Evolving Lacanian Perspectives for Clinical Psychoanalysis

On Narcissism, Sexuation, and the Phases of Analysis in Contemporary Culture

Raul Moncayo
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This book is dedicated to the memory of my father, Rene Moncayo, and my stepfather, Jorge Bosch. I always admired my father’s pure intelligence and my stepfather’s scholarship and erudition. In addition, while growing up, it was my mother Germaine de Bremont Bosch, and her philosophical background, that had the most influence on my intellectual and spiritual curiosity and development.

It goes without saying that my analysts, who shall remain anonymous, have had a lasting impact on my life. They form part of the luminous unknown darkness of the unconscious that underpins the ground of my psychical being.

Roberto Harari was my first teacher and mentor in psychoanalysis, and he remains a necessary reference for consultation and feedback on questions of treatment and Lacanian scholarship. I wrote certain portions of Chapter V as second author to Roberto. That paper appeared in the Journal of the Lacanian School with the title Principles of Lacanian Clinical Practice. I am also indebted to Andre Patsalides, who is the founding analyst of the Lacanian School of Psychoanalysis in Berkeley.

The section of Chapter V on the three payments of the analyst was previously published as a subsection of a chapter that I wrote for a book on Psychoanalysis and Buddhism edited by Jeremy Safran (Wisdom Books, 2004). As it stands now, Chapter V represents my most up-to-date and comprehensive statement on what I am now calling the multiform criteria for psychoanalytic and Lacanian clinical
practice. A more basic version of the chapter on narcissism appeared in *Psychoanalytic Review*, 93(4), August 2006. The same goes for Chapters II, VII, and VIII. These chapters had a prior history as papers under different titles but were extensively revised and expanded for the purposes of this book. A version of Chapter II appeared in the *Journal for the Psychoanalysis of Culture and Society*, Vol. 7, Number 2, Autumn 2002, under the title *The Configurations of Sexual Difference Across Real, Symbolic, and Imaginary Dimensions*. Chapter VII had a prior history in *Psychoanalytic Psychology*, Vol. 23, Number 3, under the title *Lacanian Perspectives on Psychoanalytic Supervision*. Chapter VIII also appeared in *Psychoanalytic Psychology* 1998, Vol. 15, Number 2, under the title *Cultural Diversity and the Cultural and Epistemological Structure of Psychoanalysis*. For the most part, Chapter III appeared in its present form and under the same title in the *Journal for Lacanian Studies*, Vol. 3, Number 1 (2005).

Finally I want to mention my Zen teacher Mel Weitsman who, although not being in the psychoanalytic field, or having read this book, has helped keep my thinking Real and non-dualistic. Last but not least, I want to dedicate this book to my sons Gabriel and Noam and my partner Deborah Rifkin Roberts for their patience with me during the writing of this book and for Deborah’s editorial assistance with the English language.

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INTRODUCTION

This book is the product of over twenty years of work in clinical and academic settings, both in the public and private sectors of the San Francisco Bay Area. I was born in Chile and attended a British school. I began psychoanalytic training in Buenos Aires, Argentina, in the early seventies, under the direction of Roberto Harari. In the U.S., I obtained a Ph.D. from the Wright Institute in Berkeley, in the tradition of the Frankfurt School of critical theory, and completed Lacanian training in the Lacanian School of psychoanalysis also in Berkeley. I am bi-cultural, thanks to my Chilean father and North American mother. My mother's ancestry is French so the interest in a French form of psychoanalysis may not be a coincidence. In addition to a French perspective, I represent a Lacanian-American, and a Latino-American perspective on psychoanalysis. Lacanian-American does not solely refer to the United States, but to the entire American continent, including Latin America and Canada.

Establishing a school of Lacanian psychoanalysis in California has been an interesting journey. Up until now in the United States Lacanian psychoanalysis has primarily come to light as part of the wave of French influence on academic culture in the humanities. Whether in Philosophy, Rhetoric, Literature, English, or French departments, Lacan has become a household name alongside Foucault, Derrida, and Deleuze, among others. At the same time, secondary to deep divisions or splits within North American academia, Lacanian thought has been largely ignored within the
social science departments that train clinicians in the mental health professions. As a legacy of empiricism clinicians often are of the opinion that abstract thought or theory is of no relevance to best practices within the field of mental health. Even within North American and Anglo-Saxon psychoanalysis, Lacan is recognised as a theoretician but not as a clinical innovator.

English and Anglo-American culture are known for empiricism, pragmatism, and utilitarianism. It is also well known that English empiricism severed the link between philosophical and scientific discourse. Although this was an important moment for the development of the natural sciences, it may have come at a high price for the social sciences. French culture or continental European thought never defined a social science exclusively through the methodology of logical empiricism. In other words, within the social sciences, continental Europe preserved the link and continuity between scientific and philosophical theory.

Despite being a former English colony, the United States is renowned as a country of immigrants, the site of the English vision of a New World, and as the great social experiment of democracy with regard to ideas, social classes, and cultural formations. The melting pot not only means the place where all cultures are reduced or assimilated to Anglo-American culture, but more importantly, the place of meeting and in-gathering of all nations and cultures. Like the English, the French and the Spanish were defeated militarily, as competing colonisers on North American soil. However, the vanquished always become incorporated into the psyche of the victors. In addition, the different Western powers would probably agree that knowledge must expand to encompass a more universal human dimension rather than simply remaining within the relativity of a particular cultural or national interest, whether cognitive, economic, spiritual, or political. It is also true that the latter are usually disguised under a pretence of objectivity and universality. I define universal as that which includes everything; its own lack, limitation, or emptiness. A tendency to violently reduce everything to a single numerator or master signifier can never attain the status of enduring universality.

What then is the relevance of Lacanian theory and practice to the English-speaking world and the New World? This question has to be answered first by addressing the relevance of theory. As already
stated, empiricism is known for accepting "scientific" rather than "philosophical" theories. The consequence of this within the clinical mental health or behavioural field as it is now called, is that clinicians feel comfortable with a series of techniques applicable to different types of pathologies and treatment, but that do not require them to think theoretically in any way, shape, or form. Even universities (what Lacan calls the university discourse) do not teach critical thinking skills in psychology or psychiatry. It is only in the humanities that critical and theoretical discourses are cultivated and appreciated.

The consequence of the repression of critical clinical theory within the social sciences is the continuation of a split within the culture and within the psyche. There are the academics in their ivory tower on one side and the clinicians in the trenches on the other. Clinicians sometimes will say, "Oh! That is academic," as if theory did not have any relevance to clinical practice. Clinicians are left then with a series of fragmented techniques that are applied to clinical diagnoses that are themselves fragmented and disconnected from other diagnoses. What is missing from empiricist scientistic culture in psychology and psychiatry is a structural theoretical understanding. This would bring continuity and coherence to and among psychological development, family and psychical structure, social phenomena, brain function, spiritual development, and psychopathology.

The notion of the psyche held the promise of psychiatry being a bridge between the natural sciences and the social sciences. As it stands now, under the banner of scientific empiricism, biological psychiatry has become a market tool of pharmaceutical companies and Wall Street capitalism. Empirically validated forms of treatment present their findings as foundations for "evidence-based" clinical practices. However, most clinical studies are only six weeks long and are done with subjects who are quite different from the clinical populations that most clinicians encounter. The success rates of many medications do not prove to be nearly as accurate with patients treated in clinical practice. This is particularly the case for antidepressants with chronically and severely depressed populations. I do not mean to question the merits of psychotropic medications but simply to point out that the evidence is not as clear and definite as it is usually presented. The so-called evidence is in the realm of the Imaginary (videre in Latin) and in the presentation of a believable
image. In actual practice the reliability of the study depends on how the studies are designed, the assumptions behind the questions asked, the populations used, and how the results are presented. The fact that a treatment has proven effective in a clinical trial is no guarantee that it will be effective with a clinical population. Conversely, a treatment that has not been empirically studied in a clinical trial could also be effective with a clinical population.

Brain research has already made many positive contributions to psychiatry but these advances are presented, especially in the media, as completely new findings. In actuality many new findings are things that were already well known within psychoanalysis and psychiatry. The only difference is that now we have an expanded understanding of how things may work in different areas of the brain. The problem with scientism in the social sciences is not empirical research, or knowledge derived from the senses, but how it fragments human knowledge and posits one form of knowledge or logic as the sole legitimate and dominant form of knowledge. I agree with the Frankfurt school and critical theory that this is not done for the sake of objective knowledge but to protect political and economic interests.

Psychoanalysis relies on the case study method to test the truth-value and effectiveness of the theory. The single clinical case represents the point of articulation of theory and practice. From a Lacanian perspective, psychoanalysis needs to be reinvented on a case-by-case basis, beginning with the personal analysis of the clinician himself or herself. Therefore, psychical causality and symbolic effectiveness within psychiatry, psychology, and psychoanalysis need not be studied statistically to be effective within clinical practice.

If the behavioural field is reduced to evidence-based practices, then entire dimensions of subjectivity will be neglected and ignored to the detriment of the individual and society. What will remain is what Marcuse called a one-dimensional society of robotic people who have eyes but cannot see (seeing also requires the symbolic eye of a theory). Rather than statistics, it is the consumer of services who needs to be the final arbiter of whether a treatment is helpful or not in addressing a particular problem or condition. On the other hand, statistical studies can democratically co-exist side by side with clinical case studies and theoretical formulations, so long as the former are not
tyrannically positioned as the sole valid form of knowledge determining practice guidelines and reimbursements or payments. In addition, theory construction requires a different set of cognitive skills than empirical research. To read and understand complex theory requires many years of study and reflection utilising abstract thought. In this sense it may be difficult to be a good empirical researcher and a good theoretician because the cognitive skills tend to exclude each other.

The same may be true for being an empirical researcher and a clinician. To be a clinician one needs to practice clinical skills and the time allotted to this activity may conflict with the time needed to engage in empirical research. Most empirical researchers are not clinicians or vice versa. Reading and writing theory are more amenable activities for clinical practice. One can read and write between clients and in the evenings and on weekends. This is where democracy with regards to knowledge and power becomes all-important. A democratic society is one in which different forms of knowledge and logic are supported and allowed their full development and implementation.

A theory needs to be scrutinised in the light of a critical analysis of the coherence of its own postulates and how they succeed or fail to explain clinical and/or phenomenological observations. In addition, clinical theory must not only explain/interpret the facts of the field but also must be of help in their treatment and modification. Although there is no punctual correspondence between structural theoretical elements and empirical facts, theoretical knowledge enables a clinician to work with mental representations and behavioural presentations. No therapy manual will be able to exhaust the wide variety of permutations and combinations possible within human behaviour. Similar phenomena can present themselves in many different forms and conditions. It is a sound theory of subjective structures that helps a clinician understand and treat the many polyvocal manifestations of psychopathology in each specific circumstance and individual encountered.

Lacan insisted on the point that the frame for treatment needs to be designed on a case-by-case basis. Standardised and manual based treatments cannot but end up applying the logic of "one size fits all" criteria. Not only the treatment needs to vary according to diagnoses, but he also insisted upon the variability of time for each session and
for each singular treatment. The variability in the length of the session, and of the treatment, is not only related to what Lacan called logical time but also to the fact that psychiatric and psychological/psychical interventions are interventions within language. Behavioural facts are discursive facts or facts within discourse. Thus Lacan privileged the understanding of language for the understanding of human development, and of psychopathology and its treatment.

Lacan views language as an embodied language. Language is not only a cognitive function, but it is also intrinsically tied to emotional life and the familial context of human development. Language is acquired within the workings of what Lacan called the paternal function within Oedipal structure. In addition, the linguistic signifier is a regulator of what Lacan called *jouissance* (pleasure/pain). Although Lacan's theory of the function of the linguistic signifier within psychical structure is relatively well known, his theories of *jouissance*, of love, *sexuation*, and narcissism are less known. The latter refers to the formation of a sexed sense of self within culture and to the emotional underpinnings of subjective and psychical structure. Many people in the English-speaking world and in other places, both within and outside psychoanalysis, believe that Lacanian psychoanalysis overemphasises the linguistic and the intellectual to the detriment of the affective, non-symbolic, and clinical aspects of experience. In the later Lacan the signifier not only regulates *jouissance* but also is itself a form of phallic *jouissance* regulated or limited by a higher order *jouissance* beyond the phallus.

I formulate a distinctly Freudian-Lacanian conception of narcissism that broadens the understanding of narcissism while highlighting its relationship to partial objects, formations of the ego and the subject, and different forms of *jouissance* within the registers of experience. The Lacanian concepts of the *objet à*, and of *jouissance*, allow for a re-formulation and articulation of Freud's drive theory that is not without intersubjective dimensions, but also beyond egoic, and personalistic constructs. Psychopathology is intrinsically intertwined with larger historical changes in family structure, cultural definitions of sex and gender, and the social regulation of impulses and emotional life. It is well known that the postmodern family in the West is in crisis. Relationships between the sexes are experiencing enormous difficulties, the culture is struggling between traditional
and contemporary definitions of sex and gender, and spirituality has become an increasingly important aspect of human experience.

This book is not only sensitive with respect to presenting Lacanian ideas within the context of current clinical practices within the mental health field, but also within the context of minority mental health (both ethnic and sexual), and within the context of contemporary non-Lacanian psychoanalytic thought. I engage in a critical analysis and inclusion of many intersubjective, object relations, and attachment theories. In many respects, Anglo-Saxon object-relations theory, the prevalent version of psychoanalysis in the English-speaking world, has neglected both sexuality and the function of the father. This is partly in compensation for an alleged neglect of trauma, the mother, and the pre-oedipal in Freud's theory, but also because of the feminist critique of Freudian and Lacanian phallocentrism. However, the price paid for the neglect of sexuality and the function of the father is coextensive to the confusion and malaise regarding sex and gender prevalent in Western culture. Despite the many necessary advances in women's socio-economic conditions brought about by feminism, at a psychical/familial level, feminism confuses the difference between the imaginary phallus/father and the symbolic father/phallus. Lacan makes this distinction clearer and to a further degree than Freud. The master's discourse, the discourse of patriarchal domination and power, is the discourse of the imaginary father. By turning the critique of patriarchal domination on its head, it is possible to argue that certain versions of feminism, and mother-centric discourse, also help reinforce the discourse of the imaginary father, and the master.

The question of cultural difference and diversity also has become of utmost importance for the mental health field in a postmodern world. Nowadays, clinicians must be culturally competent to treat individuals from many different cultures. The last chapter of this book addresses the issue of cultural difference from the point of view of a Lacanian reading of Latino American experience. Many people from traditional non-Western cultures rely on religion, spirituality, or culture, to address the questions posed by psychopathology and psychical or mental suffering. Most books on Lacanian topics do not address the relevance of Lacanian psychoanalysis for the treatment of ethnic groups.

Lacanian-American perspectives are also consistent with post-colonial theory in that, although careful and respectful with regard
to Lacanian scholarship, analytical training, and the complexity of Lacan’s thought, it dares to appropriate a European discourse, and present it in a distinctly continental American voice. To do otherwise is to continue to reinforce a colonialist mentality and a social transference whereby the French may be placed in the position of the master and the “one who knows.” There is more than one way to interpret Lacan since Lacan left many contradictions open within his work and his thought also changed over time. Lacan purposefully wrote in a style that left the question of interpretation open rather than closed. Two, three, or perhaps four, individuals (but not many more than this), can arrive at different or opposite conclusions regarding what Lacan meant to say about a particular concept. Difference and diversity within interpretation is consistent with and predicted by the very logic of what Lacan called the Borromean knot. The Borromean knot is composed of two things: three dimensions that intersect one another and a fourth that tie the other three together.

A concept, word, or idea, can acquire different meaning according to the perspective of the register in question (Real, Symbolic, or Imaginary). In contrast to other books, the intent of this book is to provide the reader with a Lacanian or Borromean perspective rather than a closed or authoritative interpretation or introduction to Lacan’s work. However, when deviating from accepted or supposedly authoritative interpretations of Lacan’s work, I am careful to provide a rationale, and how I believe certain alternative formulations may help clarify dialectical tensions within Lacan’s own thinking, but without ever pretending to provide a final synthesis or interpretation.

Lacan understood the name of the father, as the fourth dimension that ties the other three together, as the names (in plural) rather than THE name of the father (in the singular and exclusive version). On the other hand, the name of the father, to qualify as such, has to have something of the one, but primarily of the zero of castration. Otherwise plural versions of the father, without the zero of a symbolic debt or inheritance, would be no different than perversion (pere-version: the versions of the father).

Lacan was expelled from the International Psychoanalytic Association for his clinical practices, and to this day, Lacanian clinical practice is not taught or practiced within the psychoanalytic
institutes affiliated with the IPA. This is the final point of resistance to Lacan’s contribution to psychoanalysis and psychiatry in general. Paradoxically, it may be that it is precisely the Lacanian approach to the psychoanalytic frame which may help psychoanalysis continue to be relevant for contemporary culture and clinical practice. Psychoanalysis nowadays is considered to be too long, rigid, and expensive to be of use for people with private insurance, ethnic groups, public mental health, the poor, and the severely disturbed with substance abuse problems. Lacan’s return to Freud included not only a return to Freudian ideas, but also to Freud’s more flexible clinical practices. From a Lacanian perspective, the classical frame for analysis can be regarded as a postfreudian rather than a Freudian development, and as only one of the possible formats/tools of clinical psychoanalysis. Lacan insisted on the singularity of each session, subject, and treatment. For cultural as well as clinical reasons, psychoanalysis cannot be practiced according to the “one size fits all” criteria.

Finally, in addition to presenting a multiform criterion to the psychoanalytic frame, this book also applies Lacanian ideas to the elucidation and treatment of depression. Lacan dedicated a seminar to the symptom of anxiety but did not focus on the problem of depression that has become the most widespread psychical malaise within contemporary culture. As anxiety was the malaise of traditional and modern Western culture at the turn of the century, depression has become the main symptom of a postmodern period linked to a loss of traditional ideals and aspirations.
PART ONE

LACANIAN THEORY