THE CONSTITUTION OF THE PSYCHOANALYTIC CLINIC

A HISTORY OF ITS STRUCTURE AND POWER

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THE CONSTITUTION
OF THE PSYCHOANALYTIC CLINIC

LINES OF THE SYMBOLIC SERIES

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From the Conscious Interior to an Exterior Unconscious: Lacan, Discourse Analysis, and Social Psychology by David Pavón Cuéllar

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PREFACE

This book traces a history of psychoanalytic practice, of "the clinic" as a circumscribed social space in which one human being speaks to another and finds a way to speak such that what they say has something of the truth about it. This clinic operates now as counterpoint to a world run through with deceit, a world that seems to call upon each subject to deceive themselves and others in order to survive. But what Christian Dunker shows us is that the talking cure that took shape in the Western world accumulated its rationale from diverse sets of debates over the relation between language and truth. His exhaustive genealogy of what it means to speak well in this world ranges from ancient studies of rhetoric to medieval theological examination of the nature of the word to philosophical investigations into the nature of linguistic representation.

The book tracks its way through the complex historically layered conditions of possibility for subjects to address each other in psychoanalytic space; it takes us a significant step forward in grasping how Freud and then Lacan could have been able to address an audience in Western culture and then throughout the world. And Dunker accomplishes something much more in this magisterial account, adding a psychoanalytic sensibility to the genealogy

of psychoanalysis and thereby introducing another twist into what we think we know about speech and the subject. He brings to the history a crucial argument about the relation between "place", "space", and "position" in speech, and how psychoanalysis in the clinic must uncouple that relation between these three aspects if it is to avoid reducing the subject to its pathological forms. At this point, which for Dunker is where the best of Lacan connects with the best of Foucault, we realize that unravelling the relation between place, space, and position is what Dunker has been accomplishing in his historical study throughout the book. One might say that this is genealogy in reverse, for it succeeds in re-activating well-worn, imperfectly remembered and overlooked theories of language. Only now perhaps, after the event, is it possible for us to appreciate how pre-psychoanalytic theories of language were necessary to the formation of psychoanalysis itself. This book is an interpretation of that world of psychoanalysis that will change how we think and speak about it now.

Psychoanalytic clinical and theoretical work circulates through multiple intersecting antagonistic symbolic universes. This series opens connections between different cultural sites in which Lacanian work has developed in distinctive ways, in forms of work that question the idea that there could be single correct reading and application. The Lines of the Symbolic series provides a reflexive reworking of psychoanalysis that translates Lacanian writing from around the world, steering a course between the temptations of a metalanguage and imaginary reduction, between the claim to provide a god's eye view of psychoanalysis and the idea that psychoanalysis must everywhere be the same. And the elaboration of psychoanalysis in the symbolic here grounds its theory and practice in the history and politics of the work in a variety of interventions that touch the real.

Ian Parker
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After advising masters and doctoral students for several years and after having been a candidate myself in similar situations, I now realize more clearly the decisive repercussions this type of work has on a person's life. Working on an academic project represents not only a time when loved ones are deprived of our presence and we are deprived of theirs. There is also a subjective split that widens as the text gradually develops. There is a type of indirect and invisible dialogue with those around us: our family and friends, students and patients. There is a feeling of gratitude, along with the hope that they not only feel represented, but that they sense they are participating in a collective project. The cooperation of my two children, Mathias and Nathalia, not always particularly silent, was simply indispensable in helping me avoid the type of "self-preoccupation" into which a project like this can dangerously lead us. And there was the invaluable participation of my wife, Ana Cristina, who was always able to create a special gesture when it might have seemed most improbable during long nights of agendas, document printing and books being delved into. My dearest mother was also an important participant in the project, as she was the first to point out the road to letters and teach me the art of facing the confusion and

despair necessary for creation. And there were my cherished students and advisees, especially Paulo, Ronaldo, Ana, Abenon, Cecília, and Leandro, who brought up central questions at unexpected moments, and Anna Turriani who helped me a lot with her "*Sabre de Luz*". The working group on the writings of Jacques Lacan, first at São Marcos University and later at the University of São Paulo, was the first vehicle for this dissertation. I am therefore grateful to all those who participated in it over these last six years. I want also to express my thanks to the participants of the Forum of Psychoanalysis of the Lacanian Field, especially Dominique and Helô, for their encouragement on the research, as well as for a number of emergency translations. I also owe thanks to my colleagues at our office, Ana Laura, Michele, Conrado, Gui, and Bia, for the most productive serendipitous discussions I have ever experienced. Further gratitude goes to Ana and Micha for their reading and crucial indications in the text, as well as to Andressa, my essential schedule juggler. My dear friend Álvaro Faria has been the outside interlocutor closest to psychoanalysis that I know. I am also grateful to Vladimir Safatle, my dear friend and companion at philosophical-psychoanalytic workshops. He was tremendously helpful not only because of the great importance of his work for the development of mine, but also in terms of his genuine personal concern and interest in our dialogues. I owe the rediscovery of what it means to "miss someone" to Ian Parker and Erica Burman, who welcomed me to Manchester Metropolitan University and with whom I was able to discuss the first steps in this study. I am also grateful to my long-time colleagues at the Institute of Psychology of the University of São Paulo (IPUSP), especially Léia and Helena, for their patience and encouragement on this project. Finally, I cannot fail to mention the discussions I had with Contardo Calligaris and the constant presence of those who introduced me to the study of philosophy and psychoanalysis: Luis Cláudio Figueiredo and Luiz Carlos Nogueira. After all and everything I must express my profound gratitude to Terence Hill, who translate and discuss the English version of this text with me, with all his patience and Irish solidarity.

NOTE ON REFERENCES

Most of Freud's texts were quoted on the basis of *Obras Completas de Sigmund Freud,* Edição Amorrortu, Translation by José L. Etcheverry (1988), and compared with *Sigmund Freud Studienausgabe*, S. Fischer Verlag (1989), and with *Sigmund Freud Standard Edition,* translation by Jaime Salomão, Imago (1983). Some of the available books of *Obras Psicológicas de Sigmund Freud,* translation by Luiz Alberto Hans (2004) were also used. Both titles and passages quoted were translated into the Portuguese by the author. The following convention was adopted: OCSF-Vx: *Obras Completas Sigmund Freud*—Volume x.

For texts by Lacan, *Os Escritos*, Edition of Jorge Zahar, translation by Vera Ribeiro (2004) was used, compared with *Ecrits*, Seuil (1990), and with *Ecrits—A Selection*, translation by Bruce Fink, Norton (1999). Also, *Outros Escritos,* Edition by Jorge Zahar, translation by Vera Ribeiro (2003) was used, compared with *Autres Ecrits*, Seuil (2001). The following reference scheme was used for the quotes:

E: – *Os Escritos*
OE: – *Outros Escritos*
Sx: – *Seminar Number x*

INTRODUCTION

It is no surprise that no two historians,
Nor any two clinicians, have had the same experience,
And that endless discussions are frequent
At a patient's bedside.

—Paul Veyne

In 1890 Freud wrote a short article for a medical manual on psychic treatment entitled *Psychiche Bahandlung (Seelenbehandlung).* By using parentheses in the title, Freud suggests a semantic similarity between psychic treatment, and treatment of the soul (*Seele*). The article is undoubtedly one of the founding texts of psychotherapy as we know it today, as something clearly distinct from "soul treatment". It cannot be said that psychoanalysis as such had already been established as a method before 1896 (Freud, 1896a). By this time, however, Freud had been seeing patients and accompanying treatments for at least ten years. From Meynard's work in psychiatry (1883) to his own experiments with cocaine (1884), from his studies with Charcot (1885) to his work at the Institute for Childhood Diseases (1886), and from the application of electrotherapy and hypnosis (1887) to the

clinical study on the aphasias (1891), there is, in the history of Freud's formation, a combination of experiences of observation and experiences of psychic treatment.

The clinic

Before becoming a psychoanalyst, Freud was a clinician and a psychotherapist. The term *clinician* refers here mainly to a professional painstakingly and methodically engaged in the observation, description and comparison of phenomena. The clinician is primarily a reader of the signs that constitute the field of his semiology and that organize a diagnosis.

   This connotation may sound strange in light of the fact that clinicians are also practitioners and that the use of the term clinician also refers to the family doctors of the past and to professional physicians whose natural habitat was at least their private offices and, before that, clients' family homes, or even the street, rather than a hospital or university. This older and still pertinent meaning of the term "clinician", or "clinical practice", as the practice of healing, was used before the evolution of the modern clinical apparatus that appeared in the late eighteenth century. From that time on, knowledge deriving from experience, which had been relatively a-systematic and subject to rules of personal and idiosyncratic transmission, merged into a new form of rationality. In the sense that the term clinician is used today by modern medical science, those involved must subordinate their practice to the primacy of the accepted method in order to make the rules of scientific investigation correspond to the rules of how the treatment should be conducted. Clinicians must subordinate their intuition regarding the object to the universal description of the forms of becoming ill (diagnosis). In order to do this, he has to comply with a common code of descriptions (semiology). When we say that Freud was a clinician and a psychotherapist, we mean that he takes part, in a strategic place between medical disciplines, of this operation of conversion of the "clinic of earlier times" to the "modern clinic".

   Psychotherapist, on the other hand, as the term has been used in different historical contexts, is a more generic designation and includes a diffuse field of curative practices that range from moral treatment to animal magnetism, from metalotherapy to practices of purification,

including a variety of activities with religious, educational, and mystical undertones. At the turn of the nineteenth century in France, a psychotherapist was someone interested in the effectiveness of his or her action, this effectiveness being regulated by the subjective appraisal of the patient himself but, especially, by those surrounding the patient. Causal hypotheses and descriptions of symptoms are meaningful to the extent that they can contribute to these effects in terms of the patients' consent and the enhancement of the therapist's reputation as a healer. For a clinician, however, the patients' subjective impressions about themselves are simply irrelevant if they are not included in the logic of the clinician's semiology.

A decree in France, dated 1803, sets down rules for legitimizing the practice of medicine, in order to distinguish physicians from charlatans and psychic healers. But the term "psychotherapy" was first used only in 1872, by Daniel Tuke, and popularized by Bernheim in a text of 1888, which Freud translated to the German (Roudinesco, 2005). There was, then, a gap between the social and legal legitimation of what was considered clinical, and the scientific and academic legitimation of psychotherapists. This gap expresses the difficulty in assimilating into the strictly clinical field, that which characterizes the effectiveness of psychotherapies, in other words, the importance of the personal authority of the psychotherapist over the patient.

During the same period, an intense debate was going on in the field of political philosophy as to how legal authority is transferred to individuals and, inversely, how the authority of individuals can undermine instituted authority. Concurrently, political and theological notions, such as charisma, influence, magnetism, suggestion and personal relationship (*rapport*) were fundamental to the birth of psychotherapy. Benjamin Rush, founder of American psychiatry and a signatory to the Declaration of Independence of the USA, provides an excellent example of how psychotherapeutic strategies, since their beginnings, imply a tactic of power.

Rush's recommendations for meeting with a patient were the following:

> Look into [the patient's] eyes until disconcerting him. There are keys in the eye. A second way to make him obey is through the voice. Next, one's facial expression should be adjusted to the patient's mental state and conduct. (Rush, 2006, p. 27)

The gaze, the voice, and the facial expression are categories we often find when analysing the training dispensed by disciplinary regimes and in the tactics of power over bodies and over discourses.

The importance of Freud's learning from Charcot during the former's period of formation at the School of Paris is often stressed. Charcot was, above all, a clinician. His concerns included, for example, the proof that hysteria could be found in men, the possibility of a differential diagnosis between hysteria and epilepsy, and a detailed description of the four phases of a hysterical attack (Charcot, 2003). Charcot's use of hypnotism emphasized the possibility of simulating hysterical symptoms, not of curing them. His was a method of investigation, not of treatment, or cure.

It thus becomes clear that Freud's thinking was affected by both meanings of "clinician" described above. Charcot was a modern clinician because he employed the clinical method of investigation based on controlled inquiry, description, and intervention into the genesis and transformation of pathological phenomena. But Charcot was not a clinician in the older sense of the term. He worked in the university asylum-based system, and did not receive patients as a liberal professional.

The French clinical tradition in psychology developed through its inheritance from Charcot's teaching, and its greatest exponent was Pierre Janet. Attentive to the facts, Janet was a specialist in clinical descriptions and in describing psychopathological regularities. Following the iconographic tradition, which included the use of drawings and photography to capture the forms of presentation of hysteria, Janet dedicated himself to compiling clinical narratives. Janet formalized the clinical method he had seen in action at the hands of his teacher, Charcot. His efforts exemplify the context of the scientizing of medicine based on the conversion and submission of personal experience into impersonal universalization expressed by rules of action that can be conventionalized.

Considered less important than his learning from Charcot are Freud's brief forays, especially to southern France, where he set out to learn the techniques of hypnotism and meet figures such as Libeault and Bernheim. True "healers of souls", they declared themselves able to relieve suffering through the power of personal relationship (*rapport*) and suggestion. Psychotherapy as a movement of popular expression and exposed to the constant

criticism that they were charlatans, gave the term a pejorative tone, especially in France (Roudinesco, 2005). The figure of Anton Mesmer contributed to this impression, as he was a psychotherapist who based his programme of treatment, or healing, on animal magnetism, a fluidic energy that, according to him, issued from bodies and caused diseases. For example, Mesmer would set iron filings on a rotating table upon which lay beautiful ladies of European aristocracy, promoting veritable curing performances.

Freud did not fail to pave his road of contact with other psychotherapists, such as Fliess (who, for some, was Freud's own true analyst), Grodeck (the father of psychosomatics and the mentor of the concept of the Id), and Oskar Pfister (a Lutheran minister interested in the benefits that psychoanalysis could provide to education). It should be noted that, in the case of Fliess, the notion of psychotherapy included material practices, including nasal surgery, the organ seen as the source of the neuroses and as that which regulated them. The opposite occurred in the case of Grodeck. He held that his collective theatrical representations among patients could affect a great variety of organic and psychic diseases. For Pfister, psychoanalysis could renew what, in earlier times, was known as moral treatment.

This period, during which one can describe Freud as a clinician and a psychotherapist and during which he wrote his key text on the treatment of the soul, was described by Freud himself, twenty-four years later, in the following words:

> It seems like a glorious heroic age. My "splendid isolation" was not without its advantages and charms. I did not have to read any publications, nor listen to any ill-informed opponents; I was not subject to influence from any quarter; there was nothing to hustle me. I learnt to restrain speculative tendencies and to follow the unforgotten advice of my master, Charcot: to look at the same things again until they themselves begin to speak. (Freud, 1914a, p. 21)

Freud's emphasis on observation gives greater weight to clinical experience than to contact with psychotherapy, but his allusion to the non-existence of influences is fallacious. Freud was very strongly influenced by Fliess. One might understand, for example, that Freud

avoided references to psychotherapy in this quotation, but this does not eliminate the text of 1890. The official title in the English Standard Edition is Psychical (or mental) treatment, thus translating *Seele* (soul) as mental. This title in German indicates, as we have seen, an ambiguity between soul (*Seele*) and psychic (*Psychische*). Both terms are preceded by the noun "treatment" (*Behandlung*). In English] the verb *to treat* can suggest the idea of arrangement, contract, or agreement between persons as in "treaty". In German, the word *Behandlung* derives from *Hand* (hand) and refers to the notions of handling, managing, and caring for. But the idea of treatment of the soul does not have the magical and religious connotation that it has for us (Hanns, 1996, pp. 332–337). Treatment (*Behandlung*), the equivalent of the French *traitment*, is an expression that became consolidated in Freud's text after an interesting oscillation. The word *Behandlung* seems to encompass two other recurrent terms, especially at the beginning of the work: *Genesung* (cure, *guerisión*) and *Heilung* (to heal, *cure*). But while *Genesung* basically indicates the results, the cure and the recovery of health, *Behandlung* and *Heilung* refer to the process and to the means of treatment. *Behandlung* suggests more active and specific intervention, as one would find in the work of caring for sheep. *Heilung* (similar to "healing" in English), on the other hand, indicates passivity, including the importance of the passage of time, as is the case in the *curing* of cheese and the manufacturing of red wine, which must wait for a time of "curing" until the process has been completed (Dunker, 2002). There is also an expression that appears rarely in Freud, located somewhere between the activity of *Behandlung* and the passivity of *Heilung*, namely, *Sorge* (care), which refers to minor interventions associated with special and continuous regimes of attention, such as in the art of gardening.[1] An example would be when one is dealing with an injury: the injured place can be cleaned and a bandage (*Behandlung*) applied, but time is still needed until the injury or wound heals over (*Genesung*) and the organ has recovered (*Heilung*). During this entire process, as well as later, care (*Sorge*) is necessary. One can thus see how care (*Sorge*) implies not only the cure, but the curing experience deriving from its process.

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[1] I owe the discussion of these semantic subtleties to Dr. Nelson da Silva Jr.

The cure

The word "cure" has been set aside in favour of treatment, due to its direct and automatic association with medical connotations and with the idea of results. In addition, the notion of cure still bears with it the echoes of magical psychotherapeutic connotations that one finds in expressions such as "a water cure" or "a religious cure". The notion of "treatment" contrasts with both that of "therapy" and that of "cure". Countless times Freud mentions that his patients, before their psychoanalytic *treatment*, had been through a *cure* by rest or by electro*therapy*. Electrotherapy, a popular technique at the turn of the twentieth century, was developed by Erb and studied by Freud, who proved its ineffectiveness. Rest cures descended from the old practice of sanatoriums, isolated places where patients could regain the strength they had lost in the tribulations of everyday life.

As a result, there is a double sense in the refusal to accept the notion of cure in psychoanalysis. On the one hand, it sounds too clinical and medical and, on the other, it is dangerously close to the field of psychotherapy and, therefore, not clinical enough. I suspect, therefore, that the source of our uneasiness with the notions of cure and therapy is not the result of their being located in a more or less scientific sphere of discourse, but because of the connection the terms seem to have with the sphere of power. Both cure as the product of a medical technique and cure as the expression of a mystical epiphany lead us towards a position of power, which psychoanalysis must reject. In addition, psychotherapy is related to tactics of influence that, at least theoretically, psychoanalysis has overcome.

However, this refusal of the word "cure" should not serve as a nominalist argument for avoiding the terms in which the problem is expressed from the point of view of the historical constitution of psychoanalysis. That is, it is not enough to declare a type of retreat from the political terrain to guarantee some extra-territoriality, the bases of which we are no longer obliged or inclined to present. This strategy would lead us, in analytical practice, to keep the problem of the influence an analyst exercises over the analysand as an unidentified factor. Inversely, this should also involve ignoring the influence the analysand exercises on his or her analyst. A method without ethics or ethics without a method? How can we distinguish between the type of influence found in a "cure" and that present in

psychoanalytic psychotherapy? This topic was taken up by Freud in his article on *Psychic treatment*:

> Words are undoubtedly the main mediators of the influence that one man exerts over others. Words are good means for bringing about changes in the person who is being addressed. For this reason, it does not sound enigmatic to assert that the influence of the word can eliminate pathological phenomena, especially those that have their roots in states of the soul. (Freud, 1890, p. 123)

Here we have a topic that is dear to psychotherapists, the influence they can exercise over others. The topic of influence brings up an array of strategies, the sources of which would be difficult to unearth. This question involves the formulation of methods and procedures deriving from a broad and scattered variety of types of practical knowledge. Included here are the interpretation of dreams, miraculous cures, and those involving the soul, suggestion, medical rhetoric, religious counselling practices, spiritual direction, and confession, as well as the education of the soul. All of these practices have an equivalent in terms of the construction of political utopias and dystopias. To say that words are a source of influence is, then, an empty assertion if one cannot explain how this influence operates. Freud's answer consists of a technical description of how hypnotism is practiced:

> One can hypnotize by maintaining a shiny object before the eyes, which are to be kept motionless for a few minutes, or by applying a pocket watch to the subject's ear for a short period. Another, but similar, method is to wave one's open hand before the person's face and members from a short distance away. (Freud, 1890, p. 125)

If the first strategy of the text emphasizes the basis of the method, the second describes its technique. The method and the technique of treatment are constant objects of confusion. A technique is characterized by the reproducibility and effectiveness of its means. A method involves considerations on the purposes for which one proposes an action. However, the notion of method must travel a long road

before it is to free itself from its ethical connotation. Only then can the clinic become the name of a method of investigation that will be the support for a method of treatment. In contrast, psychotherapy would seem to be the realm of techniques, and they too have their history.

This moment in Freud's personal history allows one to clearly isolate the two practices: the method is based on the word ("cure" by the word, that is, the "talking cure"), whereas the technique is still the technique of the gaze, which was present in hypnotism. Method and technique presume different modes of relationship with the patient. The method is a mediator, the technique is an instrument. Freud's article continues by presenting the forms of suffering to which this combination of the method concerning the word and the technique of the gaze applies:

> Among these infirm persons, there is a group that stand out for the wealth and variety of their clinical conditions. They are unable to perform intellectual work because of headaches or difficulties in attention. Their eyes hurt when they read, their legs tire them when they walk, they feel vague pains or their limbs go numb. They contract digestive disorders in the form of unpleasant sensations, vomiting or gastric spasms, they become unable to evacuate without laxatives, they suffer from insomnia, etc. (Freud, 1890, p. 116)

In this description, allusions to the body and to the privation of liberty stand out. The body is a visible fact, but words are not. As the text asserts, for the gaze, pain is deaf, and here we move into the vast narrative field of what comprises the forms of suffering of the soul—a field of great historical variation, when one attempts to define the limits that classify something as a symptom. Every symptom expresses some form of discontent, but not all forms of discontent are symptoms. Major difficulties are involved in defining the borderlines between what a symptom is, what represents a mere sign or trace, and what is simply banal suffering, or the "pain of existence". Symptoms require treatment (*Behandlung*), while discontent requires care (*Sorge*). A symptom can be cured (*Genesung*) but the subject can never "recover" (*Heilung*). To recover suggests returning to the state that existed before the cure, and this is impossible because

every case involves a subject that has been through the process of cure. On the other hand, "to recover" also indicates a return or a re-appropriation of a place, and this is not entirely outside the intentions for the experience of a cure.

When speaking of symptoms of the soul (or "mind", as the term often used in English), the position of the one who is suffering must be taken into consideration, as well as the specific way this suffering is articulated with the person's life in general, with the symbolic systems she or he takes part in, and with the discursive strategies that legitimate, recognize, and individualize that experience as a treatable setback, or injury. In the last resort, a symptom is a function of the one who designates it and how they designate it. The symptom therefore depends on who sanctions it. The clinician's task, in this case, is to try to establish some degree of order and set up certain regularity in the course and appearance of the symptoms, separating them from discontent and leading them to their causes. There is no substantial separation between the descriptive account of the therapeutic tradition—which, in each historical period, attempts to systematize the discontent—and other forms of expression, such as literature, drama, demonological treatises, or popular observations. A chemist can go through the same procedures in her laboratory as a cook does in the kitchen, but the way chemistry is learned is quite different from the way someone learns culinary arts. Notwithstanding the varied descriptions that each one provides about what they do the reality of what goes on between the molecules of the substances is the same. The clinician is interested in producing a description that is solid enough to allow hypotheses to be drawn up and the effectiveness of certain procedures can be justified. Just as a chemist might know nothing about cooking, a clinician can be a very bad therapist.

As we have seen, in Freud's time, and in line with the vocabulary used here, a clinician presented himself as a specialist in methods of investigation, whereas a psychotherapist was defined by his mastery over the practice of healing. When Freud states, in the article we are discussing, that "only after studying the pathological can one understand the normal" (Freud, 1890, p. 118), he was laying down a sort of cornerstone for his clinical method. This approach situates the psychoanalytic method in a strategy that is opposite to that of moralistic, normative, or religious positions regarding the treatment

of discontent. The presupposition of a type of harmonious, positive, and universal form of treatment makes it possible to compare and judge deviant, pathological, and particular forms of disease, or discontent, as accidents or contingencies that have changed the "normal" or "natural" course of a person's health. For Freud, in contrast, the deviation is not the breakdown of some prior state to which one can return in practice (*Heilung*) and which one should theoretically seek from the beginning. The deviation is the very criterion of the method.

This is exemplified in the order of the reasons given in which Freud posited the existence of the unconscious. First, he used the hypothesis of the unconscious to explain the genesis of hysterical symptoms and the resistance to recollection of the pathogenic factors involved (Freud & Breuer, 1893). Until then the unconscious had been an exclusive attribute of patients affected by psychoneuroses. Seven years later, Freud (1900) expanded the scope of this hypothesis, developed within the field of pathology, to include what might be called the "ordinary unconscious", namely, dreams, jokes, and the psychopathology of everyday life. It is therefore a clinical method that is based on an original negativity about the subject's being. There is a general psychological theory in psychoanalysis, which is universalist in aspiration, but that is constructed as a type of corollary or inference from pathology, and never deducted from normal mental psychic functioning.

This brief examination of Freud's seminal text on psychotherapy provides a starting point for understanding the constitution of psychoanalysis as clinical practice and as a form of psychotherapy. Countless objections and difficulties come up when one includes psychoanalysis in psychotherapy, and others arise when it is excluded. And there are many other arguments against the idea that psychoanalysis is related to the clinical tradition as it has been constituted in Western medicine, especially since the eighteenth century. But, in general, this double line of objections is backed up by a deeply *foundationalist* and legitimist historiography. This line of defence, interested as it is in underlining the extra-territoriality of psychoanalysis, given the original character of its form of treatment, is understandable in the academic sphere and in the context of the assertion of the permanence of psychoanalysis in culture. But it is also a reactive strategy. It prevents psychoanalysis from seeing its

own historical constitution in a way that can re-invent its present. This does not mean the re-construction of the chain of psychological ideas that led to the notion of the unconscious, of sexuality, of childhood, or of repression. But it does mean that we try to reconstruct the logic that led psychoanalysis to set itself up as a unique form of clinical, healing and psychotherapeutic practice. Nor is the point to examine the conditions in culture or in society that made possible the invention of a treatment of the soul based on the word, but of specifying the historically problematic points that continue to be present in contemporary psychoanalytic practice. I want to avoid an epistemological type of examination of the status of any scientific or para-scientific incorporation of psychoanalysis. I am more interested in modes of subjectivization, in other words, the strategies of saying and not saying that psychoanalysis employs to carry out its policy of cure, of care and of treatment.

The hypothesis that underlies this book is that the questions involved in the discursive practices that logically and historically constitute psychoanalytic treatment are, in the last resort, questions related to the idea of power. By power, I am referring to that power constituted by the word that influences, the power that is made and unmade foucaultian *dispositif*, its way of working, the power that legitimates, prescribes, and is affirmed in the forms of psychic suffering it identifies, as well as the power that is always problematized in the psychopathological axiom by which a symptom is a figure of the privation of freedom.

The practice

The present study is located between, on the one hand, an archaeology of the types of knowledge that made possible the emergence of psychoanalysis and, on the other, a genealogy of its practice. The archaeological intention appears most strongly in the chapters dedicated to the formation of the apparatus for treatment and the hypothesis of a general structure of the clinic. Here the concern resides in the migration and compromise between concepts and surfaces of problems needed for the formation of psychopathology and for the subversion of the notion of treatment. The genealogical intention appears distributed in the triple dimension that Foucault (1986, p. 171) established for this concept: an historical ontology of

ourselves in our relationships with the truth; our relationships with the field of power, which permit the constitution of subjects that act on others; and our relationships with morals, which examine the constitution of ethical subjects. Genealogy is a type of historical research that is opposed to the unity of a historical account and of a search for origins. Inversely, genealogy operates with the diversity and dispersion of chance happenings and of accidents in an attempt to de-subject historical knowledge and make it a figure of opposition and struggle against the order of discourse (Revel, 2005): "the contingency that made us what we are, the possibility of no longer being, doing or thinking what we are, what we do, and what we think" (Foucault, 1971, p. 26).

I hold that the notion of genealogy presumes a specific use of the idea of "constitution", which, moreover, is present in the triple connotation of the concept: *constitution* of a subject in relation to truth, to power, and to the other. Although the term constitution goes back to Kant and, therefore, to a somewhat essentialist understanding of categories and faculties that precede experience, its use by Foucault suggests the investigation of the historical character of these determinants. Foucault distances himself from structuralism when he admits of a relative divergence between the constitution of the subject, in texts such as *The Hermeneutics of the Subject* and *History of Madness*, and the formation of discourses, in books such as *The Archaeology of Knowledge* and *The Order of Things*. The constitution of the subject, which is the task of genealogy, thus fits in with the notion of formation, and this notion was often used by Foucault to study discourses according to a logic of opposition and compromise, and a tactic of domination of objects. Examining the formation of discourses is a task of archaeology. Genealogy and archaeology thus prove to be distinct but articulable methodological tasks. Constitution and formation are also opposed to the idea of construction, which seems to refer to the articulated exercise of the formation of objects with the constitution of subjects, with which it is correlative. To understand the functioning of a structure, such as the structure of treatment, the structure of the clinic or a structure in the psychopathological sense, it is therefore necessary to suppose a constitution and to connect this constitution to the logic of the formation of the discourses and practices that define a structure. Here the notion of construction comes in as a practice that implies a certain contingency and

unpredictability in relation to structure. Using a modest analogy, we can say that constitution delimits a space where a subject is conceivable, formation organizes this space into places, and construction is distributed by the positions in relation to these places.

This approximation suggests a certain affinity. In fact, it suggests the theoretical usefulness of a combined reading of the historical and philosophical notions of constitution, formation, and construction with the psychoanalytic notions of constitution of the subject, formation of a symptom, and construction of a fantasy (Dunker, 2002). The development of this hypothesis goes beyond the objectives of this book, which is dedicated to the analysis of the structure and constitution of the psychoanalytic clinic. However, the hypothesis shows up at numerous points in the text. For this reason, it might be convenient to explain it here in greater detail.

The genealogical vectors of both truth and of ethics have received more or less systematic attention from psychoanalysis. It would therefore seem important to stress, together with these two currents, an examination of the relationships between cure, treatment, and clinic, on the one hand, and the sphere of power, on the other. It would be pointless to try to establish a definition of power foreign to the contexts and fragments treated, since the purpose of genealogy is to make this power-form visible. However, to keep this notion from becoming diluted in its most common meaning, related to the topic of domination, law, and the State, and consequently of force and violence, it would seem prudent to say a few words on the topic. Two types of knowledge are directly related to the question of power, namely, politics and war, and both carry a historically insistent reference to space. Ultimately, all of politics and all war have begun with some type of geography, an immanent theory of territory, of place and of position. It is no coincidence that political discussion in the West began with the notion of *polis*, developed within the idea of city and later, of territory. The first possession is the possession of space. Whether with respect to the domain of the body itself and its being able to move about, or whether with respect to the possession of the other, there is no reflection on freedom that does not contain some small theory of space and its occupation. We will therefore present a brief topology intrinsic to the reflection on power, in order to examine our problem.

It has always seemed strange to me that Lacan's most important, most systematic, and undoubtedly, most often read text on the

psychoanalytic clinic bears the title of *The Direction of the Treatment and the Principles of its Power* (1958a). The English translations (by Bruce Fink) make a choice in terms of the problem mentioned above. The French text is *Direction de la cure*. The same holds true for *Variantes de la cure type*, translated as *Variations on the Standard Treatment*, in English (Lacan, 1955c). In both cases, the term used is *cure* (*Heilung*, or treatment) and not *guerisón* (cure as healing) or treatment (*traitement*) as is found in *Du Traitement Possible de la Psychose* (1958b). But if *treatment* sounds more palatable it is because the term *cure* conveys the idea of something important that should be recovered.

From the master-slave dialectic to the criticism of the models of formation of analysts; from the notion of the psychoanalytic act to the theory of the four discourses; from the criticism of the primacy of the psychoanalytic technique over ethics to the theory of the end of analysis, there is a persistent reflection by Lacan on the dynamics of power involved in the analytic situation. This is not Lacan's sole, nor even his most original, contribution to the specific scope of treatment, but I would like to believe that it is one of the lines least explored by the scholars of his work. We have become accustomed to recognize a separation between ethics and politics; to the point that it seems natural to us that where there is power, ethics is absent, and where there is ethics, there is no power. We are used to considering the analytic situation as a territory where the exercise of power is constitutively excluded. But this guarantee, by axiomatic decree, displays only a fragile and poorly discussed, if not an a-historical, conception of what power is. This keeps us from seeking strategies to deconstruct it and maintains the functioning of power out of sight and far from any type of resistance (Derrida, 1997).

The connections and separations between clinic, cure, psychotherapy, psychoanalysis, and the problems involved in defining the method of psychoanalysis imply considering treatment in the context of its politics, its strategy, and its tactics. This is why any analysis of the constitution of the psychoanalytic clinic should undertake an archaeology that will take into account the heterogeneity and compatibility between these dimensions according to different modes of composition. It would thus be possible to infer from this constitution something like a structure of the psychoanalytic clinic, that is, certain relationships that are stable enough to allow one to grasp the full experience of a treatment. If the historical constitution of the

psychoanalytic clinic leads us to the topic of power, the hypothesis about the structure of the psychoanalytic clinic will tell us about its possible strategies. We shall also see how the tactical sphere is thus doubly conditioned, but not reduced, to the former spheres.

Therefore, the power that is being discussed here is not that of the State (interested in the security of the population), nor even that of associations (interested in disciplining a practice), and it is even less the power of mental health policies (interested in effectiveness). We are dealing with the power that confronts the subject with its desire and its destiny. This is not a treatise about the implications and consequences of psychoanalysis for political theory or for the understanding of social functioning; a field where the psychoanalytic study has advanced considerably. The present study has a much less ambitious scope in that its purpose is merely to discuss the practice and theory of treatment in the light of its history and of the history of the relationships between ethics and politics.

One difficulty faced by those who undertake an archaeology of psychoanalysis is that of the very definition of its object. A definition that is overly focused on Freud's writings has the inconvenience of leaving aside its numerous later developments, re-readings, and appropriations, without which the writings themselves could not to be studied, especially when one takes into account the clinical practices that are based on them. Inversely, an analysis aimed at approaching all possible variants of psychoanalytic discourse must concentrate on key concepts. For this reason, we have chosen to work within a range of topics and questions that are located between Freud and Lacan, seeking to maintain the distances and similarities that exist between the two authors.

Generally, when one sets out to examine the historical constitution of a practice, one should leave aside the later interpretations that such a practice imposes on us. Otherwise, we would risk finding only what we introduced with our categories and organizing the history anachronistically, according to a confirmatory teleology. In addition, the thematic discussions and clinical implications of the topics that have come up interest us not only for their historiographic value, but also because they bring up questions about current practice itself, adding consequences to it and casting more light on certain problems of its formulation. This is why we conjugate the historical analysis of the constitution of the psychoanalytic clinic

with discussions about aspects of its structure. We intend to show, at the end, that this relative opposition between the logic of a procedure and the historical origin of its components and conditions is not foreign to the problem at hand.

To a certain extent, this is a point that separates the history of psychoanalysis, marked by the examination of the monuments that gave rise to it, from the archaeology of psychoanalysis, whose purpose is to analyze fragments that may question and reinvent the present. The dispersion and discontinuity between these fragments may be complemented by a reading of books and articles on the history of psychoanalysis (Roudinesco, 1988) and of psychotherapeutic practices in general (Jackson, 1999). In these texts, we will find excellent references to the historical epistemology of the concepts (Assoun, 1978), to the cultural implementation of psychoanalysis (Parker, 2006), to the origins of the method (Cazeto, 2001), and to the psychoanalytic psychopathology (Berrios, 1996).

As I indicated above, this is a book about the historical evolution of the practices that characterize psychoanalysis, not only as a system of therapy, but also as a discourse and a form of knowledge. The concepts that interest us are, in fact, notions about the different fields with which psychoanalysis admits a practical affinity. Most of the texts that call foucaultian attention to this point end up concluding in favour of generically including them all. This, however, arouses objections from psychoanalysts (Mezan, 1988, pp. 184–217), who insist on the need for a more detailed and non-reductive examination of the question in its diverse branches and variations, when not an outright trans-historical break represented by its founders. To argue, through a generic judgement, that psychoanalysis is a practice of confession or that it depends fundamentally on the normative sexological discourse of the nineteenth century or on an absolute connection between sexuality and parenthood is to fail to perceive that all discursive practice prescribes forms of *counter-power* and that not all forms of resistance are homogeneous. To specify these zones of instability a little more clearly, we will appeal to the notion of narrative, a concept that is located between the unique linearity of speech and the particular surface of discourse. Power is always exercised through a specific articulation that brings together and compresses the domains of words and of narratives, according to a law of strict composition, which is discourse. It is therefore by

studying the articulatory variations in the topology of narratives that we hope to find the points of constitution of the psychoanalytic clinic. The present study represents an attempt to chart the zones of instability, show how the assembly of the different discourses and apparatuses is not a totalitarian march towards a power machine without fissures. Without this, Foucault's efforts would have been just another undertaking used in order to exclude others in the name of a given practice. Otherwise, his work, used as a critical reflection for psychoanalysts, would be useless.

The doubt of Ulysses

These things never happened,
but they will always exist.

—Sallustius

Ulysses is alone on the battlefield, far from his comrades, and finds himself facing an army that is moving towards him. He wonders about his situation:

If I run away in fear it will be a disaster; if I am captured alone, it will be terrible. But why does my *thymos* tell me these things? I know that the bad (*kakos*) flee from the battlefield but the virtuous (*arete*) firmly resist. (Homer, 1950, p. 191)

This is a rare scene for a hero from the pages of Homer or Hesiodus, as it shows two different planes in perspective. The first plane is the objective action as the hero awaits an attack, continuing the horizontal nature of the narrative. But on the second plane there is a vertical conversation of the hero with himself, generated in his hesitation and surprise as he becomes aware of his thoughts. This process is

unusual in Homer's poetry, where the present generally does not open up to the past as something to be interiorized, but rather to the past as genealogy or as narrative that seeks to explain who the character is and why he is there. In sum, Ulysses' doubt is expressed in the following question: *Why do I wonder about what to do, since I know who I am*? Faced with the question about how to act, Ulysses remembers a story that tells him of his lineage, his ties, and the commitments that explain who Ulysses is. His keenness and creativity come from his ability to unite what he is, what he was, and what he will be. This is why, in Homer's narratives, there is only a first plane, uniformly illuminated and objective. In the *Iliad* as well, in the midst of the burning ships and the providential arrival of the Myrmidons, there is time for a comparison between the urgent situation and the life of the wolves, the genealogical order of the Myrmidons, as well as precise information about the lives of his rank-and-file men (Auerbach, 1989, p. 5).

The heroes in the Old Testament are made of different stuff, in that they show overlapping vertical layers of meaning and conflict. There are perspectives in scaled depth, insinuating subjective and moral spatiality. The syntax is poor and skips over details, and the pre-suppositions of the narrative are left unexplained. The style is simple and allusive (Auerbach, 1988, p. 39). These characteristics are even more evident in the New Testament, with its heroes being defined by the type of transformations they are subject to. Saul of Tarsus, for example, is successively transformed, beginning with his conversion on the road to Damascus and continuing through to his arrest by the Romans and his life among the Greeks. He changes his name and, through his mastery of the languages and cultures of the places where he is captured, time and again he proves that his past can be overcome, that he need not always and solely define himself with reference to the community he comes from. The present is not exhausted by the past, but reconstituted by it. The symbolic coordinates that define a biblical subject can therefore be altered by a radical experience—as was the case of Saul, now Paul, and his conversion. The price this type of hero pays is that his reconstituted history remains full of disconnections, contradictions, allusions, and allegories.

It is an undefined task of reconstruction of references, where plausibility is not based on accuracy, as it is in Homer. The reader must interpret, and his position as listener involves choosing

meanings to complete the consistency of what has been narrated. The Greek hero is sculptured in the present and in the particularity of the experience that preceded him, including his lineage, his accidental connection with the gods, and his ties and commitments of submission and ancestry. The Judeo-Christian hero is moulded to make past and future converge with the present, and it is in this respect that he aspires to universality. He inhabits a universe that had a beginning and will therefore eventually come to an end. Contrary to Ulysses, who seems to live in circular time synchronic to the epics of the gods, the Old Testament heroes are inhabited by doubt and by a task: *What should I do to be what I am*? For this question to have an effect, the subject cannot pre-exist the event he declares: "There is neither Jew nor Greek; there is neither slave nor free, male nor female" (Paul of Tarsus—Epistle to the Galatians, 3.28 [Paul, 2000]).

That is, the truth, as enunciation of the subject, declares a conviction that is not entirely assimilable by the law in its local particularity. The truth involves loyalty and process, not only occasional illumination. So, on the one hand, we have a subject exposed to a fluctuation of identity and, on the other, the law with no defined anthropomorphic support (Badiou, 1999, pp. 109–110).

The *thymos* in Ulysses is a physical figure, a source of what moves or compels someone, the origin of anger and, indirectly, of all the passions. The *thymos* is a potential obstacle to what one expects of a Homeric hero, that is, that he permanently display congruence between *being virtuous (arete)* and *being good (or skilful) (agathos) at something*. Being skilful (*agathos*) implies the abilities and talents needed to join the means and ends of an action according to one's place in the community. It means having the ability to act effectively and give proof of this. But being skilful at something is not the same thing as acting virtuously, just as having the resources is not the same thing as using them well. Besides being skilful (*agathos*) a Ulysses or an Achilles must also be virtuous (*arete*). Being virtuous has to do with the relationship between the agent and what the action is aimed at. Being skilful at, on the other hand, organizes the relationship between ends and means. The mythological heroes have their excellence guaranteed by a type of participation between the objective of their acts and the interests and decisions of the gods. The law of the gods (*dike*) is superimposed over the virtue (*arete*) of the heroes. This explains why Ulysses is surprised by his own hesitation.

A warrior must fight; otherwise, he would not be a warrior, whose aim is to fight. He is what he is because he is in his place. And he has the resources he needs for fighting, especially courage and skill. Ulysses would rather lose while playing his role than win but leave his place.

Another way to distinguish *agathos* from *arete* is in the field of one's intentions. Let us take war, for example. In war one must attain certain intermediate objectives represented by tactical positions and strategic advantages during battles. Effects must be produced (fear and courage, for example), and one must also be effective in one's actions (in the use of weapons, troops and local conditions). A person who shows *agathos* is able to act effectively and skilfully in this aspect of the war.

However, we can also look at war from another point of view, that is, with respect to its ends. This involves *arete*, and it brings up important questions such as whether the war is just or unjust and whether the warriors are fighting virtuously or not.

The Old Testament gives us a different version of this problem. The objective is given but it is essentially unknown to the characters. The means are also obscure, as can be seen in the *Book of Job* or the *Song of Solomon.* The biblical hero must trust and act without having all the knowledge he needs for this purpose. For him, virtue is always out of step with the law. This is why a Homeric hero never feels guilt, but he can suffer from terrible shame. The Greek hero is always in his time, identical to himself. In contrast, the Jewish-Christian hero is an exile in his own temporality. He seeks his time in successive experiences of change, crisis, and reformulation. In the process, the subject may "become another". He can change his name, change countries, and change the genealogical and moral rules in which he was formed. As Lévinas (1997) showed, it was in the heart of the Judeo-Christian experience that the theme of alterity first appeared. The formula could be inverted to show that it was in the Greek cosmos that the first reflection on identity took place.

The cultivation of identity must not be confused with modern individualism. It is above all a practical reflection on permanence, and this reflection requires conscious attention to the parity and consistency between the positions taken by an individual and the place this individual believes he belongs to, or wants to belong to. This is why the topic of identity is related to the type of change to

which someone is subject in order to become what they are, in other words, *arete*. Inversely, the discussion of alterity involves an uncertainty about the relationships between the place where one is and the position they should assume or attain. The practice of *agathos* thus creates, redistributes, or leaves the relationships between places and positions undetermined.

Excellence and effectiveness

The distinction between effectiveness (*agathos*) and excellence (*arete*) is at the root of any consideration of the principles of power in psychoanalytic treatment. If we see analysis as an interminable process that has the purpose of continuously deepening a relationship with the unconscious, a process of deciphering one's own self, it can only be measured by criteria of excellence. But analysis can also be considered in the light of its effectiveness in removing symptoms and relieving mental suffering. In this case, psychoanalysis is a means to attain an end, a good method for removing specific symptoms.

The opposition between excellence and effectiveness also emerges in a recurrent theme in the history of psychoanalysis. One only need recall a few incidents, such as the controversy between analysis of symptoms and analysis of character in the 1930s; the quarrel about analysable and unanalysable patients in the 1940s; and the opposition between standard analysis and its variations, in the 1950s. Today we come across those who defend the idea that *there is an ethic* in psychoanalysis, but it has a regulative role since, in the last resort, its basis is its method. And there are others who hold that psychoanalysis *is an ethic* because its method is at the service of an ethic in a constitutive sense.

For example, analysis of character implies not only removing, reducing, or resolving conflicts and their compromises. It also effects changes "at the level of lifestyle and behaviour" (Ferenczi, 1927). Changes of this type are judged according to standards of evaluation that traditional effectiveness cannot provide, because the changes always have a negative aspect. This means they imply the removal of something that obstructs or limits the patient's life. Contrary to a symptom, such as inhibition or anxiety, character is something that subjects are not likely to complain about. The same could

be said of many disorders. The change here implies an account that approximates to the addition of something.

The ethical tension would thus seem to have a double origin. On the one hand, psychotherapeutic pretensions, which are of Judeo-Christian inspiration, are based on personal relationships, direct authority, and positive benefit. On the other hand, we come across clinical pretensions, of Greco-Roman inspiration, which emphasize the relationships between means and ends and that are sustained by impersonal authority and negative benefit. If the Jew-Christian narrative sends one off on a search for satisfaction and grace, the Greco-Roman narrative invites us to avoid displeasure and glory.

Inspired by Leonardo da Vinci's categories of aesthetics, Freud (1905a) classified two types of treatment, those that operate *per via de porre* and those that operate *per via di levare.* In the *via de porre*, something is added, as in painting, hypnotism, and practices of suggestion. In these cases, it is supposed that the therapy will introduce something new to the subject, something that it does not have yet and that will be given to it as something with positive existence, enhancing it with more knowledge and, in the final analysis, providing it with a positive form of power. The opposite takes place in the case of *via de levare*, where something is removed or subtracted, as is the case with the art of sculpture:

> Analytic therapy, in contrast, does not aim at adding or introducing anything new, but rather at leaving something by removing another. And to this end it is concerned with the roots, in the pathological and the psychic interplays, of the pathogenic idea, the elimination of which is seen as the final goal. (Freud, 1905a, p. 250)

According to this definition, psychoanalysis is oriented primarily to a negative form of power, a power that is neither prescriptive nor restrictive, but aimed only at removing obstacles to the sovereignty of the subject. It does not engender a new form of freedom, but only does away with the privation to which the subject has been submitted. Freud's criterion of the *via de levare* has the inconvenience of reducing psychoanalysis to its clinical dimension, thus holding back its psychotherapeutic pretension. It is closer to the Greco-Roman narrative of effectiveness than to the Jew-Christian narrative of excellence

and its irreducible theme as to the final goal of the process. Reduced to this clinical dimension, there is a terminability of analysis, with clear and distinct criteria for concluding the process. From the point of view of a psychotherapeutic approach, in contrast, the notion of there being something that is "incurable", or of an unredeemable nature, can only be seen as an intrinsic characteristic component of treatment. We have two different questions: *How much a life could be healthy?* and *How much one could be happy with his or her own life?*

Freud's analogy with Da Vinci's aesthetics raises another problem: what is one to do with arts that are actually closer to psychoanalysis? Should they be called "arts of the word"? Is poetry and literature (arts of the written word) or the theatre and dance (arts of the spoken word) *via de porre* or *via de levare*? And what type of liberty could be expected in the sphere of discourse?

Both the Greek and the Hebrew cultures are based on written forms of oral tradition, and in the passage from oral to written expression there is a transmutation of power attributed to the word. The words of poets and prophets change when they are put down in writing. A myth transmitted orally is transformed, but the changes it undergoes are set off by eyewitness accounts. The oral and the written word are inscribed in different ways through time. When a myth takes on a written form it becomes something else, mythology, a chronicle or, perhaps, history, and its connection with belief becomes exterior, optional, and questionable. Once written, a myth becomes part of a system of regulation, and is no longer a constitutive practice of social ties in a given community.

Homer and Hesiodus compiled and translated the aedos and rhapsodos and poems somewhere around the eighth-century BC. Greek philosophy and Greek legal and political systems, which we associate with Plato and Aristotle, were consolidated only during the fifth century BC. The founding figure of Greek philosophy, Socrates, wrote nothing, his legacy having been organized by those who had heard his teachings. He is therefore a notable figure of transition from the oral to the written word.

Countless practices of magical cures appeared in Greece during the period when the myths found their way into the written universe. Maenadism (divination based on dance) teurgy (based on the stars), oneiromancy (based on dreams), and the different forms of mantics (soothsaying, divination) provide a syncretic setting

for the different types of cult from which they proceed (orphic, Dionysian, Pythagorean, etc.), forced into unification by the written compilation of the myths (Dodds, 2002). They can therefore be read as expressions of the de-stabilization of the Greek community during a historical period of transition and as a heterogeneous repertoire of tactics for effecting cures. Their very plural existence and the disparity of their particularities indicate the social decline of their function. They are forms of cure that locate the positive community not in the present, but in either the past or the future.

The heroic narratives, be they Greek or Jew-Christian, as well as shamanism, can be used for therapeutic purposes. Separated from myths both by their having been given a written form of transmission and by the problematizing of the power associated with the word, these narrative genres imply therapeutics based on commitments with the community. The doubt of Ulysses arises when he finds himself separated from his army and his comrades, that is, when a contingency leads him to see himself as an individual facing a hostile horde of foreigners who may not recognize him as the great Ulysses, King of Ithaca. Isolation, exile, separation, a state of segregation, in the anthropological sense, are prototypes of the experience of interiorization and individualization (Dumont, 1985, p. 36). At this moment, Ulysses wonders how to act, but before considering the most suitable means and methods to get out of the situation, he engages in an exercise of remembering himself. This return to his commitment to the community, which is what really makes him what he is, comes before the keenness that he can, and must, make use of.

A community organized around writing produces therapeutic practices that are a little different from those seen in oral communities. The account of Ulysses lets the individual members recognize themselves in this figure and consider their particular conditions for renewing their pact with the community. In societies organized by oral myths, this task is individualized in the figure of the shaman. Most of the literature on the history of psychotherapy, curing, healing, and the clinic, approach both the field of magical practices and the field of religious cures according to a standard of dual comparison based on rationality versus irrationality or on an opposition between the natural and the supernatural. In most cases, this produces a teleological history oriented towards justifying the present (Jackson, 1999, p. 13). Our criterion here will be of a different type. Regardless of ontology,

the theory of causality or the type of rationality involved, we are of the opinion that a cure is an operation of language. Practices of language, on their various levels, should therefore be the guide for our archaeology, and not some pre-classification of the possible forms to which experience is supposed to conform.

When Lévi-Strauss (1949b) compares the psychoanalyst to the modern shaman, he is considering that in both practices there is a type of re-balancing between social myths and the particular contingencies of the form of suffering that an individual is undergoing. Like the hero, the patient is a separate individual. Her place reflects a distinction that disconnects her from common life. The patient is someone who, voluntarily or involuntarily, is separated from a community of destiny and from the common meaning that its members share. The shaman acts as a type of mediator who reintegrates things through reconciliation between ritualistic acts and social narratives of reference. There are three types of shamanic cure: those where the shaman physically manipulates a sick organ or member and extracts or adds some causal element; those that carry out a struggle against harmful spirits; and those based on enchantments, songs, and prescriptions that entail no perceptible relationship of the sick individual to the cause of the suffering (Id., 1949a, p. 221).

Against the thesis that places the origins of psychoanalytic practice in shamanistic magic is the criticism of the supposed ethnocentric generalization of shamanism (Hadot, 1995, p. 224), since, far from including the entire field of curative magic, the phenomenon seems to be restricted to America and Siberia. But one should not reduce shamanistic practice to its style. It operates, above all, through its structure. In any case, whether or not a healer is technically a shaman, he is characterized by offering the patient a language in which certain states that have not been formulated, or are not even formulable, can be expressed in some other way. It is here that similarities with psychoanalysis begin. In psychoanalysis, the patient's "individual myth" and his or her neurosis are never completely formulated. They are "put into context", experienced collectively, or shared in the transference, thus being intensely re-lived as they are named, in abreaction of the affects. But the homology proposed by Lévi-Strauss includes a detail that was not always noted by other critics and commentators on the topic. The relationship between psychoanalysis and shamanism is one of homology and *inversion*.

The shaman emphasizes speech, the psychoanalyst emphasizes listening. The shaman deals with collective myth, the psychoanalyst, with individual myth. The patient *identifies* with the shaman, but establishes *transference* with the analyst. The shamanistic cure is sanctioned socially, whereas the psychoanalytic cure depends on the demands of each individual. The shaman is the agent of the cure, as he is able to read the signs of nature and interpret the source of their disparity with social expectations. He mobilizes a signifier of nature as a metaphoric replacement for the signifier of the enchantment (Lacan, 1965, p. 885). The psychoanalyst is also a reader, but of signs generated in free association, the warrant for which always depends on the patient himself. The analyst replaces the metaphoric articulation through which the symptom is presented with a metonymic articulation. Both therapeutic effects are explained by their symbolic effectiveness, but this effectiveness operates in different structures, and in both cases the structures are unconscious.

The case of Quesalid

Whereas the term "effectiveness", in this context, can be approximated to its Greek equivalent, *agathos*, might we then also speak of symbolic excellence (*arete*)? It is exactly this problem that Lévi-Strauss approaches in the article where he discusses the conditions under which someone becomes a shaman. He discusses the case of Quesalid, a Native Canadian who, moved by the desire to unravel and expose frauds exercised by shamans, began to frequent circles where magic was practiced. He was eventually invited to become a shaman, and thus learned the tricks and techniques of illusion proper to the craft. His first cure was an outstanding success that he himself credits to the simple fact that the patient "firmly believed in the dream he had about me" (Lévi-Strauss, 1949b, p. 203). But Quesalid—who remained convinced of the hoax represented by the magical cures—soon began to feel that some cures are more false than others. Visiting another tribe, he succeeded in curing a patient who had been resistant to the local shaman. Through an act of prestidigitation, he pulled a bloody worm from his own mouth and showed it to the public as proof that the evil had been removed. The local shaman had only spit into his own hands. In other words, Quesalid's method was more impressive. Quesalid's reputation spread to the point that

he was summoned to a great duel with the most eminent shamans called in from other places. Again, the technique of the bloody worm triumphed over the incorporation of the invisible evil affected by his opponent, even though the opponent had included in his cure a trick in which his rattle appeared to be suspended in the air. The defeated and disgraced shaman thus saw his therapeutic system crumble. He then begged Quesalid to tell him his secret; was it a true malady, or was it invented? In exchange, the old healer explained his own theory of disease to Quesalid, whose doubt then had a counterpart in the hesitation of the old sorcerer. Quesalid continued in his career, remained silent about his secret trick, and continued to feel complete disdain for his profession. The old shaman eventually left in exile, went mad, and died. After many years of unmasking false shamans, Quesalid finally ran across a case where he could not be sure whether he was dealing with a true shaman or one more charlatan. This practitioner used suction, demanded no payment for cures, and never laughed. Granted that there are true shamans, he wondered whether he himself, Quesalid, was one of them?

Quesalid's doubt must be separated from his apparent scepticism. In the practical process of curing, all shamans re-enact the experience that made them such. This is why someone can become a shaman through a calling, through a stigma or by having gone through a successful shamanistic cure—exactly as a psychoanalyst has to go through an analysis before practicing it. But Quesalid's example shows how this experience cannot be reduced to the incorporation of a theory of disease and cure, or to a mastery over a technique. Quesalid was a great sorcerer not because he cured the sick: he cured the sick because he had become a great sorcerer (Lévi-Strauss, 1949b, p. 208). His experience suggests that a shaman can cure without his *believing* in what he is doing, without his trusting in the myth that reintegrates the patient. This reasoning is partially false. It shows only that the effectiveness of the cure does not depend on belief in order to bear a type of interior knowledge into which the healer deposits an intentional truth (as myth).

Belief can be looked at in another way, as a *practice* with respect to which personal interior conviction is a secondary effect. The first cause of the belief is the doing, and not the knowing. As Pascal said: "Kneel and pray—faith will come of its own accord". This is consonant with the anthropological observation to the effect that

there is a considerable and constant level of discrepancy between *myths*, on the one hand, as shared social narratives, and *rites*, on the other, as practices that are not direct and consistent counterparts of the myths. When practicing a healing rite, with all its correlate acts, Quesalid pragmatically *believed*, and this special type of belief, where the subjective implication in knowledge is suspended, was a source of the refinement of his excellence. Quesalid's belief had a different function from that which operates in prayers for a cure. For faithful who pray for divine intercession, it is a matter of belief *in* something or *in* someone. For the user of a magical cure, the question is to believe in *the shaman* (Žižek, 2003, p. 110). That is, belief in something or someone is an indirect idealistic and transitive belief, while believing the shaman is a pragmatic and direct belief. The former exercises his practice with belief without faith, and the second, with faith without belief. For this reason, prayers are not considered part of magical cures, even though belief in transcendental entities is involved (Jackson, 1999, p. 19).

Might not Quesalid's doubt then be a decisive part of his symbolic excellence? A shamanistic cure always implies a complementary relationship between normal thinking, on the one hand, where a lack of meaning is possible and, on the other, pathological thinking, which is characterized by an excess of meaning. Magical thinking provides a new system of references where contradictory data can be integrated with one another. In other words, magical thinking does not solve the problem of the lack of meaning by using a more consistent vocabulary. It settles the contradictions in a new syntactic formalization. This explains the effectiveness of the second type of shamanism, where a language that is incomprehensible to the patient is used. In this sense, too strong a belief in one's own vocabulary, in the effectiveness of the technique or in the legitimacy that the public confers on the healer (that is, Quesalid's reputation) interferes with the symbolic excellence needed for the cure.

The place of truth and the position of the cause

The doubt of Ulysses, the conversion of Paul, and Quesalid's uncertainty express three modes of division of the subject or, in other words, three destinations for this division. In each case, the division is seen as knowledge separate from truth. In all three strategies the cure is

defined as a process of reinstalling these effects of truth. The truth in Ulysses operates as *aletheia*, that is, as revelation, unveiling. *Lethe* refers to the mythical lake that made those who drank of its waters forget their own past. Adding the negative prefix [*a*], we have something like "*unforgetting*" or "*disforgetting*". But *forgetting*, in itself, is already a negative term, as it conveys the idea of *not remembering*. *Aletheia*, therefore, refers to a mode of the truth that consists of a double negation, intrinsically associated with the relationship between past and present. The truth reveals what was already there in a type of return to itself, according to an ontology that connects the past to the present in a relationship of identity. In this respect, the truth, understood as position rather than as contents, returns to Ulysses when he remembers that he is the king of Ithaca, the great Greek warrior. The truth therefore explores especially the declarative dimension of language: the proposition, the sentence, and the choice.

For the biblical heroes the Hebrew word for *truth* is *emunah*. That is, it presumes a personal reference related to the idea of trust and sincerity. The true God is the one who fulfils his promises and the false believer is the one who fails to comply with the covenant (Hegenberg, 1975, p. 13). In this narrative, therefore, the truth points to the future and to the performative dimension of language: the oath, the promise, the bet. It has already been noted that the difficult passage from propositional logic or verifiable functional logic—based on types of judgements and, especially, apophantic judgements—to modal logic, based on the notions of necessity, possibility, impossibility, and contingency, derives from minor differences in the real function of truth in each case (Tugenhat & Wolf, 1997, p. 38). The origin of this difference can be seen in the narratives we are examining.

In our three figures there is a "separation of powers between the truth as cause and knowledge put into practice" (Lacan, 1965, p. 884). We saw how types of knowledge put into practice respond to the symbolic effectiveness of a treatment. We now introduce the idea that symbolic excellence connects with the position of the subject faced with the truth as cause.

Lacan's thesis is that, in magic, the truth takes on its role as efficient cause. That is, one condition for the transformation process is that its agent must coincide with its bodily support, so that the causal chain between nature and enchantment remains homogeneous. This can only take place through the repression (*Verdrängung*) of the subject.