of the Libido", he states clearly that with the genital phase, the drive has to submit itself to the genital. The very idea of development implies in itself the idea of a "normal" end point. Freud's formulation that the end point of the libidinal development comes down to the "subordination" (sic.) of all sexual partial drives to the genital primacy and thus to the "subjection" (sic.) of sexuality to reproduction, leaves little doubt about the fact that he considers genital sexuality as the optimal and final point. (S. Freud, SE XVI, p. 328) In his "Three Essays on the Theory of Sexuality, Character and Anal Eroticism," "The Disposition to Obsessive Neurosis" and "On Transformation of Instinct as Exemplified in Anal Erotism," the same message can be found: once one has passed through the genital stage, pregenital drives are outdated. All libidinal investments of the anal and oral zone, of looking and hearing, have to serve in function of genital sexuality.

²⁶ "Freud never succeeded in conceiving the said sexuality otherwise than as perverse. ... perversion is the essence of man" ("Freud n'a jamais réussi à concevoir ladite sexualité autrement que perverse. ... la perversion est l'essence de l'homme.") J. Lacan, *Le Séminaire XXIII, Le Sinthome, Ornicar ?, 11, 1977*, p. 8.

²⁷ Lacan, 1998, *Seminar XX, Encore: On Feminine Sexuality. The Limits of Love and Knowledge*, 1972-73, translated with notes by B. Fink, New York and London: Norton, p. 80.

is structurally incomplete, the lack in the Other cannot be completely remedied. These ideas belong to the late Lacan, but they are already present in his fourth seminar (1956-1957), with its major thesis: the phallus is not an object, but an instance symbolising the drives. Indeed, Lacan will systematically repeat that the phallus is not the genital organ, but a signifier. Hence, the phallus does not concern a drive such as the oral, anal, scopic, or invocatory: “a genital drive, which no-one would be capable of defining as such.”²⁸ The phallus is not an object, but an instance that regulates the jouissance coming from other sources, that is, the objects *a*. Their jouissance is regulated through being interpreted by the phallic signifier, and thus turned into phallic pleasure. Structurally, this symbolisation remains incomplete. The object *a* is that part of the Real that resists symbolisation.²⁹

Fixations, which Freud considered to be primal symptoms, are of a general nature, in Lacan's view. The symptom is what defines mankind, and as such it cannot be rectified or cured. That is Lacan's final conclusion: *there is no subject without a symptom.*³⁰ In his last conceptualizations, the concept of symptom receives a new meaning. It is a question of a purified symptom, that is, one stripped of its symbolic components – of what exists outside the unconscious structured as a language: object *a* or the drive in its pure form.³¹ The Real of the symptom or object *a* demonstrates the particular jouissance of the Real body of this particular subject: “I define the symptom by the way everyone enjoys the unconscious insofar as they are determined by the unconscious.”³² Lacan prefers the idea of symptom to that of object *a*, in accordance with his thesis that there is no sexual relationship. If there is no normal sexual relationship as such, every relationship between sexual partners is a symptomatic one.

Believing in one's symptom

The meaning of the formula – to identify with one's symptom – is to be understood by comparing it with its opposite: to believe in one's symptom. Both formulas – identification with and believe in – fit into a certain conceptual logic of Lacan's teaching. This logic can be reconstructed as follows. In his seminar on R.S.I. (1974-1975), Lacan designates the Real part of the symptom or object *a* through the concept of the “Letter”.³³ The letter is the drive-related kernel of the signifier, the substance fixating the Real jouissance. The signifier, by contrast, is a letter that has acquired a linguistic value. In the case of the signifier, the Real of the drive is already absorbed by the Symbolic, it is semiotized. Within this reasoning, Lacan identifies the

²⁸ J. Lacan, 1966-67, 1/17/67: “... pulsion génitale que quiconque serait bien incapable de définir comme telle.”

²⁹ This idea of the Real as an internal exteriority, a central lack, was elaborated by Lacan in his seminar VII with his topology of *Das Ding*. The Real is “at the centre only in the sense that it is excluded” (Lacan, 1992, p. 71).

³⁰ This is already clear with Freud, especially in the paper that Lacan considers as Freud's legacy: *Analysis Terminable and Interminable*.

³¹ J. Lacan, 1974-75, R.S.I., in *Ornicar ?*, 3, 1975, pp. 106-107.

³² *Ibid.*, lesson of 2/18/75: “Je définis le symptôme par la façon dont chacun jouit de l'inconscient en tant que l'inconscient le détermine” (our translation).

³³ *Ibid.*, lesson of 1/21/75.

“letter” or object a with the master signifier, S1, on condition that this S1 is understood as disconnected from S2, the battery of other signifiers. The “letter” S1 is only turned into a signifier when connected to S2.³⁴

With this idea of letter, Lacan wants to highlight the fact that the border between the Real and the Symbolic is a weak one; it is always possible for the Real to be colonised by the Symbolic. The chain of signifiers absorbs, for example, Dora’s oral jouissance; the Real of the drive has been semiotized through the symptoms of tussis nervosa and hoarseness. All of the symptoms analyzed by Freud, that is, the Symbolic, representational part of them, returned later almost unchanged.³⁵

It is within this field of tension between letter and signifier that Lacan situates the decision of the subject. A subject can choose either for an *identification with* or a *belief in* his symptom. As a matter of fact, this choice concerns two radically different forms of identification.

To believe in one’s symptom (or “letter”) consists in adding three dots (...) to the letter: S1... To believe in the symptom is to believe in the existence of a final signifier, S2, to reveal the ultimate signification and sense of the S1. The condition for this is the existence of a guarantee that the Other has no lack. Hence, such a belief in the symptom implies a belief in the Other. It is not so difficult to see that such a belief in the symptom or the S2 amounts to a belief in the existence of a sexual relationship: “The three dots of the symptom are as a matter of fact, if I can put it this way, question marks within the non-rapport. This justifies the definition that I gave you already: that what constitutes the symptom, what sucks the unconscious, is that one believes in it.”³⁶

This belief in the symptom or letter is typical for the beginning of an analysis, not for the final phase. The patient comes to the analyst because he is convinced – and rightly so – that his symptom has a meaning. Thereby the analyst is placed into the position of the one who knows, the one that will reveal this hidden signification, the Other without any lack. To put it differently: the patient lets his symptom be followed by (...), hoping that these will receive a meaning during the analysis based on the interpretations of the analyst. This is the element of insight and clarification within analysis. It works only up to a certain point, the point when the signifying chain S2 is used up; this is the point of the inconsistency of the Other. At this crossroads between S2 and the lack in the Other, the analysand has two possible choices: either he chooses for a new solution and identifies with the Real of the symptom, or he sticks to the previous solution and looks for yet another meaning by way of another hysterical identification: \$ → S1 → S2.

The formula “identification” applies to both subjective positions, because both entail a different identity. With the belief in the symptom, the

³⁴ There is a beautiful Freudian example of this process: the famous “Glanz auf der Nase” (shine on the nose) of the Wolf-man, where it is the translation that takes care of the transition from letter to signifier. In the original German version of the symptom, the kernel of the drive is central, while in the defensive translation, the process of “significantisation” takes place. Cf. S.Freud, *Fetishism* (1927), SE XXI, pp.152-53.

³⁵ See F. Deutsch, *op. cit.*

³⁶ “Les points de suspension du symptôme sont en fait des points, si je puis dire, *interrogatifs dans le non-rapport*. C’est ce qui justifie cette définition que je vous donne, que ce qui constitue le symptôme, ce quelque chose qui se bécotte avec l’inconscient, c’est qu’on y croit”. (Lacan, *R.S.I., Ornicar?*, 3, 1975, p. 109).

subject connects itself to the signifying chain S1 → S2, which Lacan considers “a whole-hearted preference for the unconscious”.³⁷ This Symbolic identity is accompanied by a lack of being (*manque-à-être*). It can barely be considered as an identity because it shifts continuously through the chain of signifiers – hence the typical hysterical question: “Who am I?” On the other hand, through identification with the letter, fixating the jouissance, the subject acquires a Real identity, connecting it to the Real of its being. This is the identity which defines the subject, that is, his particular, privileged way of enjoying. “Well, similarly, the reciprocity between the subject and object a is total.”³⁸

We have to stress the fact that this identification with the symptom does not come down to surrendering. On the contrary, to surrender is an expression of impotence and thus characterizes the attitude of belief in the symptom. The personal failure is considered to be isolated and individual, while the conviction still exists that other people, the Other, succeed in realizing The Relationship. This is not the case for a subject who has identified with his symptom and who has verified, during his analysis, that the failure of the sexual relationship is not a matter of individual impotence, but of a structural impossibility. The analysis has made clear that the essence of the subject – *son être du sujet* – is situated at the place of the lack of the Other, the place where the Other does not provide us with an answer. The analysand has experienced the fact that the subject is “an answer of the Real” and not “an answer of the Other”.³⁹

This change implies a change in the subject’s position vis-à-vis jouissance. Before, the subject situated all jouissance on the side of the Other and took a stance against this (a position that was particular to this particular subject, i.e., its fundamental phantasm); after this change, the subject situates jouissance in the body, in the Real of the body.⁴⁰ Hence, there is no longer a jouissance prescribed by the Other, but a jouissance entailed in the particular drives of the subject. Lacan coins the *sinthome* to designate the idiosyncratic jouissance of a particular subject.⁴¹ The identification with the symptom is in this respect not a Symbolic nor an Imaginary one, but a Real identification, functioning as a suppletion (*suppléance*) for the lack of the Other.

On the other hand, the subject who believes in his symptom, believes in a sacred prescription of the Other... that will never arrive. Meanwhile, this subject has to fall back on suppletions for this nonexistent Other; the most commonly practised suppletion being the institution of marriage, regulating the relations between the two genders in conformity with contemporary law and religion. Which, of course, does not prevent such a believing subject from

³⁷ “Une préférence donnée en tout à l’inconscient,” J. Lacan, *Ornicar?*, 12/13, 1977, p. 15.

³⁸ “La réciprocité entre le sujet et l’objet a est totale”, J. Lacan, 1998, *Seminar XX, op.cit.*, p.127.

³⁹ “La raison en est que ce que le discours analytique concerne, c’est le sujet, qui, comme effet de signification, est réponse du réel” (“The reason for this is that, concerning the analytic discourse, it is the subject that, as an effect of signification, is an answer of the Real,” J. Lacan, *L’Étourdit, Scilicet 4*, 1973, p.15).

⁴⁰ “Body” not in the sense of the Symbolic or Imaginary body, but the body as organism, as Real. See P. Verhaeghe, “The Subject of the Body”, paper given at the UCLA conference, March 1999 (to be published).

⁴¹ “*Sinthome*” is an equivocal neologism, combining at least three different signifiers: *sympтом* (symptom), *saint homme* (holy man), *Saint Thomas* (the one who didn’t believe the Other – Christ – but went for the Real Thing).

complaining about these suppletions. The belief in the symptom is the Symbolic suppletion for the lack of the Other.

A new subject as a result of the treatment?

Lacan's final theory on the end of the cure is not without its internal difficulties; the two main ones concern the status of the subject and the significance of the function of the father.

The notion of the "subject" has a long history in Lacan's theory, which can be understood as his attempt to take his distance from ego psychology in general and from the autonomous ego in particular. The lacanian subject lacks all substance, and comes down to a limital process of opening and closing that never reaches any final stage. The underlying "being" is always lost, at the very moment it is supposed to appear in the signifiers of the Other. That is why it is condemned to a structurally determined form of never-being-there. Hence the paradoxical fact that the essence of the Lacanian subject comes down to its lacking any kind of essence whatever, and that the whole accent has to be put on its divided character.⁴²

Nevertheless, with this final theory, Lacan introduces another subject, one that has, after all, a kind of substantiality. It is tempting to consider this, in the light of what we inherit from the Sixties, as a Lacanian version of the "authentic self". Beyond the ever-present fascination of such a temptation, it is interesting to note what differentiates the Lacanian neosubject: it is not an authentic subject; on the contrary, it no longer focuses on the (lack of the) Other, that is, the Symbolic and the Imaginary. Rather, this neosubject tries to come and go with the Real of the *jouissance* dictated by its own drive, without falling back in the previous trap of stuffing it full of signification. This is how the decision, the choice of the subject, is to be understood. If there is anything original or authentically present, it has to be looked for in the Real of the body and the drive.

As a consequence, there is no such thing as a "liberation" of the subject from the desire of the alienating Other, setting free "the original, authentic subject". On the contrary, there has never been an authentic subject, so there can be no return to it. This neosubject is a creation of the analytic process: it becomes a possibility once the analysand has reached the point where the interpretations have revealed the final non-sense of his symptoms.⁴³ The condition for this is that both the analyst and the analysand "fall" from their belief in the Other. It is this process that Lacan constantly tries to grasp from Seminar XI onward, with expressions such as "separation", the "traversal" of the phantasm, or "subjective destitution".⁴⁴ As a creation, it is indeed a creation *ex nihilo*, that is, one not based on any previous identity, which in one way or another would be tributary to the Other. Hence the

⁴² J. Lacan, *Seminar XI, op. cit.*, p. 250.

⁴³ *Ibid.*

⁴⁴ It is quite remarkable that not one of these three notions was fully elaborated by Lacan himself. The last one – "destitution subjective" – (J. Lacan, *Proposition d'Octobre, Scilicet*, 1, 1968, p. 23) is today the most well known, but this is mainly due to the Slavoj Žižek's extensive commentaries on it.

implicit, but very important, meaning of separation Seminar XI: *se parer*: to give birth to oneself.⁴⁵

The trouble is that such a decision or choice by the subject implies the existence of a decision-taking instance, *independent* of the Other. This hardly tallies with the constitutive process of becoming a subject, that is, the alienation, which makes the subject dependent on the Other – hence the necessity of the ideas of separation and destitution. Beyond this, the instance acquires *substantiality* through its decision. After all, we are talking about identification with the *Real* of the symptom. This hardly tallies with the idea, mentioned above, that the subject lacks any kind of essence whatever. Concerning this first difficulty, it is obvious that in this context Freud always refers to the ego, and with the post-Freudians this became the autonomous ego. It is quite clear that here Lacan is close to a revised version of the autonomous ego.

The second problem is bound up with the first: it concerns the role of the father in the becoming of the subject. With the early Lacan, the whole emphasis was put on the metaphor of the Name-of-the-Father, whose function was to free the subject from the desire of the mother, and so on. The continuing popularity of this theoretical motif in contemporary Lacanian thinking contrasts sharply with Lacan's decision not only to abandon it, but even to replace it with the opposite idea: there is no Other of the Other. The belief in the father is a typically neurotic symptom, a fourth ring within the Borromean structure. Lacan takes his leave from it, and start looking for a new signifier to fulfil the required function, to bind together the three rings.

In this context, it is important to differentiate between the father and the function. The function relates to the separation of mother and child, entailing the liberation of the latter from the *jouissance* of the Other. If this separation ends up as an alienation, with the father as a second Other, then there is structurally no difference between it and the previous alienation. It was Lacan's intention to get beyond this point, and that is why he focused on the function – separation – and its Symbolic character, meaning that the operative factor is a signifier. In Freud's time, this signifier was linked to the real father, but this is a historical contingency. The very same function can be installed through a totem name-giving within a clan structure. There, separation is also attained through name-giving, and likewise there a first, externally determined identity – member of the mother group – is also replaced by a second, externally determined identity – member of the brother and uncle group. In both cases, the process of name-giving is the central one, and it is precisely this process that Lacan privileges in his later theory.⁴⁶ Nevertheless, the fact remains that in both cases the subject still has to believe in this name-giving and what it stands for – and these are determined by the Other.

⁴⁵ J. Lacan, *Seminar XI*, *op. cit.*, p.214.

⁴⁶ "Well, the names of the father come down to this: the Symbolic, the Imaginary and the Real insofar as, to my sense – with all the weight I gave above to the word 'sense' – that's what they are, the names of the father, the first names to the extent that they name things" ("Eh bien, les noms du père c'est ça: le symbolique, l'imaginaire et le réel en tant qu'à mon sens – avec le poids que j'ai donné tout à l'heure au mot 'sens', c'est ça les noms du père, les noms premiers en tant qu'ils nomment quelque chose."), J. Lacan, *R.S.I.*, 3/11/75, *Ornicar ?*, *op. cit.* For an excellent overview of Lacan's development on this difficult topic, see E. Porge, *Les noms du père chez J. Lacan: Ponctuations et problématiques*, Paris : Editions Erès, 1997.

In other words, Lacan does not escape the very same problem that Freud had to cope with, even in the same context; the separation function of the signifier is only operative on condition that one believes in it. Hence the whole thing remains in the realm of the Imaginary, and one has to fall back on the “*Credo quia absurdum*”. Freud quoted this expression of Tertullian’s precisely in questioning the why’s and the wherefores of paternal authority, thus expressing its arbitrary character.⁴⁷

This deadlock is all the more important because a Lacanian analysis precisely demands of the analyst that he take his leave from the position of the father.

The belief of the analyst

So far, we can summarize our findings as follows. Both Freud and Lacan agree that the success of an analysis depends on a decision – that of the ego (Freud) or the subject (Lacan). Lacan tried to elaborate this decision-making process. The identification with the symptom promises a positive prognosis, a sufficient neutralization of the pathogenesis. This identification implies that the subject has reached a certain conclusion through his analysis, that the pathological process is ultimately an effect of the general trauma of the nonexistence of a sexual rapport, and that its signification always comes down to an alienation in the signifiers of the Other.⁴⁸ Based on this conclusion, the subject chooses a certain modality of jouissance and takes his leave of the three dots that used to follow his symptom. With this conclusion, the analysand testifies to a kind of positive not-wanting-to-know, through which he detaches himself from the linguistically structured unconscious.

Of course, it is possible that the analyst himself has never reached this conclusion, and that he still believes in the ultimate S2... in which case he continues to push the analysand’s “letter” back into the chain of signifiers with his interpretations. This turns the analysis into an interminable process; indeed, one can always find yet another S2 to add to the S1. In this way, psychoanalysis is turned into a fraud (*escroquerie*).⁴⁹ The belief of the analyst in the existence of a sexual relationship and the guaranteeing father does not make it easier for the analysand. In this respect, Colette Soler has criticized Freud for the position he took during his analytic practice. One of her pertinent remarks is that Freud’s interpretation of the deadlocks of castration and penis envy in terms of *transference* resistances says a lot about his own position in these matters.⁵⁰ It is Soler’s thesis that the structural deadlock does not consist of castration and penis envy, but of Freud’s relationship to both of these. On several occasions, Lacan commented on Freud’s taking this father

⁴⁷ S.Freud, *Moses and Monotheism* (1939), SE XXIII, p.118. In a fascinating essay, John Brenkman discusses the difficulties in education when one wants to raise his children without religion. The main difficulties do not reside in the dichotomy between reason and faith, but in the question of which narratives, symbols, and discourses to use if one does not believe (J. Brenkman, “The Labyrinth of Accusation,” in *Venue*, 3, 1998, pp. 144-156).

⁴⁸ See P. Verhaeghe, “Trauma and Hysteria in Freud and Lacan,” in: *The Letter: Lacanian Perspectives on Psychoanalysis*, Autumn 1998, no.14, pp. 87-106.

⁴⁹ J. Lacan, *Ornicar ?*, 17/18, 1979, p. 7.

⁵⁰ S. Freud, 1937, SE XXIII, p. 25; C. Soler, “Aimer son symptôme,” *La Cause Freudienne, Revue de Psychanalyse, La passe: fait ou fiction?*, 1994, pp. 103-114.

position during his analytic practice: “We know that we cannot operate anymore in our position of analyst as Freud did, who took in analysis the position of the father... And that is why that we don't know any more where to go to – because we have not learned to rearticulate which position should be ours starting from there.”⁵¹

Privately, Freud admitted that he took the position of the father during the transference, and he even added that this made him a bad analyst.⁵² At the end of the day, Freud placed the father in the place of the lack of the Other:

The lack referred to here is indeed that which I have already formulated: that there is no Other of the Other. But is this mark made by the Unbeliever of the truth really the last word that is worth giving in reply to the question, “What does the Other want of me?” when we, the analysts, are its mouthpiece? Surely not, and precisely because there is nothing doctrinal about our office. We are answerable to no ultimate truth; we are neither for nor against any particular religion. *It is already quite enough that at this point I had to situate the dead Father in the Freudian myth.*⁵³ [italics added]

If the analyst believes in the existence of the sexual relationship, it is understandable that his analysands, and especially the ones who have to take the position of the spiritual son, demand an account for this. And on this point, the “father” of psychoanalysis reveals himself to be impotent as well. The discussion between Freud and Ferenczi is paradigmatic in this respect.

Again, we meet here with the difficulty we discussed above. The function of separation that liberates the subject from the first alienation with the first Other is indispensable, but introduces inevitably a new alienation, this time with the liberator, *in casu* the father, who thereby receives the status of symptom. The proper cause of desire and jouissance – the object *a* – is left aside. In other words, the function of the father is the regulating factor, but not the Real cause of desire. The Real is the root of the drive; the function of the father stands for the Symbolic shaping of the symptom. Therefore psychoanalysis should not be turned into the ritual of the father: “and psychoanalysis is not the rite of the Oedipus complex.”⁵⁴ On the contrary, it should create the possibility for the subject to get to the heart of the matter, the object *a*. Its precondition is the insight that the function of the father is a Symbolic suppletion.

Creatio ex nihilo: le synthôme

The identification of the subject with the object *a* does not only replaces this Symbolic suppletion with a more stable, Real one, but has in addition creative

⁵¹ “Nous savons bien que nous ne pouvons pas non plus opérer dans notre position d’analyste comme opérait Freud, qui prenait dans l’analyse la position du père. ... Et c’est pour cela que nous ne savons plus où nous fourrer — parce que nous n’avons pas appris à réarticuler à partir de là quelle doit être notre position à nous.” J. Lacan, *Le Séminaire, Livre VIII, Le Transfert*, Texte établi par J.-A. Miller, Paris: Seuil, 1991, p. 345.

⁵² See A. Kardiner, *Mon analyse avec Freud*, Paris: Belfond, 1978, p.103.

⁵³ J. Lacan, 1966, p. 818 (our italics); *Ecrits: A Selection, op. cit.*, p. 316.

⁵⁴ J. Lacan, *Ecrits: A Selection, op.cit.*, p.316.

effects: the jouissance of one's own drives creates the "Other gender". To be sure, this Other is a fiction, but it is a fiction that does not turn the subject into a dupe because he has created it by himself, based on his particular way of jouissance. Lacan calls this self-created fiction a *sinthome*: a particular signifier that knots the three registers of the Real, the Symbolic and the Imaginary into a particular sexual rapport. "That what I have defined for the first time as a *sinthome*, is what permits the Symbolic, the Real and the Imaginary to be kept together... On the level of the *sinthome*, there is a relationship... There is only a relationship where there is a *sinthome*."⁵⁵

The condition for such a creation is that the subject has come free from the Other, of the language of the Other. "In any case, what I am saying is that the invention of a signifier is something different from memory. *It is not that the child invents – he receives the signifier*, and it is even this that makes it worthwhile to do it more. *Our signifiers are always received*. Why shouldn't we invent a new signifier? For instance, a signifier that would have no sense at all, just like the Real?".⁵⁶ [italics added]

At the end of the *Encore* seminar, Lacan had already evoked this idea – the creation of a new signifier – in talking about poetry. A new knowledge can be created only at the place of the lack of the Other. As long as one stays under the umbrella of the Other, there is no new knowledge possible. In this sense, it is by no coincidence that Lacan's continuation and crossing of Freud's theory coincides with his expulsion from the IPA.⁵⁷

In the context of the creation of a new signifier or *sinthome*, creation is only creation insofar as it builds upon the lack of the Other, that is, insofar as it is a *creatio ex nihilo*: "It is by this [the lack] that I try to meet the function of art, what is implied by what is left blank as fourth term, when I say that art can even reach the symptom."⁵⁸

⁵⁵ J. Lacan, *Le Séminaire XXIII, Le Sinthome, Ornicar ?*, 8, 1976, p. 20. "Ce que pour la première fois j'ai défini comme un sinthome, est ce qui permet au symbolique, à l'imaginaire et au réel, de tenir ensemble. ... Au niveau du *sinthome*, ... il y a rapport. ... Il n'y a rapport que là où il y a *sinthome*."

⁵⁶ J. Lacan, *Le Séminaire XXIV, L'insu que sait de l'une bénue, s'aile a mourre, Ornicar ?, 17/18*, 1979, p. 21. "Ce que j'énonce en tout cas, c'est que l'invention d'un signifiant est quelque chose de différent de la mémoire. *Ce n'est pas que l'enfant invente — ce signifiant, il le reçoit*, et c'est même ça qui vaudrait qu'on en fasse plus. *Nos signifiants sont toujours reçus*. Pourquoi est-ce qu'on n'inventerait pas un signifiant nouveau? Un signifiant par exemple qui n'aurait, comme le réel, aucune espèce de sens?" This quote sums up the first difficulty we discussed above: how to become independent from the (signifiers of the) Other (italics added).

⁵⁷ It is no coincidence either that his removal from the IPA coincides with the seminar on the names of the father. Neither is it a coincidence that he gave only one lesson. The lack of this seminar provides us with a perfect mirror-image of the lack of the Other of the Other. In this context, the subsequent course of Lacan's institutional history is very revealing as well. In spite of his efforts to take the position of the object *a*, both in his School and during his analytic practice, Lacan underwent the same fate as Freud. His concepts did not give the impetus to a new knowledge, but became embalmed as well. Finally, to escape from the position of founding father, and to open the possibility for inventing a new knowledge, Lacan dissolved his School and took the position of object *a*: he interrupts the seminar and stays at bay during the founding of the ECF in 1980; see also J. Lacan, *Lettre de Dissolution, Ornicar?*, 20/21: "This problem demonstrates that, in order to have a solution, one has the dis-solution. ... It is enough that one goes in order to liberate all the others, and that goes for every one in my borromean knot; in my school, it has to be me." "Ce problème se démontre tel, d'avoir une solution: c'est la *dis* — la dissolution. ... Qu'il suffise d'un qui s'en aille pour que tous soient libres, c'est, dans mon noeud borroméen, vrai de chacun, il faut que ce soit moi dans mon École." (Lacan, 1980, p. 9).

⁵⁸ J. Lacan, *Le Séminaire XXIII, Le Sinthome, Ornicar ?, 6*, 1976, p. 18.

This is the lesson learnt by Lacan from Joyce's "savoir faire". Joyce's *sinthome* comes down to his literary productions, built on the lack of the Other, which for Lacan is hardly surprising, because he allots Joyce a psychotic structure. And based on these creations, based on this *sinthome*, he knots the three registers of the Real, the Imaginary and the Symbolic into a particular "sexual rapport": "I have said of Joyce that he is the symptom. His entire work testifies to it. *Exiles* touches his central symptom, the symptom made of the lacking as such of the sexual rapport".⁵⁹

What is there to be deducted from this concerning neurosis, especially concerning the conclusion of a psychoanalytic cure? We have already stated that normally, that is, neurotically, the signifier of the Name-of-the-Father is expected to take the place of the lack in the Other and to knot the registers of the Real, the Symbolic and the Imaginary in such a way that the jouissance is forbidden. The seminar on Joyce demonstrates that it is possible for a *sinthome* to take the role of the signifier of the Name-of-the-Father. Lacan invites everyone to follow Joyce's example and to create an own *sinthome* at the place of the lack of the Other; the aim of this creative act is to be able to function without the signifier of the Name-of-the-Father, that is, the Other.

Lacan specifies that this new signifier, just like the Real, has no sense (*sens*), which implies that it cannot be exchanged with other subjects. Not only would it not "fit" another subject, worse still, this new signifier cannot be formalised. It belongs to the field of the orthodox: it is a particular way of handling a particular jouissance. In our reading, this explains why Lacan in his last seminars repeatedly returns to the idea of creation and the act. In this, the accent is not so much on the result of the creation than on the fact that creation is highly individual, particular.

To conclude this creative effect of the identification with the symptom, we have to return to the specific character of this identification. We have already said that this identification belongs to a specific context. The idea of "identification with the real of the drives" may not be taken literally, because the Real of the drives remains heterogeneous to the subject, the object a maintaining its traumatic character. Lacan emphatically recommends taking a distance from the symptom: "to identify, *while assuring oneself of a kind of distance towards one's symptom*".⁶⁰ This is the function of the new signifier: it creates a band around the lack in the Symbolic, although this band is completely different from the phobic one. The castration phobia marks out the Real as impenetrable, while the new signifier – the *sinthome* – on the contrary provides a *connection* to the jouissance, creating a particular sexual relationship: "On the level of the *sinthome*, ... there is a rapport. ... there is only a rapport where there is a *sinthome*".⁶¹

Last but not least, this theory permits a completely new approach to the question of gender. The Woman does not exist in the Symbolic, The Man exists far too much. Just like a man, a woman has to alienate herself in the ever-phallic signifiers of the Other. The man, due to his relationship to the phallic signifier and the S1, is taken "naturally" in the direction of identification

⁵⁹ J. Lacan, *Le Séminaire XXIII, Le Sinthome*, Ornica ?, 7, 1976, p. 15.

⁶⁰ J. Lacan, *Le Séminaire XXIV, L'insu que sait de l'une bénue, s'aile à mourre*, Ornica ?, 12/13, 1977, pp. 6-7 (our italics).

⁶¹ *Ibid.*

with the signifier; he sticks to alienation. Woman knows this alienating relationship as well, but at the same time, she entertains a special relationship to the object *a* and the jouissance. Due to this double relationship, a woman is “naturally” invited to create something of herself, in the very process of becoming a woman.

In this sense, the Lacanian conclusion of the treatment – the identification with the Real of the symptom, the choice of jouissance, and the creation of a neosubject – is a particular process that is situated entirely in the line of femininity.

References

- Freud, S. (1894). The neuro-psychoses of defence. *SE III*.
Freud, S. (1896). Further remarks on the neuro-psychoses of defence. *SE III*.
Freud, S. (1909a). Analysis of a phobia in a five-year-old boy. *SE X*.
Freud, S. (1909b). Notes upon a case of obsessional neurosis. *SE X*.
Freud, S. (1918). From the history of an infantile neurosis. *SE XVII*.