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The Unconscious Is Political

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Truth and Knowledge in the Clinic by Erik Porge

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Erik Porge is a Lacanian psychoanalyst practicing in Paris. A member of the *École Freudienne de Paris* until its dissolution, he is the cofounder of the *Association de Psychanalyse Encore* and the editor-in-chief of the psychoanalytic journal *Essaim*. Dr. Porge is the author of numerous articles and books, well known in France.

Truth and Knowledge in the Clinic, the English language title for *Transmettre la clinique psychanalytique* (2005), is Erik Porge's first book to be translated into English. The central aim of this book is to clarify what is specific to the practice of psychoanalysis, and to articulate the manner in which that specificity is transmitted. This is an important undertaking in a field in which a kind of "Tower of Babel" effect has been taking place, where new symptoms, new pathologies, and new specialties designed to address specific symptoms are constantly arriving at the marketplace.

Attention-deficit disorder has spawned "adult attention-deficit disorder." Bipolar disorder, or borderline personality disorder, is increasingly diagnosed and has replaced what

psychoanalysis has traditionally understood as hysteria. “Angst” as a psychoanalytic concept has vanished behind “stress,” “panic disorder,” or “generalized anxiety disorder.” “Autism spectrum” is a category so broad that it has made a pathology out of shyness.

Thanks to the focus on the proliferation of “new” pathologies, treatment is transformed into specialized techniques that target specific symptoms.

These specialties range from “psychoanalysis with adolescents,” to treatment of eating disorders, autism, grief, to the likes of DBT (Dialectical Behavior Therapy), which, according to its creator’s website, “is now recognized as the gold standard psychological treatment for [chronically suicidal individuals diagnosed with borderline personality disorder (BPD)]” (<http://behavioraltech.org/resources/whatisdbt.cfm>).

Another example: a notice in the February 29, 2016, e-bulletin of the *National Association for the Advancement of Psychoanalysis* advertised a practice “specializing in organizational tasks associated with loss, bereavement and hoarding” that promises to “enhance your space while preserving those items that are meaningful to you. Organize your bedrooms, kitchen, storage bins, closets” (<http://hoardingdisordergroup.education/directory/dcluttered>).

Sounds very practical.

Except, as Porge notes, this “flourishing of so-called new pathologies” doesn’t “acknowledge the division of the subject in its different structures” (p. 9). Rather than offering any real conceptual advancement, this proliferation of “new” pathologies “favors specialized institutions acting in the interests of social readjustment; it reassures insurance companies and brings profits to laboratories that invent pathologies as a justification for the sale of medications” (p. 8).

Another trend within psychoanalysis identifies “new psychological structures” as the result of a decline of the social link. Formerly supported and sustained by a certain number of ideals, according to this perspective the social link appears weakened today by the effects of our “post-modern” condition and thus is in crisis. Confronting unprecedented contemporary upheavals, a time in which the spreading globalization of neoliberal capitalism is mirrored by a spreading globalization of fanaticism and terror, this view asks: “Are we faced with a ‘melancholization’ of this social link in respect to earlier epochs, or on the contrary are we at the start of a transition to new forms of subjectivities and the social link?” (Fernandes, 2015).

Other critics of neoliberalism, in addressing this new “psychic economy,” argue that an “anthropological mutation” is being effected through a change in the market economy as well as the political and symbolic economy. This has the purported result in the replacement of Freud’s “neurotic subject” with a “new man,” connecting the market economy with the drives (p. 8).

However, Erik Porge points out that the connection of the market economy to the drives is precisely an illusion effectively produced by the capitalist discourse. To take it as a reality accomplished by the individual is to reject the subject (p. 9).

How then should psychoanalysis address the changing social landscape without rejecting the subject?

According to Porge, what is new is neither new pathologies, nor new “psychical structures,” but what he calls the new “phases or temporalities” of the demand, which he places in an ideological context, arguing that “we need to focus on the new demands and to refine the identifying elements of structure” (p. 7). The demand can change in relation to changes in the social, but structure remains the same.

The question of the demand, the demand addressed to a psychoanalyst or to a psychotherapist, or even to a practitioner of some new “specialty,” raises the question of what is sought in terms of a “cure,” and what is the aim of a psychoanalytic treatment in relation to symptoms.

Freud discovered that rather than resulting in the expected alleviation, addressing the symptom directly by communicating to the patient the “solution” of the symptom more often produced an exacerbation: “a manifestation of the unconscious sense of guilt, for which being ill, with its sufferings and impediments, is just what is wanted” (Freud, 1933/1957, p. 110). The discovery of the unconscious motivations underlying symptoms necessitated a more cautious approach that does not confuse the demand of the patient with their unconscious desire.

Lacan famously remarked that the cure occurs as a kind of “surplus” to the psychoanalytic act (Lacan, 2014, p.56). That is, psychoanalysis obtains results in *other ways* than directly attempting the reduction or elimination of symptoms.

Porge writes that Freud and Lacan therefore “approach the question of a cure (*guérison*) with caution because a cure is not necessarily the demand of the subject; recovery from one symptom can lead to the creation of another, more serious one. These other ways [by which psychoanalysis proceeds] have no fixed goal in advance, they suspend giving answers” (p. 7).

“One can suppose,” Porge continues, “that if psychoanalysis obtains a ‘cure’ through means other than those of psychotherapy, psychiatry, or magic and that if this recovery has a more ‘personal’ quality, this is because, from the start and throughout, it uses a different clinical ‘locating’” (p. 7).

What is this “locating” that is specific to psychoanalysis?

Porge distinguishes psychotherapy from psychoanalysis, stating “The merits, but also the limits, of psychotherapy are its adaptive aims, following a goal that is decided, even prescribed, in advance. Its doctrine cannot go beyond an improvement, sometimes temporary, of the symptom. It cannot sustain the position of the desiring subject beyond the demand.” (p.9).

This is an important distinction—one that is very different from that of many contemporary institutes that see psychoanalysis as merely a more “intensive” or “extensive” psychotherapy: a treatment that maybe “goes further,” or takes longer, but that fundamentally is a version of psychotherapy. There is even an entire practice known as “psychoanalytic psychotherapy,” for which the Toronto Psychoanalytic Society and Institute—just to cite one example among many—gives the following definition on its website:

Psychoanalytic psychotherapy is an empirically validated treatment which draws on the richness and depth of psychoanalysis. It differs in that sessions usually occur less frequently ranging from 1 to 3 times a week in contrast to 4 to 5 times a week in psychoanalysis. The patient usually sits up in the treatment in contrast to lying on the couch. (<https://torontopsychanalysis.com/about-us/what-is-psychoanalytic-psychotherapy/>)

Porge is clear that the distinction is more profound than frequency, or whether or not the patient is sitting up or on the couch. Psychoanalysis is not simply another variation of psychotherapy, nor is it a supplemental technique available in the clinician’s bag of tricks.

This confusion of psychotherapy and psychoanalysis, Porge writes, is actually harmful to both. They are both left vulnerable to a pseudo-scientific, empiricist discourse reflecting

normative intentions. True to its neoliberal roots, this discourse considers the market as the grounds for mental health regulations, transforming patients into “consumers” (p. 9).

To confound psychoanalysis with psychotherapy also has implications for the training of analysts, reducing it to the level of a professional training “with technical, moral, and behavioral formulas steeped in respectable psychological eclecticism” (p. 9). We have seen this with the psychoanalytic license in New York State, where what falls by the wayside is precisely the “formation” of the analyst, in the sense of formations of the unconscious.

Porge notes that the question of the formation of the analyst “has been central in numerous debates, seminars, publications, and even scissions, to the point that the very acuteness of the question has become part of the analyst’s formation,” again, in the sense of formations of the unconscious (p.9).

Porge continues: “What has become imperative for us is recognition of the fact that the specificity of the analytic clinic, of establishing a psychoanalytic clinical fact, of a truly new clinic, resides in the method of its transmission. It is a question of finding the right link between the clinic and what is transmitted. The method constitutes this link.” (p.10).

What is the psychoanalytic clinic? How is it transmitted?

In a deceptively simple remark, Lacan defines the psychoanalytic clinic: “It is not complicated. It has a base. It is what is said in the cure.... The clinic is the real in that it is impossible to support.” (Lacan, 1977).

This “real in that it is impossible to support” has a profound impact on the question of the transmission of the clinic. For example, Porge notes in the case of publication of clinical references, a problem is raised of the passage from the private dimension of the cure to the public

domain. This risks the speech of the analysand being diverted, misappropriated, or even discredited.

Porge cites other problems: “How can one ensure that the passage from the private to the public does not reinforce the old opposition individual/collective? How is the reader to be included in the transmission, rather than left in the position of onlooker?” (p. 11).

These difficulties raise a question: “In transmission of the psychoanalytic clinic there is, on the one hand, what is transmitted, the clinical fact or what is presumed as such, and, on the other, the means of transmission. Could it be considered an established fact if it is not transmissible?” In addition, “the means of transmission is part of what is transmitted, and it is sometimes difficult to distinguish between the two. This can influence the reader to the point where the means of transmission, the support of the message, serve as the message itself.” (p. 11).

In confronting the question of clinical transmission, Freud, in his case histories, prefers truth to “exactness.” Freud writes, in his case history “From the History of an Infantile Neurosis”(the “Wolfman” case): “I am unable to give a purely historical or a purely thematic account of my patient’s story; I can write a history neither of the treatment nor of the illness, but I shall find myself obliged to combine the two methods of presentation. It is well known that no means has been found of in any way introducing into the reproduction of an analysis the sense of conviction that results from the analysis itself. Exhaustive verbatim reports of the proceedings during the hours of analysis would certainly be of no help at all; and, in any case, the technique of the treatment makes it impossible to draw them up.” (Freud, 1918/1955,p. 13).

Freud's solution is to turn to literature. As Porge notes "one learns from Freud that a good novel does more for clinical transmission than a lot of allegedly realistic clinical vignettes"(p. 25).

The Theme of the Three Caskets or *The Uncanny* come to mind. Another is Freud's reading of *Memoirs of My Nervous Illness*, President Schreber's account of his psychotic episode, in which the analysis of a written text is rightly included as one of Freud's case histories (Freud, 1911/1958). Porge notes that with *Delusions and Dreams in Jensen's Gradiva*, Freud seeks to assert the scientific and clinical value of Jensen's novel, stating, "Briefly, can our author's representation of the genesis of a delusion stand before the judgment of science? And here we must give the perhaps unexpected answer that, unfortunately, matters are actually just the reverse: science does not stand before the accomplishment of our author." (Freud, 1907/1959, p. 54).

If Freud saw literature as an ally of psychoanalysis this does not mean that Freud considered himself a novelist and his case histories as literature. Freud's position is that the creative writer understood a certain truth about the unconscious, that the art of literature consists in a *Verhüllung*, "veiling," of the unconscious: "What is unconscious must not be rendered conscious directly; of course, it must become conscious to a certain degree—that is to say, to a point at which it still affects us without our being preoccupied by it in our conscious thoughts." Freud adds, "We have the right to analyze the work of a poet, but the poet does not have the right to make poetry of our analyses" (Schreber, 1903/2000, p. 189).

Porge reads this as a warning as well to analysts against becoming literary case writers and adds, "it is important not to consider Freud to be a writer of case histories" (p. 27). "Contrary

to the artist's position, [Freud's] intention was precisely not to dissimulate the unconscious at the moment it is revealed. There is a difference between revealing the veiled unconscious and veiling what has been revealed as such, between acknowledging the veiled and veiling the acknowledged. The two can co-exist, but the emphasis is not the same." (p. 30).

Freud was seeking to transmit not only truth—the sense of “conviction”—but also knowledge. If literature transmits a “veiled” truth that science misses, as an avowed man of science Freud also wished to transmit knowledge. This means that Freud writes his case histories not with the novelist's aim of transforming the truth of his analytic subject into a “pleasure gain” for the reader, but for the scientific purposes of the advancement of “unprecedented” knowledge.

For Freud truth and knowledge are inseparable: Freud often involved his patients in his discoveries and sought to convince them of the theoretical validity of his interpretations. Freud didn't differentiate between the therapeutic aim of a cure and its didactic and scientific aim in the transmission of psychoanalysis.

However, “in his efforts to reconcile the two terms [truth and knowledge] with the publication of his case histories,” Porge writes that “Freud came up against the real of an impossible compatibility” (p. 39), nowhere more apparent than in the case of the Wolfman. In what Porge suggests was perhaps “a case of meta-psychosis induced by the analyst,” Sergei Pankejeff (the patient's actual name) remained alienated under the signifier of Wolfman until the end of his life (p.38). Freud published no further case histories after “From the History of an Infantile Neurosis,” and two years later, in 1920, he wrote *Beyond the Pleasure Principle*, which posited the concept of the death drive. A tacit recognition on Freud's part, according to Porge, of an impossibility:

It is for Freud a way of recognizing the disjunction between truth and knowledge, ...after having tried so hard to reconcile them in the publication of case histories. This reconciliation appears, in retrospect, in the realm of the pleasure principle. Freud realizes, at this moment, that the duty of transmitting knowledge born of the clinic passes by a detour apparently far from the clinic. (p. 39)

Freud continued to struggle with this impasse, which, in his paper “Analysis Terminable and Interminable,” led him to the pessimistic view that the bedrock of castration proves to be an insurmountable impediment where the progress of an analysis grinds to a halt, and Freud despaired of finding a way to shepherd his patients further. For Lacan, this bedrock is an inescapable fact of the functioning of language.

From the beginning of his teachings, Lacan had been seeking to address the inherent impossibility of language to adequately transmit a truth. Humans, born into language, are subject to the alienating effects of the gap produced by the signifier, resulting in a loss that is the structural basis of the speaking being. Signifiers are always inadequate to the task due to the fact that, as de Saussure demonstrated, there is no one-to-one relation between signifier and signified.

In fact, signifiers only have a relation to other signifiers, and do not signify anything except the difference between signifiers. There is always an incommensurability between what is said and what the subject is attempting to articulate. There is something—the real—that cannot be put into words, for which words are lacking. Speaking ultimately encounters a limit that is a loss: the lost object that cannot be recuperated, the primary trauma that can never be articulated.

Primary trauma, which according to Freud establishes the unconscious, is a result of the functioning of language.

If, as Lacan notes, the psychoanalytic clinic “is what is said in the cure,” transmission of the psychoanalytic clinic immediately runs into the very difficulties of language that it seeks to account for. What is said in the cure ultimately involves the real, “in that it is impossible to support” *and impossible to say*.

Aware of the impasses that Freud encountered, Lacan never published case histories. That is not to say he didn’t seek to transmit something about the psychoanalytic clinic; Lacan sought to transmit the truth of the clinic through “style” rather than case histories.

In his article “Psychoanalysis and Its Teaching” from 1957, Lacan writes:

A return to Freud, which provides the material for a teaching worthy of the name, can only be produced by the pathway by which the most hidden truth manifests itself in the revolutions of culture. This pathway is the only training that I can claim to transmit to those who follow me. It is called: a style. (Lacan, 1957/2006b, p. 383)

The basis of Lacan’s style is poetic according to Porge. In fact, Lacan refers to himself as “the Gongora¹ of psychoanalysis” (Lacan, 1956/2006a, p. 391). But if Lacan’s style is baroque, mannered, it is not merely a manifestation of his “personality.” That Lacan wrote that the pathway of style was “the only training that I can claim to transmit to those who follow me” does not mean that he was transmitting his own style. To ape his particular style is to fall into an

¹ Luis de Góngora y Argote(1561–1627) was a Spanish Baroque lyric poet.

imaginary identification with an ideal, which is exactly the model for the end of an analysis that he critiqued. In place of the “identification with the analyst” as proposed by ego psychology, Lacan saw the end of analysis as the possibility of dropping such an identification.

What is at stake with style is a matter of saying the same thing in another way, which is also to say something else. Style is akin to the formations of the unconscious, which reveal that “the effects of sense (*sens*) are the effects of ‘without-sense’ (*pas-de-sens*),” resulting in a new sense (p. 49). This “without-sense,” lacking sense, is linked to the lack that engenders desire, of which the *object a* is the support in the fantasy, linking style to *object a*. Lacan’s point is that style is not an embellishment, but is structuring, in the way that the style of a poem is not mere embellishment, but is the structure of the poem.

Style constitutes a social link, a link to the other to whom one addresses oneself. It is also a way of acknowledging that in this address, something hidden from the speaker is articulated as well. Desire is also implicated in this link, since style is what “marks the subject’s relation to the object [of desire]” (p. 52).

The truth that “style” indicates is not simply the truth of the speaker, but invokes the truth of the other as well. Lacan notes that his style requires his readers and listeners to “pay the price with elbow grease” (p. 51). If in his case histories Freud had run up against the impossibility of transmitting the truth of his patients, Lacan’s recourse to “style” has the effect, in transmission, of establishing a relation between “the most hidden truth” of the analysand and the truth of the desire of the analyst. Neither truth can be fully stated, and the analysand’s truth and the truth of the desire of the analyst are not the same. However, what style reveals is that both have the same structure in relation to *object a*. The position of the analyst within the cure as semblance of

object a, means that the analyst is included—at the very place of the impossible real—in that which he wishes to transmit. In this way “we will say that style joins the knot of the subject to the other who sustains desire. Lacan invented a formula for this knotting, the formula of fantasy: $\$ < a$, $\$$ desire of a , or $\$$ cut of a .” (p. 52).

Lacan was eventually led to utilize the tying of knots as a form of writing of the knotting of “the subject to the other who sustains desire,” as a form of writing that does not come from the signifier. In *Lituraterre* Lacan argues that his use of the Borromean knot is “thus a doing that gives support to thinking. To tell the truth, the Borromean knot [*noeud bo*] in question completely changes the sense of writing. It gives to the said writing an autonomy.” (Lacan, 1971/2001, p. 5).

Freud also used diagrams in order to represent ideas about something fundamentally inaccessible, the unconscious. What is different in Lacan’s uses of topology, and particularly of the Borromean knot, is that it does not function as a model, it does not have a metaphorical function. What interested Lacan about the uses of topology is that it actualizes the unrepresentable.

Lacan, following Freud, considered psychoanalysis an “impossible” profession, in that it deals with something “impossible to support.” Throughout his trajectory, Lacan sought different means to transmit this impossible. His attempts are situated in the context of a social link: if we read his seminars today, it is not in order to “learn” a system or a solution, but to enter into an exchange that requires a response.

It was just such a response that Lacan hoped to elicit with his invention of the pass, in which testimony is given about the passage of an analysand to occupying the position of the

analyst. In listening to what is said in the procedure of the pass, he hoped to hear something of the truth that is unrepresentable, and that the pass would function as a means of transmitting something of the psychoanalytic clinic.

In 1978, at the conclusion of a conference on the Transmission of Psychoanalysis, Lacan declared his disappointment with his procedure of the pass as a means for the transmission of psychoanalysis. Lacan asserted that he had to come to the conclusion that psychoanalysis is untransmittable and that thus each analyst will be forced to reinvent psychoanalysis.²

This leaves us with what seems an insurmountable impasse: the specificity of the psychoanalytic clinic lies in its method of transmission, while at the same time psychoanalysis is un-transmittable.

“That is really annoying,” as Lacan said of this fact.

However, regarding the un-transmittable character of psychoanalysis, Porge makes a beautiful remark in keeping with Lacan’s conclusion that “every psychoanalyst will be forced to reinvent psychoanalysis”: “What is not transmissible is at the heart of the desire to transmit, not ineffably lost in the sands but on the threshold of invention” (p.12).

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²*Tel que maintenant j'en arrive à le penser, la psychanalyse est intransmissible. C'est bien ennuyeux. C'est bien ennuyeux que chaque psychanalyste soit forcé – puisqu'il faut bien qu'il y soit forcé – de réinventer la psychanalyse.*

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