Chapter Three

Lacanian Psychoanalysis

While the past decade has seen an upsurge in interest in Lacan amongst American philosophers, literary and art critics, familiarity with Lacan’s ideas and approach to treatment remains quite limited amongst American psychologists and even most American psychoanalysts.1 A number of factors can account for this situation. Amongst these are 1) the fact that Lacan’s writings and seminars were originally published in French and until recently the majority have remained untranslated into English, 2) the notorious difficulty and obscurity of Lacan’s writings—an obscurity that, in part, reflects Lacan’s views about the inherent ambiguity of all language, 3) Lacan’s difficult tendency to develop and alter his views without clearly demarcating differences with his former approach, 4) the numerous references in Lacan’s writings to philosophers, literary works, and linguistic theorists, with whom American readers are relatively unfamiliar, 5) Lacan’s break with, and ultimate expulsion from the International Psychoanalytic Association and his harsh criticisms of its members and dominant theories (ego psychology, object relations theory) and 6) Lacan’s staunch opposition to the emphasis upon “practical utility” in American clinical practice and his direct criticisms of American pragmatism.

1 This is in spite of the fact that a recent literature search (American Psychological Association: Psych Info) covering worldwide psychology journals over the past decade reveals 369 articles making explicit reference to Lacan whereas in comparison, only 160 make reference to Otto Kernberg, a psychoanalyst with whose theories most American psychologists are familiar. The majority of the cites to Lacan, however, are in non-English language journals.
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Renee Major, in his review of Elizabeth Roudinesco’s “The One Hundred Years Battle – The history of Psychoanalysis in France”, examined the cultural differences that have impacted upon the development of psychoanalysis in France and the United States. As Major points out, American and French psychoanalysts read Freudian theory in very distinct ways. An example of this is what Americans refer to as Freud’s structural theory” (Id, Ego, and Superego) the French refer to as the “second topographical system” (Major, 1984). More importantly, whereas American analysts generally hold that Freud’s second “structural” model superseded the first “topographical” one, the French typically regard them on equal footing, or, as in the case of Lacan, place a far greater emphasis on the earlier point of view.

We will see that a key area of disagreement and potential miscommunication between American and Lacanian psychoanalysts centers upon their respective uses of terms relating to “psychic structures.” Whereas American psychoanalysts have tended to identify psychic structure with what they call Freud’s structural theory, i.e. the relations between the id, ego, and super-ego, Lacanians utilize the term “structure” to refer to an anthropological and linguistic concept that refers to a particular organization of elements defined by their system of relationships, in such a way that when one element changes, the whole system of relationships changes as well. While Americans have experience with such “French structuralism” in the fields of anthropology, literary criticism and philosophy, these ideas have not taken root in American psychology or psychoanalysis (Major, 1984). As we will see, Lacan develops such “structural” concepts in an original manner, and links them to the traditional Freudian diagnostic distinctions between neurosis, psychosis and perversion, in a manner that differs radically from American ego-analytic and object-relations “structural” theories. As we will also see, any attempt to conceptualize “borderline” psychopathology within a Lacanian context must take these critical differences regarding the nature of psychic structure fully into account.

Another major area of difference between American and French psychoanalysis relates to their respective writing styles. French readers tend to (critically) view American journal articles as having a medical narrative style, while Americans view French writing as (overly) philosophical and literary. However, as Major indicates, these differences in style do not necessarily indicate that American psychoanalysis is more “scientific” and that French psychoanalysis is more “artistic.” They do, however, indicate that psychoanalysis in each
country has developed, and is expressed, in accordance with each culture’s intellectual values. In the United States, experimental science is generally regarded to be the paradigm of scientific truth and rigor, whereas in France critical conceptual analysis occupies a similar position. This distinction, we might add, can be traced back to the debate between the Cartesian rationalists and British empiricists. Whereas Lacan and other French psychoanalysts see themselves within the former tradition, American ego psychologists are much more closely linked to the latter. French psychoanalysis has therefore taken seriously developments in rationalist and idealist philosophy (Kant, Hegel, phenomenology and existentialism) that, at least until recently, have been relatively ignored by American empiricist philosophers and psychologists.

Finally, we need to evaluate the history of the psychoanalytic movement (as any other institution) within a social, political and historical context (Oliner, 1988). In the following section I will briefly examine the history of psychoanalysis in France and Lacan’s place within that history.

The History of Psychoanalysis in France

As is well known, Freud had an important first-hand experience of French psychiatry and neurology while studying at the Salpetriere Clinic from October 1885 to February 1886, several years prior to his initial psychoanalytic collaboration with Josef Breuer. Freud developed a close relationship with the leading figure at the Salpetriere, “Charcot, J.”, who took a liking to his then 30-year old German student, and with whom he shared ideas on the links between sexuality and neurosis. Although Freud published three papers in France, he was, at the time, a relatively unknown researcher who was not read by the French psychiatric community. Further, when after the publication of The Interpretation of Dreams and The Psychopathology of Everyday Life the first generation of analysts was firmly established as Freud’s circle, the French had no representation in the group (most of whom were German speaking with Ernest Jones and Abraham Brill the two English-speaking exceptions). There was also no trace of the French at the first International Congress of Psychoanalysis in 1908, presided by its then newly-elected president Carl Jung. It wasn’t until 1914 that Freud’s original “Five Lectures on Psychoanalysis”
were translated into French and became readily accessible to the French psychiatric community. It was Rene Laforgue (1925) who was the earliest promoter of psychoanalysis in France. Along with Rene Allendy, Laforgue organized the psychoanalytic group, “L’Evolution Psychiatrique,” and the first French psychoanalytic journal appeared in 1925. Interestingly, this early French school distanced themselves from what they regarded to be “Freudian dogmatism”, and they appeared more interested in facts that could be put to strict scientific test than in matters related to the unconscious or the vicissitudes of sexuality. At a certain point this group took steps, under the direction of Henry Ey, to transform itself into an organodynamic psychiatric entity that would limit membership to medical doctors. (De Mijolla, A.1982)

In the meantime, the International Psychoanalytic Association obtained a foothold in France under the auspices of the Princess Marie de Bonaparte (a French woman, granddaughter of the Emperor, who had maintained a close relationship with Freud after having been an analysand of his). Bonaparte later acquired the letters that Freud wrote to Fliess and was instrumental (with the help of the United States ambassador) in securing Freud’s visa to exit Austria and obtain residence in England in 1938. Bonaparte served as Freud’s personal French translator and became the most important propagator of Freud’s ideas in France. While she had no personal clinical training and thus had no ability to publish her own cases (in spite of her wish to be an analyst), she became extremely involved in the clinical training of psychoanalysts and, as a non-physician, she was very cautious regarding the French medical community. She founded, with Lowenstein, Allendy and Laforgue, “The Societe Psychoanalytique de Paris (SPP). A strong controversy ensued, in which “The Evolution Psychiatrique” proclaimed that the field of psychoanalysis was directly related to general medicine, neurology and psychiatry, and the SPP opposed that view. Bonaparte’s group, the lay group, held that psychoanalysis was the realm of the psychology of the unconscious, which belonged to the clinical, but not exclusively medical, field. Jacques Lacan, a young psychiatrist, was present at the meetings where these issues were heatedly debated. He applied for admission at the SPP (at this point, fully supported by Freud himself) to become a training analyst, and by December 1938 he became a full member after starting a personal analysis with Rudolf Lowenstein.

In 1936 Lacan presented a paper at the 14th International Congress of psychoanalysis in Marienbad entitled “The Mirror Stage.” He was the first psychoanalytic theorist in France to take
an innovative path with respect to the development of psychic formations. Lacan based his ideas about the nature of the ego on Wallon’s work with primates and their experience of confronting their image in a mirror. (Wallon’s research suggested that whereas primates learn that the image is illusory and quickly lose interest in it, the human child becomes fascinated with his mirror image—see below).

After the war, psychoanalysis in France was re-organized along two, rather different lines. On the one hand, a number of French psychoanalysts had a vision of a small society carefully filtering and controlling its membership. Others held the ideal of a large movement that would bring together members from different disciplines: philosophy, linguistics, medicine, psycho-pedagogy, and even religion. In part because of the polarizing political impact of World War II, there was an atmosphere of mistrust towards psychoanalysis during the post-war years in France, and many intellectuals saw it as a new corrupting agent of imperialism. Most of the members of the SPP were communists or were involved in what they called the humanism of the Resistance. However, for many, psychoanalysis was viewed as “one more individualistic expression that amounts to a denial of any possibility of transforming the social order” (De Mijolla, 1982).

Since the late 1960s psychoanalysis in France has extended in three directions: 1) the medical direction, represented by the medically trained analysts who have focused mainly on psychoanalytic psychosomatic research, 2) the psychological analysts, who have pursued a rigorous academic program to achieve psychoanalytic qualifications and 3) Lacan and his followers, who moved their investigations in the direction of forging a synthesis of linguistics (Ferdinand de Saussure), philosophy (e.g. Merleau-Ponty, Jean Hyppolite and Hegel) and what Lacan called “the return to Freud” or the building of psychoanalysis based on Freud’s early writings and cases.

Due to his extraordinary capacity to articulate ideas and handle large crowds, Lacan became a major figure in the 60’s and 70’s, not only for psychoanalysts, but in other intellectual circles as well. Whereas in other countries divergent groups have made attempts to synthesize their theoretical tendencies, the French have tended towards a rather clear separation between their schools of thought. Interestingly, each of the heads of the above mentioned (medical,
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psychological, and Lacanian) schools (Nash, Lagache and Lacan) had the same analyst: Lowenstein.

As a member of the SPP, Lacan had experienced problems in connection with what was termed his lack of orthodoxy in the practice of psychoanalysis. Amongst the more controversial issues was the question of whether an analytical candidate was to obtain the consent of his analyst prior to establishing his or her own analytic practice. Later, when Lacan came to establish his own school, he held that the analyst must be able to authorize him or herself—a notion that flew the face of psychoanalysis as an institution. At the time of his first arguments with the Society, the controversy related to the standard practice of four to five sessions of 45 minutes each week and a minimum of a two-year training analysis. Lacan held that psychoanalysis was ill-served by a rigorous prescription regarding the length and number of analytic sessions as well as the total duration of treatment.

According to the SPP, Lacan’s practice of variable length sessions (the so-called “short sessions”) lacked psychoanalytic rigor. Further, the members did not accept the clinical reasons that sustained the rationale for the short session. Marie Bonaparte was his most radical opponent. The heads of the Institute demanded a return to the rules, but Lacan was the most popular analyst among the trainees, and idea of a “Free Institute” was on Lacan’s mind, as well as on the minds of many French, including some of the analysts in the SPP and their trainees. This new model was to oppose the medical model and was to be founded on a university model. The new organization, the SFP (Society Francaise de Psychanalyse) was founded in 1953. The International Psychoanalytic Association (IPA) voted to exclude the new organization from their meetings and publishing resources. Even when Lowenstein tried to intervene in the SFP’s favor, the request was rejected by Hartmann, Bonaparte, Jones, Nacht and, above all, Anna Freud. This split was significant, as up to 50% of the members of the SPP became members of the new SFP. The SFP proclaimed in its constitution that there were no theoretical differences with the former society but that the differences were in the “moral” order. They aspired to have an institute with a more democratic climate and one that would be guided by mutual respect and freedom.

In 1953 Lacan began his famous Wednesday evening “seminar” that for more than a quarter of a century exercised a profound influence on both psychoanalysis and intellectual life in France. This seminar constituted the first regular psychoanalytic meetings that were not
reserved only for analysts. As a result of this, a form of “psychoanalytic education” was available to all, even those who were not themselves in analysis. In addition to the seminar, Lacan also held a case presentation every Friday. The situation became so serious regarding the refusal of IPA to accept some of the most famous analysts of France, that they decided to accept these analysts under the category of “Study Group Under the Sponsorship of the IPA.” This initially meant that there was an IPA committee that was to watch over training problems and make recommendations accordingly. Later, the study group was informed that in order to continue with IPA sponsorship, Lacan had to distance himself progressively from the training program.

In 1964, Lacan founds his own school “The Freudian School of Paris.” He did this with a certain reticence, as Lacan did not believe in the institutional transmission of psychoanalysis. His way of working and transmitting psychoanalysis was felt to be peculiar by some and ambiguous by others. This school remained a training center for sixteen years and trained analysts who eventually established practices throughout the world. However, in 1980, one year before his death, Lacan dissolved his school as a result of the discord and infighting among its members.

**Structuralism**

Having provided a brief history of psychoanalysis in France, it remains, by way of introduction to Lacan’s theory, to provide some background in the theory of French structuralism. Although Lacan refused to accept ‘structuralism” as an epithet for his work, (and much of his work can be regarded as both pre-structuralist—i.e. phenomenological, and post-structuralist) the impact of structuralism upon him was undoubtedly great, and it is impossible to understand his contributions to psychoanalytic theory and, particularly, diagnosis, without at least a basic understanding of structuralist thought.

The structuralist movement has left its mark both in science and the humanities. Included amongst those who have been influenced greatly by structuralist modes of thought are the cognitive psychologist Jean Piaget, the anthropologist, Claude Levi-Strauss and the linguist
Roman Jakobson (Feher Gurevich, 1999). Structuralism involves a novel manner of regarding objects and entities studied in the human sciences. Instead of defining such entities in terms of their inner or “essential” characteristics, structuralism situates them in the context of their relationships with other objects. It is the system of such relationships that defines a “structure” as a matter to be studied. Such structured relationships can be understood in terms of laws that are implicit in the structure and are initially difficult to grasp and articulate, most often going unnoticed by those individuals to whom the structure applies. Examples of such structures include the rules of grammatical formation of sentences adhered to but not necessarily known to the speakers of natural languages, and the rules of marriage and kinship adhered to, but not always articulated, by both primitive and modern societies. Another common example might involve the hierarchical rules of verbal deference and exchange that are implicitly adhered to by participants at an academic, corporate or other institutional meeting. Lacan ultimately applied the notion of structure to the formation of the unconscious, and he understood dreams, slips of the tongue, and especially symptoms in structural terms. Most significantly for our purposes here, Lacan came to regard the basic diagnostic categories of neurosis, psychosis, and perversion in terms of the position that individuals take with respect to a generalized “Other,” one that is embodied in language, law, and, what Lacan refers to as, the symbolic order.

Linguistic Structures

Lacan regards language to be the most basic and paradigmatic structure in human life and society, and he proceeds to utilize linguistic structures as his preferred model both of the human psyche and for his work as a psychoanalyst. His famous dictum, i.e. that “the unconscious is structured like a language,” follows from this view. Lacan founded his views on structure upon the work of the structural linguists, in particular, that of Ferdinand de Saussure. Structural linguistics distinguishes units of language on different levels, (e.g. phonemes, monemes, words, sentences and phrases) on the basis of the relationships they have with one another at the same level (moneme with moneme) or at different levels (phoneme with moneme) (Benveniste, 1966). The grammatical or semantic significance of any one unit is a variable function of the relationship it has with all the others. For example, the change of one element in a phrase, e.g. a
word, a pause, a comma, a question mark) can alter the entire meaning of the statement in question, and changes the significance of each of its component parts. As such, we can say that structural linguists privilege the relationships between elements over the element themselves.

A structure is thus defined as an organization of the parts of a whole in accordance with certain definite rules of mutual and functional conditioning. Structural linguistics defines language as a global unit containing parts that are formally arranged in obedience to certain constant principles forming different hierarchical levels ranging from simple to higher and more complex elements, such as the transition from the utterance of a sound to a complete narrative (Lemaire, 1986).

In effect, Lacan reconceptualizes a number of basic psychoanalytic ideas via the application of a structuralist model. Lacan understands the human subject as a schema composed of layers of structures. In the first place, these layers correspond to Freud’s first topographical model of conscious, preconscious and unconscious.

The unconscious, what Lacan describes as the “subject matter of psychoanalysis” is structured like a language, in which the elements that comprise it are summable and distinctive but still articulated in sub-sets according to specific laws. These laws are linguistic in nature, and, as we will see, involve metaphor and metonymy. Lacan derives his distinctive understanding of these terms from Saussure.

Saussure describes a sign as a double-sided unit (Lemaire, 1984), composed of a concept and its acoustic image. The acoustic image is not a sound per se but is rather the psychical imprint of a sound. Saussure proposes to call the acoustic image, the signifier and the concept, the signified. The sign then becomes the relation of a signifier to a signified. Lacan appropriates this dual model of the sign and emphasizes that the signifier and signified are autonomous with respect to each other, i.e. that there is no fixed relationship (of value or meaning) between them.

The sign remains meaningless unless is interpreted in the context of its relationship with the totality of language. Two words when enunciated can sound the same, but we can only determine what the speaker means when we place these words in the context of the signs that follow (e.g. as in the sentence “Two people are going to the store too”). Furthermore, we can never be absolutely certain of the meaning of any particular sign, as further words, i.e. a wider
context, can always prompt us to a new interpretation of what was said (For example, with regard to the aforementioned sentence we may subsequently learn that the speaker was speaking emphatically “Two people are going to the store; Two!”). Hence, the value or meaning of a word is not intrinsic to it but is determined by the presence of other words in the system. The concept of value supersedes the concept of signification, as what matters are the system of relations between concepts rather than any absolute meaning determined by the relationship between a particular signifier and signified. A quarter, for example is a coin made of metal, the value of which is not intrinsic to itself, but is rather a function of its position in relation to other coins within a monetary system. Lacan will apply these ideas in a number of theoretical and clinical contexts, one of which is his insistence that one proper role of the analyst is to serve as a punctuation of the analysand’s speech in such a manner as to reveal his or her relation to the “Other” and the unconscious.

Structural linguists hold that the sign is arbitrary, i.e. that there is no natural relationship between the sound of a word and its signification. This is evidenced in the idea that the enunciation of the word is different in different languages. However, we are able, through a thorough understanding of contexts and relationships amongst signs, to determine, for example, that “blue” in English, and “azul” in Spanish mean the same thing. Nevertheless, the “mutability of the sign” is a paradox, as no individual can change language at will, since signs in a given language are tied to the tradition of a linguistic community. It is only in relation to the entire community that a given sign is arbitrary.

While there is no necessary relationship between signifier and signified, Saussure held that once established there is an immutable bond between a signifier and the concept it signifies. Lacan, however, held that even this relationship is completely mutable. According to Lacan, the signifier is constantly “slipping out from under” its signified, and that, in effect, we are constantly meaning much more and/or less than, what on first reflection, we seem to write or say. The signifier can only be pinned to a given signified for a brief moment, via what Lacan refers to as points de capiton, anchoring or “quilting” points (punctuation, definitions, basic metaphors) that provide language with at least the illusion of stability. Such anchoring points involve a delimitation in the flow of the chain of signifiers with the flow of signifieds. According to Lacan, the anchoring point is above all the operation by which the signifier stops the otherwise
continuous sliding of signification (Lacan, 1960). The sentence completes its signification only with the last term, each term anticipating something of the meaning but not quite yielding it until the end when almost by a retroactive function, meaning can be established. This retroactive dimension of meaning is represented by the anchoring point (it is “after the fact”, or après coup).

Interestingly, Lacan holds that one of the defining features of psychosis is that, in contrast to neuroses, even these anchoring points (points de capiton) are not present, and the psychotic slips into a use of language that is idiosyncratic, and from our point of view, seemingly arbitrary. However, even in the absence of psychosis, signification is always in flux (see Dor, 1997). This flux is a function of two linguistic axes, what Lacan describes as the axes of “metonymy” and “metaphor.” In Lacan’s usage (and here he is indebted to the linguist Roman Jakobson) metonymy refers to the shift in the signified that results from the contiguous flow in language and to its links. The change in the signified is a function of its relationship to later words and punctuation in the chain of signifiers, and the signifier’s impact on former elements in the change. Lacan holds that, as a result of such chaining, meaning is constantly deferred or “displaced,” and he links the metonymic axis of language, with Freud’s notion of “displacement” as a key element in the dreamwork and in the formation of psychological symptoms. Metaphor, on the other hand, refers to the fact that linguistic units can be selected and substituted for others on the basis of some similarity within a chain of signifiers. Thus, a given signifier can represent more than one signified.

Metaphor, according to Lacan, corresponds to the mechanism of “condensation” in the dreamwork and in symptom formation. Lacan goes on to hold that psychological symptoms are, indeed, metaphors (Lacan, 1970). According to Lacan, “identification” is also a metaphor, since identification always involves the substitution of oneself for the identified object (Lacan, 1955). For Lacan, the notions of metaphor and metonymy are the basic concepts through which he understands the phenomena of the unconscious. Topics such as the primary process, dreams, the

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2 In ordinary usage metonymy is a form of speech in which a term is used to denote an object that it does not specifically refer to but with which it is closely related (Evans, 1996). An example would be “City Hall denied all involvement,” where “City Hall” is used to mean “mayor.” While he acknowledges that this is one form of metonomy (giving the example of “thirty sail” for “thirty ships”) Lacan uses metonymy in a much broader sense to refer to the entire chain of contiguous language, contrasting it with metaphor, which he also uses broadly, to denote the possibility of substituting elements in a chain of signification with other elements.
formalization of the symptom, jokes, and all other formations of the unconscious are understood by Lacan in terms of these two axes of language. According to Lacan, even such psychotic phenomena as neologisms, glossolalia, and delusional language are metaphorical and metonymic formations (Dor, 1997). Finally, and these are amongst Lacan’s major contributions to psychoanalytic theory, the process of desire is viewed as a metonymic development (as desire is continuously being displaced and deferred from object to object without ever reaching satisfaction) and castration is viewed in terms of a primal metaphor, i.e. The Name of the Father or paternal metaphor, which becomes the means through which the individual gains access to the symbolic order. Each of these themes will be made clear as we proceed.

As will also become clear, Lacan links Freud’s ideas regarding the Oedipus Complex and structural diagnosis with his structural analysis of language. He holds that the individual’s capacity to utilize language in a “normal” manner is a function of his or her entry into the “symbolic order,” the rules of discourse and laws of the community that are fundamental to human society. Such entry is dependent upon the presence of a “primal signifier,” what Lacan calls “the Name of the Father,” which, on Lacan’s view, is instituted as a result of the restrictions (castration) imposed by the Oedipal triangle. Whereas the neurotic is said to repress castration and the paternal metaphor, and the individual with a perverse structure is said to disavow it, the psychotic is said to foreclose it, in such a manner that he or she is never fully implanted within the symbolic order. These ideas, which will be the subject of a more detailed discussion, both later in this and in subsequent chapters, are critical for any Lacanian understanding of the so-called borderline personality.

**Lacan’s Novel Psychoanalytic Ideas**

As I have indicated in the previous section, any understanding of Lacanian psychoanalysis is dependent upon an understanding of his use of structuralist linguistics. Lacan proposes, in effect, to read the human psyche like a text, and in order to grasp his reading we must come to terms with his basic theories regarding language. Lacan’s originality, however, is by no means limited to his reading of Freudian ideas through the lens of structural linguistics.
His corpus is filled with original and often controversial theoretical and clinical formulations, many of which are grounded in structuralism, but others of which are more closely linked to Hegelian philosophy, phenomenology and existentialism, intellectual movements that are generally thought to be opposed to the structuralist program.

Lacan’s career as a psychiatrist and psychoanalyst spanned nearly fifty years, during which time his ideas were in constant development and flux. He spent 25 years of his professional life diagnosing and treating psychosis. However, Lacan’s death in 1980 has only increased the multiple interpretive possibilities that can and have been gleaned from his work. In the following sections, rather than attempt to provide even a cursory review of Lacan’s prolific theorizing, I will focus upon several of his key contributions, which (though they span different points in his career) promise to be most helpful in our efforts to grasp the borderline phenomena in Lacanian terms. While it may well be that Lacan would not have, at any given point in his career, maintained each of these positions, Lacanian analysts have not, in general, troubled themselves with maintaining a position that is consistent with a single period in Lacan’s thought, and have found it fruitful to incorporate into their own theorizing ideas from different phases of his long career.

The Mirror Stage: The Scenario of Ego formation

Lacan wrote his paper on the mirror stage in the late 1930’s when he was still part of the International Psychoanalytic Association (Feher Gurevich, 1999). In this paper he elaborated the formation of the ego as the encounter of the subject with the other in what he terms the imaginary realm of existence. Lacan will later make a distinction, critical to an understanding of all his later thinking, between the “registers” of “the real,” “the imaginary,” and “the symbolic,” but at this stage of his thought his views on the imaginary were only beginning to take form.

For Lacan the imaginary realm is characterized by conscious life; the way the subject is immersed in his reality and how he perceives it. The encounter with the imaginary realm is what Lacan calls the mirror stage. While Lacan seems to have initially regarded it as a developmental stage, he soon came to view the mirror stage as reflecting the very nature of human subjectivity.
For Lacan, the "mirror stage" is a structural formation that accounts for the formation of the ego, and what is ultimately experienced in the transference between the patient and the analyst’s ego. The mirror stage is primordial not because of its developmental status, but rather because it prefigures the dialectic between alienation and subjectivity, what Lacan terms the “divided subject” (Lemaire, 1986).

Lacan early on became fascinated by the discoveries of Wallon and later Baldwin (Evans, 1996) that the child obtains self-recognition in the mirror between the ages of six and nine months, during a period when the child gradually becomes conscious of his body and his image. These researchers noted that unlike a chimpanzee, who quickly realizes that his image in the mirror is illusory and thus loses interest in it, the human child becomes fascinated with his image in the mirror and seems to comprehend that it is an image of himself. This recognition becomes the foundation for the formation of an image of the self via identification with an “other,” who is outside. According to Lacan the entire process of identification is grounded in the imaginary dimension.

Lacan elaborates on the concept of the imaginary by comparing animal instincts with the human drives. He describes how animals are naturally drawn to the satisfaction of their needs and can grow to function competently in a short period of time. On the other hand, a human baby is underdeveloped during the first six months of life, specifically in terms of motor coordination and motility. However, this immaturity is balanced by a strong sense of visual perception. The child can recognize a human face very early in life and respond to it. When the child recognizes himself in the mirror he feels joy, which is a sign of awareness, and the beginning of his fantasy life.

According to Lacan, the mirror stage occurs in three successive phases. First, the child confuses reflection and reality by looking for himself behind the mirror. Second, the child understands that the image is a reflection, not the real being. Third, he understands that it is not only a reflection of himself but that it is different from the image of the other.

Lacan holds that the mirror stage is the key to the formation of the ego. The child experiences his body as fragmented and uncoordinated, but because of the advanced development of his visual system, he is able to recognize himself in the mirror in spite of the fact that he lacks control of his own movement. The child sees his image as an integrated gestalt,
which contrasts markedly with the fragmentation of his own bodily experience. While initially there is an aggressive tension with this image, the child resolves this tension by identifying with it, leading to an imaginary sense of mastery and wholeness (Lacan, 1956).

The identification with the image in the mirror extends as well to the identification with other children. When he is around other children his age, the child expresses his identification with the human form with the others in his games: “the child who strikes will say that he has been struck, the child who sees his fellow fall will cry” (Lacan, 1977). According to Lacan, the child now wishes to be recognized by others in his newfound sense of self, and even imposes himself on the other and dominates him. We see here the imaginary processes at work, a merging of self and other, and, according to Lacan, it is in the other that the child lives and registers himself (Lemaire, 1986). On Lacan’s view, the experience of the mirror is prior to the capacity for cognitive recognition and also to the advent of the body schema (Dor, 1997).

The identification with the mirror image and the body is fragmented, but its function is to unify the self, to bring about a total representation of one’s own body. However, the child’s identification with an image outside of himself also carries a negative connotation, in that the ego becomes, in effect, a narcissistic image with an “inverted structure,” the very nature of which is external to the subject and objectified.

Lacan follows a tradition in French philosophy that regards the ego as an objectified phenomenon that is outside of, and alienated from the human subject; the ego is above all a construct produced by “the gaze of the other”. For Lacan, the ego is hardly the seat of subjectivity, judgment, reality testing, etc. that it is for the ego-psychologists, it is rather a narcissistic construction utilized by the subject to provide a false, and alienating, sense of coherence and value. This is a key concept in understanding Lacan’s critique of ego-psychology, and will be of significance to any Lacanian “deconstruction” of the borderline concept. According to Lacan, through the mirror stage the child acquires a sense of the totality of his own body but only does so by way of narcissistic identification with the others, and in the process establishes a fundamental alienation in an image that will produce a chronic misrecognition. In other words, the child identifies with an optical image of himself, rather than with his own subjectivity.
According to Lacan, it is because of this alienating identification with an image outside of itself that misrecognition becomes the fundamental characteristic of the ego. Far from being the governing agency of the subject or self as it is in ego-psychology, the ego, for Lacan, is a snare and an illusion. While ego psychologists hold that by analyzing defenses they allow the ego to recover its discerning abilities and recognize external reality, Lacan holds the opposite view, namely that the ego is the psychic representative, not of the reality principle, but of an “imaginary reality” (Lacan, 1966). The ego is trapped in the fundamental division of the subject, who is alienated and is unable to understand why reality constantly disappoints him. This misrecognition also has profound implications in the realm of language and speech. We have a mistaken belief that we know what we are saying when we speak, but we speak about a self that is fundamentally alienated and displaced.

Lacan provides other far-ranging criticisms of ego-psychology, one being that since ego-psychologists identify the subject with the conscious ego, they neglect Freud’s dictum that the “the ego is not the master in its own house” and, as such, neglect the fundamental discovery of psychoanalysis itself, the unconscious. For Lacan, ego-psychology, like modern man in general, has identified with “the object in the mirror,” to the neglect of his genuine subjectivity. As we will see, since that object in the mirror is essentially the “other,” the identification with the ego leads to an acceptance of the desires of the other, at the expense of the true desire of the subject or self. In elevating this misrecognition, ego-psychology furthers a program of identification with the analyst and “adaptation,” which is at complete odds with the radical, liberating nature of psychoanalysis.

Lacan recognizes that misrecognition serves an adaptive function as the instinct of survival does for the animal. However, this adaptive function is at the expense of the subject’s own truth. However, all is not lost. Misrecognition is not ignorance; as Lacan states, if the subject is able to misrecognize something, he must know something that needs to be recognized. For Lacan misrecognition is the content of consciousness. According to Lacan, when we work exclusively with the patient’s ego, our patients don’t progress; in fact they continue to suffer and wonder about their symptoms, sometimes to the point of deteriorating psychologically.

Out of the asymmetry of the mirror stage, the ego defenses arise. For Lacan, there is no point in differentiating ego from its defenses, since the ego itself is a defense, a cover-up for the
fragmentation and then for the split that constitutes us as subjects. With the process of primal repression the subject’s original sense of helplessness retreats to the unconscious. However, it is only with the advent of the symbolic order (or acquisition of language) that the child will bring his/her ego into the realm of the symbolic and the ego will appear more integrated. However, each time the image of the other imposes itself on the ego, the subject will be challenged again, in all his or her social relations. According to Lacan, this is most obvious in subjects who feel insecure in their recognition by others or who fear being devoured by others, but it is present in all of us.

Lacan has a number of other things to say about what American analysts speak of as pre-Oedipal formations which presumably impact upon later adult structure. Lacan views the pre-oedipal period as the time of total dependence on the mother. However, the child must come to terms with the fact that the mother is not always available, or that at times she does not understand his needs and frustrates them. This unavailability produces frustration and confusion, even rage. (Here Lacan is close to the object-relations theory of Melanie Klein.) The question that arises in the face of Lacan’s account of these pre-Oedipal events is how the human subject (child and later the adult) can organize itself with respect to this essential loss, as well as with respect the alienation incurred by the mirror stage, and, in effect, replace what is missing. This is the crisis that Lacan places at the entrance to the symbolic order, via the acquisition of language and along with it, the birth of the unconscious.

**Lacan’s Critique of Developmental Psychoanalysis**

It is important to point out that while Lacan, in articulating his theory of the mirror stage (and other pre-Oedipal phases), appears to be presenting a developmental theory of the ego, he does not, in the end, propose a developmental study of the child. Lacan goes so far as to state that it is not the place of psychoanalysis to conduct infant research. Infant research belongs to the field of developmental psychology or other pertinent disciplines. For Lacan, what is known psychoanalytically about the child’s psychological universe, psychic structure, and human motivation is always understood retroactively; it is always a construction made *a posteriori*
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(Feher Gurevich, 1999). Further, according to Lacan, the subject matter of psychoanalysis is neither child development nor personal history *per se*, but the *unconscious* as it is studied in the context of the psychoanalytic situation. For Lacanian psychoanalysts it is more appropriate to discuss structural *moments* of psychic development rather than developmental phases or stages. This is why language and its rules are crucial to the understanding of these structures as they are produced in the analytic exchange between analyst and patient.

It will be worthwhile to reflect in some more depth on Lacan’s position in this regard, as it constitutes a major difference between Lacanian psychoanalysts and their American counterparts, and could prove a major stumbling block in their potential communication. While Lacan may be criticized on the grounds that he utilizes developmental concepts and then denies that they are developmental, I believe that, at least in his more mature formulations, Lacan conceives his mirror stage (and other concepts, including the Oedipus Complex), in logical/structural as opposed to developmental terms. He certainly does not hold that human psychopathology emerges according to a set sequence, at critical periods, during prescribed libidinal or developmental stages. Although in other contexts Lacan’s theories might be conceptualized in quasi-developmental terms and even be put to empirical test, and it is clear that at least in the case of the mirror stage he was stimulated in his thinking by developmental events, in his own work, including his thinking regarding the mirror stage, etc. is based upon reconstructions from working with adult patients.

Lacan’s distrust of developmental approaches to psychic structure follows in a rather straightforward manner from his view of language, and hence his view of narration and history. Just as the significance of a chain of signifiers and each of its elements along the way is not revealed until the end, the significance and structure of the subject’s psyche is only reinterpreted and resignified as an adult, particularly in the psychoanalytic situation. For Lacan, makes no sense to try to understand adult psychological functioning through an analysis of meanings that were present for the child, as these meanings have been altered and resignified in the adult psyche.

Lacan articulates certain moments in the constitution of human sexuality via the Oedipal complex, by re-working the topics of privation (the mother gives or deprives according to her wishes), frustration (when the child does not receive what he needs), and castration (the
understanding of the child that the mother is lacking something and that he is not the one who can satisfy her). These moments, Lacan argues, are necessary but are not developmental phases that follow a prescribed temporal sequence; they occur at some point when the child is dealing with the contingencies of his environment. They can occur at one age for one child and another age for another. Further, and most importantly, these events do not have the same meaning at the time of their occurrence as they do in the psychoanalytic situation.

Lacan explains that the “timing” of human development is not evolutive but logical. In *Ecrits* (1945) he concludes that the *modus operandi* of the unconscious, what he calls the “formations” of the unconscious (dreams, parapraxis, symptoms) follows a logical, but not temporal sequence. This logic implies that for an individual to arrive at his or her “truth” each significant psychic event implies a time, as he puts it, to “see,” a time to “comprehend” and a time to “conclude.” (Lacan, 1945). This is the logic followed by the unconscious processes, and has nothing to do with objective time. Although these moments are described as a temporally ordered sequence, they are in fact atemporal. The following general account of the way Lacanian analysts work using the so-called “short” (but really “atemporal”) session should help clarify the atemporality of the analytic process.

When a patient relates his or her history in treatment, he/she makes a historical presentation of the facts and events that occurred during his/her life, accentuating or underlining what he or she believes is important (usually the suffering related to the symptom). This narrative constitutes the patient’s psychic reality. Regardless of what occurred “objectively” (if such a concept even makes sense) what matters is the analysand’s psychic experience. At a certain moment in the session, the patient says something that the analyst is puzzled about and the analyst makes a “punctuation,” by, for example, repeating or questioning what the patient has said. The patient listens and processes the new data. (This is the moment of seeing). The patient may elaborate further. However, the analyst decides to interrupt the session and suspend the analytic process. (This cut of the session indicates the moment of conclusion). When the patient comes in the next session, he may have come back to the words he spoke and the exchange with the analyst in a different way; the patient may have done his “working through” outside of the session (This is, according to Lacan, the moment of understanding). As a result of analysis the patient has constructed a new logical discourse regarding something that at one point had a
different meaning. Thus, according to Lacan, chronological time has no meaning in analytic work. The actual events in objective time are not analytically meaningful until they are signified, understood and re-signified by the patient. Further, the actual length of the analytic session is also unimportant. The words exchanged in five minutes may be enough for a patient to open a new chain of signifiers, whereas a hundred sessions may prove ineffective for this purpose. Indeed, if the analyst would have extended the session to forty-five minutes, everything could well have been lost in a torrent of words that confuse things to the point where neither analyst nor patient knows what they are working on.

In terms of infant development, Lacan does not deny the existence of growth and development; however, such development is not explicitly relevant to the psychoanalyst, whose work is directed to the issues of discourse and unconscious processes. We want to hear the history of the patient, not because we want to find evidence for possible causes of the patient’s suffering, but rather because, as analysts, we must attend to the particular linguistic structures the patient chooses, and, most significantly the position the patient occupies in his discourse with the other. Lacan does not deny the role of time in child development. However, he holds that in focusing on such development the analyst will inevitably fail to understand the structure of the human subject.

Another example can be useful in explaining Lacan’s position: the significance of a “traumatic” situation. According to Lacan, whether an event has a traumatic effect is not the result of the intrinsic nature of the trauma but rather because such trauma represents a re-signification of that which was structurally traumatic on an earlier occasion, one for which, as a result of primary repression, the subject has no recollection. Although the mechanisms of trauma and resignification may be universal, the singularity of each subject renders different meanings for presumably similar or even identical life events. For example, life in a concentration camp (which all would regard as “objectively” traumatic) may be overwhelmingly traumatic for one individual, who commits suicide or allows himself die, and a challenge to live and achieve meaning for another (Frankl, 1959).

In effect, Lacan’s problem with a developmental psychoanalytic approach to the structure of the human psyche is analogous to a historian’s objection to our trying, say, to understand the significance of events in Germany in the 1920s, without reference to Hitler and World War II.
No amount of contemporary narrative from the 1920s will substitute for our *re-comprehension* of those same events after the war. All understanding for Lacan is *apres coup* (after the fact). While we may be able to learn much about the child by observing him/her in his development, the phases and events in childhood are only explanatory of adulthood to the extent that, they are presented in the form of symptoms, slips of the tongue, etc. Having said this, however, Lacan found it impossible not to speak in terms of historical development—albeit a development that is understood in terms of its *re-signification* in adult life.

**The Symbolic Order**

For Lacan, the acquisition of language marks a new structure in the mind of a child, one that is characterized by the loss of his world vis-à-vis his mother in order to become his own being. The symbolic order is the order of language and culture, a structure into which the child is unknowingly inscribed even before he was conceived. As we will see, the child’s inscription in the symbolic order marks, for Lacan, the point of differentiation between neurosis, psychosis and perversion. However, for Lacan, the symbolic order, like the imaginary order, is one more vehicle through which the individual is trapped by the “other,” and his subjectivity possessed by something that is outside himself. Lacan, will also hold that language has a liberating function, but (in the logical sense) it is at first alienating, and at the very origin of the unconscious.

To elaborate upon this aspect of the symbolic order, Lacan takes the example of Freud’s observations of his 18-month-old grandson who would throw and retrieve a spool as he uttered the words: “fort”, “da” (“gone”, “there”). Freud understood this event as the way the child could master the situation of the loss of his mother by taking symbolic control through words indirectly referring to his mother’s presence and absence. However, as the child is expressing a certain mastery through his words, his feelings of loss are being repressed. Lacan interprets the “fort/da” as an indication of primary repression, and this, according to Lacan, is how the unconscious comes into being. From then on, the unconscious will be the repository of all phonemic traces, words and subsequent representations of lack or loss. This moment inaugurates the child’s subjective experience in the world of language and as he increases his vocabulary, he grows to
encompass many possible experiences and facts of reality. The acquisition of language is a paradoxical process; on the one hand, it provides the child with a certain autonomy, on the other hand, it is deceptive in so far as the subject’s unconscious remains bound up with the signifiers of the “other’s” desire. What Lacan means to say by this is that since the child is born into a language he/she inherits from others (his parents, grandparents, and general society/culture), the language through which he expresses himself, the language within which he “resides,” and the language he represses insures that his subjectivity is not his own but is rather completely inundated with the purposes and desire of an “other.” It is because the language we speak is imbued with others’ meanings and intentions, that our “unconscious” is, according to Lacan, not something that simply resides within our own intrapsychic depths, but is rather, more properly, something that resides out in the world. For Lacan, language both saves and deceives; it causes both the formation of the subject and, like the imaginary constructions provided by the mirror stage and the ego, it fosters the subject’s splitting and alienation.

However, unlike the imaginary, the register of the symbolic offers an opportunity for the subject to transcend his alienation and partake of a new subjectivity that is only possible through the act of speaking. This is why Lacan believes that language is such a powerful tool, and in fact the only proper tool, in psychoanalysis. On the one hand words alienate, they are composed of a signifier and a signified (which Lacan symbolically divides with a bar) and thus express and embody the division between what the subject says consciously and what is barred from the conscious discourse. As Lacan states it in his *Ecrits* (1977): "We can say that it is in the chain of the signifier that the meaning insists but none of the elements consists at any given moment. We are forced, then, to accept the notion of an incessant sliding of the signified under the signifier". (1977, p. 153). However, it is only in the register of language that this “sliding” can, at least temporarily, be brought to a halt, and the subject can learn to differentiate his subjectivity and desire from the demand of the other (see below).
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Lacan’s Conception of the Oedipus complex

For Lacan, the symbolic order is instituted as a result of the Oedipus complex, and the resultant insertion of the paternal metaphor into the unconscious psychic structure. The Oedipus complex as we know it from Freud is an unconscious set of relationships that occur in a triangular form and is characterized by specific affects related to the parents (Freud, 1908). In the positive form of the complex, the subject desires the parent of the opposite sex and develops a rivalry with the parent of the same sex. The child enters the complex around the age of three and leaves it by the age of five or six when several important factors emerge: the child identifies with the rival and as a consequence resolves gender identity, the superego develops as an internalization of the parental prohibitions as a self-censoring agency, and the child enters a new phase, latency, in which sexual desires are displaced by other more intellectual interests prior to adolescence.

Freud argued that all psychopathological structures could be traced to a problem in the resolution of the Oedipus complex (Freud, 1910). By 1910, Freud had made the Oedipus complex the central focus of psychoanalytic investigations into the neurosis and after that time, it became the motor of psychoanalytic theory.

Lacan initially addressed the issue of Oedipus in 1938 in an article called “The Family”. Lacan defined a complex as a whole constellation of interacting imagos or the earliest internalization of the subject’s social structures (parents, grandparents, and other meaningful actors in the life of a child even before his arrival to the world). These multiple identifications provide a script in which the subject is led to play out the drama of conflicts among the members of the family (Lacan, 1957).

In the 1950’s, Lacan began to produce a distinctive re-conceptualization of the Oedipus Complex. In his view, whether the subject is male or female, the subject always desires the mother, and the father is always the rival. Lacan’s thinking here produces a radically asymmetrical way of understanding the Oedipus Complex and has enormous consequences for the issues of sexual difference and gender identity. However, of greatest significance in the present context, the Oedipus complex is, for Lacan, a paradigmatic triangular structure opposed to all dual structures, via the introduction of a third term between the mother and the child,
namely, the father (inserted through language). According to Lacan, this complex represents the passage from the imaginary phase to the symbolic phase, and in the process the subject is confronted with the problem of sexual difference. Further, the Oedipus complex has important consequences for the formation of the symptom and for the psychic organization of the adult.

We can ask ourselves if the oedipal tragedy can actually represent the human condition and the vicissitudes of human sexuality. Lacan believes that without the Oedipus Complex, psychoanalysis cannot be sustained. However, he makes several changes from the original version of the myth as it was interpreted by Freud. First, he disassociates the complex from the primal scene and all the specificities of the familial relationships, that is, he elaborates this complex as a structural moment that occurs at the level of discourse. He asks the question: How is sexuality established in human beings? The answer is related to the German word *Trieb*, (English: drive) a word that has a very different meaning than its usual English translation as an “instinct.” Animals have sexual instincts, they have a copulating season, they mate always for reproductive purposes and they don’t have conditions in their choice of mates. Human sexuality is completely different. Our anatomy does not absolutely determine our sexual identity. In addition, we can have sexual relationships only for pleasure, with the frequency and intensity we wish, and we have specific conditions for choosing one mate over another or for selecting an object to fulfill our sexuality. All of these issues are determined as a result of the oedipal vicissitudes.

**The Three Stages of the Oedipus Complex**

In Seminar V, The Formations of the Unconscious (1958) Lacan identifies three stages that are necessary in order to achieve the passage to the symbolic order. These stages follow a logical as opposed to chronological order.

Lacan holds that the first phase or “time” of the Oedipus Complex occurs in the context of the imaginary level of existence; the “other” is the mother, and the child is initially involved in a dual relationship with her in which the child comes to recognize himself somewhere else beyond himself, i.e. in the mirror or in the mother’s gaze. If the child is someone, it is only
because he is someone for his mother. This position of total dependence leads the child to believe that his satisfaction is tied to the place he occupies for his mother. The child wants to be everything for her, to be “that which she desires,” and the compliment of her fulfillment. We are here in the realm of primary narcissism, in which the child, having no symbolic substitution for himself, is a blank surface for the mother to write upon. However, according to Lacan, any attitude of the mother that will favor her possession of the child will alienate the child from subjectivity and a place in society.

Although it appears that there is a dyad functioning between mother and child, there is already a triangle between the mother, the child, and that which the mother lacks. It is this lack which Lacan terms “the phallus”. For Lacan, the phallus, is not to be confused with the biological organ, but is rather simply a representation of what the mother lacks or desires. In identifying himself with the phallus, the child is simply trying to satisfy the mother’s desire, and, in effect, become the phallus for her. Lacan regards the presence of the imaginary phallus as the third term in this early stage of the Oedipus Complex, indicating that even here the imaginary father is already functioning, representing that object which the mother desires beyond the child (unless the mother is implying that the child is occupying that place which means she does not “lack anything”). Therefore, there is never a dual relationship per se. In this stage, we have the prohibition of the father already operating over both mother and son/daughter.

Lacan’s introduction of the concept of the phallus is a potential source of controversy and confusion. Lacan uses the term phallus to indicate that what concerns psychoanalysis is not the biological presence of a penis but the “signifier of desire” (that which we lack).

Freud referred to the concept of phallus as the fantasy of “having or not having.” It is unclear if he made a clear distinction between phallus and penis, but it is clear that he referred to the “fantasy” and not to the real thing in most of his discussions on sexual difference.

In Lacan’s writings, the concept of the imaginary phallus in the first stage of Oedipus, differs from Freud’s conceptualization, inasmuch as, according to Lacan, both the mother and the child are marked by a lack, namely, the imaginary phallus. For the mother, the lack is that which she desires beyond the child, and for the child, the lack is the place in filling the mother’s desire that he wants to, but cannot, occupy. With the strong emergence of sexual impulses in the child (infantile masturbation), anxiety in the child increases. As a result, the child is filled with
feelings of impotence and confusion. In Freudian terms, this stage is what is denominated “primary repression” and is constituted essentially by alienation.

In the second phase of Oedipus, there is an intervention by what Lacan refers to as the “symbolic father.” According to Lacan, if the father is to be recognized by the child, the mother, who acts as a sort of gatekeeper to the child, must first recognize his speech. (Lacan, 1977). It is speech alone that gives a privileged function to the father, and not the recognition of his role in procreation. This is called the Name-of-the-Father. (Lacan refers to this as the power of heterogeneity, which is the basis of the symbolic order as opposed to the power of homogeneity, the fusion with the mother, which occurs, in the imaginary order). The father’s speech denies the mother access to the child as phallic object and forbids the child complete access to the mother. This intervention, which is called “castration” in psychoanalytic theory, has an implication of privation. However, while the father initiates this privation, it can only operate via the mediation of the mother. The mother’s acknowledgment of the father’s presence enables the father to occupy the third position in the Oedipal triangle in which the child sees the father as a rival for the mother’s desire. In Freudian terms, this second stage of the Oedipal phase is called “secondary repression” and essentially corresponds to a phase of separation.

The third “time” of Oedipus is marked by the real intervention of the father who signals to the child what he can and cannot have. Lacan discusses that the father, in introducing to the child the law of the symbolic order, relieves the child of the anxiety associated with occupying the place of the phallus for the mother. He can thus, identify with the father and transcend the aggressivity inherent in his imaginary identifications. This is what Lacan calls the “normative function of the Oedipus complex,” as it introduces a law establishing difference between the child and his parents as well as the norms of generational and sexual difference. If the child does not accept the “Law,” or if the mother does not recognize the position and speech of the father, the subject will remain identified with the phallus and continue to be subjected to his mother’s desire. If on the other hand, the child does accept this law, he identifies with the father, who, in the child’s mind, possesses the phallus. In this way, the father reinstates the phallus as the object of the mother’s desire but the child is no longer identified with it. According to Lacan, this process, allows the child to give and receive in a full sexual relationship and to also have a
Name, which for Lacan constitutes a place in a family constellation that promotes the realization of the self through participation in the world of culture, language and society.

Thus for Lacan castration is understood in both a negative (limiting) and positive sense; the negative aspect enforces the prohibition of incest and the positive aspect assures the child’s inscription in the generational order of a family and society. Castration is not the fear of losing the penis, castration is the symbolic operation that cuts the imaginary bond between mother and child, and grants the child (boy or girl) the ability to symbolize this loss in words. This Law is not proper to the father; it is actually inscribed in a language that was already present before any of the participants in the oedipal triangle were born. We must emphasize the obvious fact that for Lacan, the child’s parents also had to experience the situation of loss with their own mothers.

When Lacan discusses the “father,” he does not generally refer to the real father, but rather to the one who implements the paternal function, a function that could be carried out by an uncle, a friend or another female, or even an institution.

Freud’s case of “Little Hans” (Freud, 1909) provides an important illustration of the oedipal vicissitudes as they are interpreted by Lacan, and the consequent development of a phobia incident to these vicissitudes. In this case, we have a very permissive mother who is very attached to her son and a father who, in spite of being quite sympathetic, is unable to separate Hans from his mother’s excessive loving demands. For example, Hans would bathe with his mother, and his mother would at times take him to her bed. The father who wanted to be a “friend to his child” placed no restrictions on him. (see Ferrari, 1999). When Hans starts, around the age of five, to experience sexual feelings accompanied by masturbatory activity, he becomes very anxious. At the same time, his sister Hanna is born and his mother becomes less available to him; in fact, she is busy with the baby and can no longer devote the same time and attention to him that she had previously. Subsequently Hans develops a phobia to horses. What is it that Hans is anxious about? He is anxious about his sexual pleasure, which is linked to his mother coupled by the abrupt appearance of his sister as a threat to the loss of love that he represents for his mother. On a Lacanian view, the presence of the baby represents the evidence that he is not everything for his mother, (and here we see the birth of sibling rivalry). Thus, the phobia of being bitten by a horse becomes his protection against castration anxiety. As long as the horse is feared, he does not experience anxiety. Like other phobics he has demarcated a specific
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(presumably manageable) territory for his anxiety. He only has to avoid that territory, i.e. avoid the phobic object, in order to avoid experiencing anxiety. We can infer that Hans’ father, although with the best intentions, did not intervene in separating Hans from his mother, which is clear from his own decision to consult with Freud about his son’s symptoms. This necessary separation would have enabled Hans to identify with his own father, without the need to project his anxiety regarding sexuality and loss onto a phobic object.

The Prohibition of Incest

Lacan studied carefully the myths described by Freud in Totem and Taboo and took a great interest in the regulation of culture and the transformation of the law of nature to the law of culture. Lacan took note of the structural anthropologist Levi-Strauss (1949), who pursued this theme in field studies that he carried out in Australia and South America on the rules governing various social practices, primarily those concerning the exchange of women, words and goods, the institution of marriage and the establishment of familial relationships. In his book The Elementary Structures of Kinship Levi-Strauss described how in society there are laws that govern these relationships, and that these laws are organized in ways that are analogous to the structure of language. He defined a structure of kinship as a system in which all the members who are related in a family fall into two categories: the possible marriages and the forbidden ones. Through his analysis of the changes allowed or prohibited in a social system, Levi-Strauss believed that he was able to establish that the prohibition of incest constitutes the foundation of the symbolic system, separates animals from humans, and marks the division between nature and culture.

A man or a woman is separated from his/her biological family in order to be united with a member of another clan assures the perpetuation of the species (Feher Gurevich, 1999). What is so original about Levi-Strauss’ work is not the discovery of the law, but the fact that the individuals who operate within it are unaware of the conditions for mating, which operate at the an unconscious level; that is, these individuals know the rules of marriage without being conscious of the principle of prohibition imposed on the blood marriages.
On the basis of Levi Strauss’ findings, Lacan re-formulated the theory of the prohibition of incest within a psychoanalytic framework. Contrary to Freud’s statements that this prohibition is transmitted phylogenetically, Lacan states that this prohibition is cultural. According to Lacan, the child’s fantasies actually defy the law of the prohibition of incest (if not literally then imaginatively) that is imposed on the subject by the culture. This is not a natural event; rather it is a cultural-symbolic one that raises the child out of the realm of biology into the matrix of language, culture and law. Further, Lacan implies that prohibition is a necessary condition for the existence of desire. In our culture, we have certain sexual prohibitions, but in other cultures such prohibitions might differ. It is not the specific prohibition, but the very fact of a prohibition that is universal, and makes human sexuality unique. While it can be debated whether the objects of incest prohibition are completely trans-cultural, the imposition of some sexual prohibition is is universal. An imposition of our occidental culture, a condition of our language, is that the symbolic father is the representative to cut the bond with the mother.

If the name of the father operates, the child is empowered to speak about his own lack, and is thereby further empowered to enter into the world of interpersonal relationships. While, according to Lacan, a psychotic individual may be able to speak, his language does not reflect the inscription of the Name of the Father, and he is therefore not fully inscribed in the symbolic order. As a result, the psychotic is not able to express his loss and lack as a full desiring subject. We will later explore how this theme is of significance in understanding differential diagnosis and in particular the inability of the so-called borderline patient to withstand intimate relationships without losing his/her sense of personal integrity.

Why is it that Lacan insists on the significance of the metaphor of “The-Name-of-the-father,” and how is it that we can apply this metaphor in our daily clinical work? The most important function of the paternal metaphor is a symbolic one. It provides the child with an explanation of his or her origins and pre-history, intimates how his parents’ desires were played out, and situates other family members such as grandparents, aunts and uncles, in the child’s life. Finally, according to both Freud and Lacan, the paternal metaphor represents a boundary or limit that permits the child entry into the laws and traditions of his culture, and enables him/her to achieve an adult identity that will permit him/her to establish his/her own family.
The Imaginary, the Symbolic and the Real

One of Lacan’s most innovative contributions is his distinction between the three registers of the “symbolic”, the “imaginary” and the “real,” distinction, which plays an important role in his structural diagnoses, and his conception of the essence of neuroses, psychoses, and perversion. We have already discussed the register of the imaginary in the context of the mirror stage and Lacan’s critique of the ego, and we have discussed the symbolic register (or “order”) in the context of Lacan's understanding of the Oedipus complex and the role of language in the structuring of the unconscious. We will have more to say about these two registers in the context of Lacanian diagnostics. However, it remains for us to describe what is Lacan’s very difficult conception of the third register, the “real.”

Although Lacan’s use of the term “real” shares something with both common sense and its application in the history of philosophy, the real should not be confused with "reality " as it is commonly understood. In the first place for Lacan "reality" is often used in a sense that is completely opposite to that which he refers to by the “real.” For Lacan “reality,” as we normally use the term, is completely enclosed and determined by symbolism and language, whereas the "real” is used to indicate a register that is completely opposed to and unassimilated by language. For Lacan, the "real” is closer to what to philosophers have referred to as “being in itself,” that is, a pre-linguistic being that exists prior to the subject’s constructions of or about it. According to Lacan, the real is completely undifferentiated in itself and is “absolutely without fissure” (Lacan, 1954). It is only the symbolic that introduces a "cut" into the real, and it is only language that permits the real's differentiation into a world of things. The real, as it was formulated by Lacan in the early 1950's, is simply that "which resists symbolization absolutely" (Lacan, 1953) In Ecrits, Lacan says “the real is whatever exists outside of symbolization and language” (Lacan, 1953).

In Seminar 11, Lacan, refers to the real as "the impossible." The reason for this is that the real can neither be imagined nor symbolized, and as such it is “impossible “ to attain it in any way. It is because the real is not assimilable by the subject that it takes on a traumatic character. However, the real as trauma cannot be permanently identified with any specific objects or things, but simply appears in experience as that which is intrusive and traumatic, and beyond the power
of the subject to conceptualize and symbolize. In Seminar Four Lacan describes the real elements that intrude upon Freud’s "Little Hans": the real penis as it is experienced in masturbation, and the birth of Little Hans’ sister. Such elements will later take on imaginary and symbolic significance. However, at the moment of their initial entry into consciousness they represent a traumatic intrusion of the real. Common examples of the real might be a car that seems to come out of nowhere to cause an accident, or a sudden, and unexpected natural disaster, elements that enter the psyche but which at least, initially, escape a linguistic narrative. Lacan also links the “real” to the concept of “matter” and especially to the realm of biology, particularly the human body in its pure physicality (as opposed to its imaginary and symbolic functions).

For Lacan, the “real” is the primal object of anxiety. Since it is completely unmediated and cannot be “understood” by the subject, its intrusion into experience is traumatic and anxiety producing. “The real” need not necessarily intrude upon the subject from the outside, however. Lacan points out that when an experience cannot be assimilated into the symbolic order, the “real” may return in the form of a hallucination. This might occur, for example, as the result of a trauma that returns to consciousness as flashbacks and intrusive dreams, until such point that the individual is able to symbolize and thereby assimilate their experience. For Lacan, the real is both outside and inside the subject (Lacan, 1959). It can be either material or psychical. It is by no means an equivalent of “external reality.” The real represents a limit to both imaginary construction and symbolic knowledge. While at times Lacan seems to suggest that the real can be assimilated to reason, it most often serves in his psychology as a radical unknown.

For Lacan, both the imaginary and symbolic orders are superstructures that are built upon a foundation of the real. He will go on to describe neuroses, psychoses and perversion in terms of the various linkages between these three registers. Further, certain Lacanian theorists (e.g. Muller) have held that a failure to bind the real effectively is characteristic of so-called Borderline psychotic states (Muller, 1982).

Because the real is connected with the limits of human experience it becomes a major concern for psychoanalysis. In fact, Lacan holds that whereas psychology focuses upon (symbolized) reality, the job of the psychoanalyst is to approach the “real.” For Lacan, psychoanalysis is committed to "treating the real by means of the symbolic."
According to Lacan, the subject’s unconscious is fully constituted by his/her insertion in the symbolic order. As we have seen, according to Lacan, the unconscious has the structure of a language. Its elements are organized according to particular laws which Freud denominated condensation and displacement and which Lacan refers to as metaphor and metonymy. The language of the unconscious is always revealed in speech, the arena of spoken language. This speech is what Lacan calls the chain of signifiers. It is not a reflection of the language in which the child lives and also the tongue spoken to the child by its mother (Nasio, 1998). Lacan names this particular language, “la langue.”

As we have seen, aspects of the unconscious are formed even prior to the child’s birth. This is because even before the child is born he is assigned a place in the world of language. While his mother is expecting him, carrying him in her body, the parents symbolize the child in their minds, give him/her a name, and ultimately, the child comes to carry the burden of the parent’s expectations regarding their own desires and even those of their own parents’. As such, the parents’ signifiers are projected onto the child at the time of his birth. By the time the child learns how to speak these signifiers have had their impact upon the child’s unconscious. This is what Lacan refers to when he says “the unconscious is the discourse of the Other”. It is important to point out here that the signifiers in the unconscious are not an already formed chain of words with a given meaning; rather the unconscious is always something that is actualized in speech, or in a dream according to metonymic and metaphoric processes one signifier taking the place of another (metonymy/condensation) or one signifier being replaced by an adjacent one in the associative chain (metaphor/displacement).

The role of the analyst is to listen for these key signifiers and to be in tune with the patient’s discourse. For Lacan, as for Freud, free association is the main tool for accessing the unconscious; the signifier moves constantly as free association proceeds. In Lacanian analysis the affects or emotions of the patient are also treated as signifiers. The complaint that a patient shares regarding her husband’s aloofness may in fact reflect her current marital situation; however, the analyst may be listening to the marriage of the patient’s parents.
Lacanian Psychoanalysis

Jouissance

Lacan elaborates upon the concept of the function of the pleasure principle that Freud had discussed in 1920 (Freud, 1920). According to Freud, it appears that most of our symptoms tend to repeat in a constant search for pain that contradicts the principle of constancy, according to which the psychic apparatus tends to reduce the tension to a minimum or to keep it as constant as possible. Freud, in *Beyond the Pleasure Principle*, recognized that interpreting the meaning of a symptom to a patient does not end his or her suffering. There appears to be an investment that many patients have in maintaining their neurosis.

Freud believed that in order to explain such therapeutic failure he needed to “go beyond the pleasure principle.” Lacan too, takes up this theme by arguing that if people do not learn from their painful past experiences, continue to engage in self-defeating behaviors, and repeat negative relationship it is because they have a great investment in their suffering.

Again, Lacan uses developmental metaphors to describe his understanding of what he refers to as *jouissance*. According to Lacan, an infant has an enormous amount of energy that is completely focused upon its own organism. However, as the child grows, he is obliged to limit or drain that energy from his body in order to conform to the demands of its social environment; such as weaning, education, rules, and the norms of social life. This environment or as Lacan calls it (“the other”) insists upon the systematic inhibition and, ultimately, “emptying out” of the pleasure that the child takes in its body. According to Lacan, a portion of the energy corresponding to this pleasure is “trapped” in what we call “erogenous zones,” and a portion of it comes to constitute “the symptom,” which can be expressed as bodily or psychological suffering. According to Lacan, the symptom represents that portion of primal pleasure or enjoyment that has refused to be articulated and returns, in effect, to make the subject suffer.

For Lacan, there is a paradox inherent in the pleasure principle as the principle actually comes to function as a limit to enjoyment; it is a law that commands the subject to “enjoy as little as possible.” At the same time, the subject constantly attempts to transgress the prohibitions imposed on his enjoyment, to go “beyond the pleasure principle”. The result of this transgression is not more pleasure, but pain, since there is only a certain amount of pleasure that the subject
can endure. Beyond this limit, pleasure becomes pain, and this painful pleasure is what Lacan calls “Jouissance.” According to Lacan, enjoyment is actually experienced most of the time as intolerable suffering. The energy and feeling that represents a transgression of the symbolic structure of language, which is almost a pure expression of unconscious drives, is not hedonistic pleasure, but on the contrary it is an energy that keeps returning to provoke suffering.

How does this process occur? In order to answer this, we must review the idea of Trieb or the drive. Lacan describes the circuit of the drive starting at the erogenous zone, circumventing the object and returning to its source, to re-start the circuit over and over again. Lacan underlines the fact that the drive never appropriates the object, but just goes through it. When the drive is trapped in the linguistic expression, it becomes a discourse, which is the complaint we hear from the patient. While manifested in discourse, the drive is to a certain extent, appeased; however it continues its path to return to the source of pleasure and to re-start the process all over again. The amount of pleasure produced represents a surplus that the subject cannot tolerate. This excess of satisfaction is the subject of Freud’s essay, *Beyond the pleasure principle* (1920).

The position of the subject in relation to his jouissance, i.e. his painful enjoyment, is, as we will see shortly, the avenue Lacan takes to confirm diagnosis.

**Need – Demand – Desire**

Lacan’s theory of “desire” is central to his conception of psychoanalysis. Lacan situates his discussion of desire in the context of two other concepts, need and demand. For Lacan "need" is the biological instinct that drives hunger and other requirements of the organism. According to Lacan, need is something that human beings share with animals. Need is the basic stance of a human infant at the time of birth; he or she is completely at the mercy of a caretaker who is generally the mother but who may be any person or institution responsible for the infant’s care. Lacan holds, however, that the power of the motherer actually fosters an experience of helplessness in the child that goes beyond the one that he/she is born into. This is not only because the caretaker can appease the baby’s sensations by producing pleasure. It is, moreover,
because the motherer is a speaking being, immersed in the world of language, that whatever she hears or senses from the child is mediated through her own interpretation. Soon the growing infant learns that he must understand what the mother wants in order to keep receiving pleasure and avoid pain. Further, the mother appears and disappears from the child’s immediate experience, while at the same time speaking to the child and immersing the infant in language. As the infant becomes attuned to the mother’s communications and desires, he learns how to manage his suffering while she is absent.

The child’s basic needs are soon transformed within a relational context via the register of language. When the child asks his mother for something, the specifics of the request are not as important as the nature of the mother’s response. According to Lacan, the child’s need-driven requests are transformed into a demand for the mother herself. The child will continuously demand something, which appears to be a request to satisfy a need, but in actuality, is a demand for love.

Thus "demand" is initially the child's articulation of its needs vocally and eventually in speech. However, because the "other," (generally the mother) becomes associated with the fulfillment of the child's demands, she attains an importance that goes beyond the mere satisfaction of the child's needs. As such, the child's demands become for the mother per se, and with this his demand becomes a demand for the mother's love. However this demand for love cannot be completely satisfied. Even if the mother fulfills all of the child's needs, there is still an excess of demand for the mother's love.

According to Lacan, while a need can be completely satisfied, a demand is always a demand for an object that cannot be supplied. Children demand continuously, not because they need something, but because they are demanding love. However, according to Lacan, the child pushes its demands to the point where the mother cannot meet them, and in this way learns what the mother cannot give. At this point demand becomes the opposite of need. This is because, according to Lacan, the child is actually demanding his own separation, and in order to accomplish this, he/she places impossible demands on the mother. In this way the child proves to himself that his motherer cannot provide everything, and it is in this way that he will, on Lacan’s view, begin to identify his own desire.
That which constitutes the child’s excess demand and that which can never be completely satisfied is what Lacan calls “desire.” The reason why children are so demanding is that it is only through demanding the impossible that they can begin to understand what it is that they themselves desire.

Thus, for Lacan, desire takes form when demand becomes separated from need. It is the nature of desire that it can never be satisfied. Whereas need can be satisfied, with the result that it ceases to motivate the subject, desire can never be fulfilled and, according to Lacan, desire seeks to perpetuate and reproduce itself in a nearly infinite "chain of signifiers," as the subject continuously displaces his desire onto new objects that he mistakenly believes will fulfill him/her. Thus from the concepts of need and demand Lacan derives the concept of desire, which for him is the “mark of the subject” and the arena in which analysis does its fundamental work.

The difference between demand and desire is important in clarifying certain issues of diagnosis. For example, an anorexic young woman who has decided not to eat satisfies a desire that goes beyond the demand of her mother. This position of the daughter, with a symptom that represents a refusal to eat is the expression of her desire; she wants to eat “nothing.” According to Lacan, desire is always unconscious, and is to be contrasted with a “wish”, which is something that we want consciously. Desire is equivalent to the process of distortion that converts a wish into a particular image. Desire dominates our lives and sets us apart from the animals. Desire, according to Lacan, is another word for “lack,” that which is the missing object of desire. Desire changes objects that are also revealed in dreams and slips of the tongue; that is why in psychoanalysis it is less important to listen to the content of a phrase than to the particular words chosen by the patient.

Lacan holds that man's desire is "always the desire of the other." This famous phrase has a number of meanings, which according to Lacanians are complementary. One does not desire the other as an object to be possessed, but rather as a subject who reciprocates one's own desire in love. Lacan illustrates this view that desire is for the desire of the other in his description of the first time of the Oedipus complex, where the child desires to be the phallus that is the all-fulfilling object, for the mother.

Another meaning connected to “the desire of the other” is that our desire is always for that which is desired by others; it is the other’s desire that makes what we desire desirable. A
third meaning is that desire is always for something other than what we have. In fact, Lacan tells us, one cannot desire what one already has. While the objects of desire constantly escape the subject, desire can be articulated in speech, and for Lacan the purpose of analytic treatment is this very articulation.

To summarize: a need belongs to the biological realm, to sensations of the body and refers to something that can be given (like food, warmth), demand is always for an object that cannot be given (this is what neurotics do all the time, they demand from the other endlessly). Desire is for an object that sometimes can be reached but because of its metonymic essence, once achieved, it is no longer desired and another object takes its place. To take a mundane example, we want to own our dream home and surmount many difficulties to obtain it; however, once we have it, something else becomes our desired object, we even forget how important the house was for us.

For Lacan the subject is always alienated from his desire. According to Lacan, it is not only the illusions of the mirror stage that alienate the individual from his own desire (by making him believe that he is something that he is not), but the entire symbolic order that envelops the subject in its network of language, rules and communal structures. The symbolic order is therefore another source of the subject’s alienation. However language, which on the one side is a source of alienation, also provides the avenue for a partial escape from the network of symbolism that threatens to dominate and obliterate the individual subject.

Lacan holds that desire is continuously being displaced into a symbolic demand. The subject is continuously attempting to articulate his or her desire. However in doing so he moves from one demand to another, from one signifier to another, each of which is meant to fulfill the lack or want-of-being at his core, and each of which he futilely believes will be the answer to his own desire. Human life becomes a chain of demands as the subject moves from signifier to signifier in a vain effort to “fulfill” himself. According to Lacan, the ego is intrinsically related to this metonymy of desire, as the individual’s identity is continuously linked to each of the demands she makes in an effort to fulfill herself. In addition to seeking a material fulfillment for its demands, the ego seeks fulfillment in the other. Learning to recognize and to speak of the essential gap in one’s being, of the futility of one’s succession of demands, is a condition for psychoanalytic cure.
Lacan takes seriously the question of what makes for a psychoanalytic diagnosis in contrast to a medical or even psychological diagnosis. The question was posed by Freud himself, as he realized the contradictions inherent in the problem. We use a diagnostic framework to make decisions regarding treatment; however, diagnosis evolves during the course of treatment and in the process, a very different picture may emerge.

In order to make a medical diagnosis, the examiner has at his disposal technical and biological instruments that allow for the collection of objective data (MRI, blood samples, X-Rays, etc). This type of assessment leads to a classification of diseases that includes a wide range of pathologies. A medical doctor can then, establish with a reasonable degree of certainty the presence of a particular illness.

The psychoanalyst, according to Lacan, has only one instrument: his/her listening skills. Although the patient can relate a history of suffering in a convincing manner, his speech is saturated with the fantasies and deceits that underlie all human communication. Even when the subject wants to be honest, Lacan asserts that he “is always blind to his suffering”. What he or she says cannot be taken at face value for diagnostic purposes. The direct observation of a patient’s symptoms is unavailable as well.

Lacan agrees that diagnosis and treatment are interconnected. Thus, in order to be consistent with a psychoanalytic approach Lacan suggests that diagnostic inferences and treatment interventions are to be suspended for a period of time during the initial interviews with a potential patient, and no contract between patient and therapist should be formed until after a series of initial sessions.

Lacan approaches the problem of diagnosis through an extensive series of preliminary interviews, where the analyst allows him or herself to wonder about the patient, to allow a transference to be established and, most importantly, to listen to the unconscious at work. Lacan’s preliminary interviews are considered a trial period in which the work of the patient is to produce speech, i.e. to speak of whatever he wishes to speak about. The beginnings of a diagnostic picture will be drawn primarily through the analysts’ careful listening to the patient’s choice of words rather than through the content of the patient’s discourse. From the utterance of
the patient’s words a particular structure will appear. One question that underlines and directs the importance of the analyst’s attention is, “What is the position of the subject, in his discourse?” or “What position does he occupy in relationship with his desire of others’?

Let’s examine an illustrative example. A patient, (a fashion designer) at the beginning of her analysis makes the following statement: “I believe that it is possible to be a man and a woman at the same time.” We listen to that statement from the Lacanian diagnostic premise: Why did she utter these particular words in the form of a statement that expresses her presenting problem to the therapist? What is the position of the subject in her discourse? On first observation, she enunciates a clear ambivalence at the level of gender, and following her words, something that reminds us that choosing to be something also implies losing what is not chosen. We can start thinking that the patient has an issue in the realm of the imaginary, in her struggle to be one or the other. We suspend judgment here to find out more from her own account. In a later session, she discusses her job and she says that her work is to produce an image of a woman and she keeps thinking of the image of a pregnant woman that imposes itself on her drawings more than any other image, in spite of her believing that it is not a marketable idea. How is it that she came up with this choice of words and images? Does her mother populate her thoughts by being together with her? Is her image of a male/female fusion the way she resolves the issue of sexual difference? It appears that the direction of her treatment will be directed to a problem that is connected with her image, perhaps the way her mother saw her. It is interesting how in clinical work we can almost see the way the words trace a circle around the major, unconsciously determined, structural issues. There are a multitude of words that she might have chosen to express her concerns; however, we create hypotheses on the basis of the language she chooses to express her suffering.

**Structure and Diagnosis**

Psychic causality is very difficult to determine since its laws, if any, are not, according to Lacan, manifest in fixed, and predictable ways. Even when we are aware of the subject’s dynamics and we understand his intrapsychic and interpersonal vicissitudes we cannot make an
immediate logical correlation between his psychic structure and the nature of his psychological symptoms. Our clinical practice shows us that psychopaths have sadistic behaviors without possessing the structure of perversion, and even an obsessive-compulsive personality can have a strong histrionic component in his presentation, yet remain essentially obsessive in his structure. Therefore, we are not justified in making a diagnosis based on symptom manifestations.

Lacan modifies Freud’s famous phrase about dreams by calling “speech the royal road to the unconscious”. This formulation allows us to understand Lacan’s statement that his theory is essentially “a return to Freud”. The psychoanalytic experience “finds in the unconscious the whole structure of language” (Lacan, 1954). Lacan, like Freud, holds that symptoms, are always overdetermined, that is linked to the primary process, via displacement and condensation. Lacan states, “A symptom is a metaphor, a signifying substitution and a metaphor is a signifier that stands for another signifier which represents the subject” (Lacan, 1954). The chain of associations continually substitutes one signifier for another in the very manner Freud had described in his *Interpretation of Dreams* (Freud, 1900). The choice of words is left entirely to the fantasies of the subject. And no matter how clear a subject is in his communication, the fact that he utilizes language and must choose one form of expression rather than another, assures that he will be misunderstood. As Lacan constantly reminds us, we, as subjects, are alienated by language.

So, if the symptom has no fixed meaning, what is the analyst relying upon? *He/she is relying upon listening and observing the way the subject handles his desire, which will reveal a particular psychic structure.* This operation occurs in the presence of the analyst, as desire is put in motion in the transference.

Lacan’s understanding of the transference is one of his unique contributions to psychoanalysis. The analyst is invested by the analysand with what Lacan designates as the “place of the supposed knowledge,” in which the analyst is presumed to know the causes of the patient’s pain. This supposition, which exists only in the mind of the analysand, is, according to Lacan, the motor of the transference in analysis. This is an interesting observation in light of Lacan’s insistence that the analyst has no special knowledge to give to her patients. According to Lacan, this paradox exists in all human relationships, parents and children, lovers, teachers and students, etc. One supposes that the other has something to give. Lacan’s view here is
particularly opposed to the common idea of a psychoanalyst as someone who objectively has a particular expertise on psychic problems and moreover, as a model who the patient can emulate.

It should be clarified that Lacan does not believe in the concept of mental health or normality, but like Freud, holds that all individuals exist in varying degrees of disease. For Lacan, “disease is not something that happens to living things but is the very condition for life”. There are no “normals” to be contrasted with, but a variety of “pathologies.” On Lacan’s view everyone is neurotic, psychotic or perverse. These three categories are essentially those that were formulated by Freud. According to Lacan, the subject’s desire is involved and expressed in different ways in each of these structures. Throughout the interviewing process, through careful listening of what is said, the manner in which it is said and, moreover, “what is not said,” the analyst follows the subject’s own desire, in order to induce the patient’s cause of his desire, his efforts to have his desire fulfilled, and the factors that stand in the way of that fulfillment.

Lacan conceptualizes the three main categories of diagnosis through the particular mechanism of negation that determines what he calls “the position of the subject,” rather than through a classification via symptoms. The mechanism of negation functions differently in neurosis, psychosis or perversion. Lacan leans in part on Freud’s description of repression in the neurotic versus disavowal in the pervert. Lacan describes a third mechanism of negation in the psychotic, which he terms “foreclosure,” and which, for Lacan, represents the impossibility of accepting or rejecting that which is negated. This method of arriving at a diagnosis, i.e., by the way someone negates something, is the single defining characteristic of Lacanian diagnostics. (Fink, 1997).

Lacanians do not look favorably upon the multiplication of categories and subcategories that continues to grow in the American psychiatric literature on diagnosis. This system utilizes literally dozens of pathological categories such as “dysthymia”, “polysubstance dependence”, “panic disorder”, etc, each of which can be combined with other features such as personality traits, psychotic traits, etc, in specifying a diagnosis. This is essentially the system adopted in the various editions of the DSM. The method that psychiatrists use in order to make a diagnosis is to break down each part of a patient’s presentation into its constitutive parts and then bring them back together to form a syndrome. Lacan is critical of this tendency of the medical model that arrives at overly specified diagnoses by considering human beings as mechanisms which can
then be treated with mechanically designed and “approved” remedies. Lacan’s conceptualization of psychopathological structures is far broader. Although the number and presentation of symptoms can vary throughout the life of a person, their essential structure does not change. For example, a man may be diagnosed as a substance abuser, and this diagnosis is evident in the fact that he uses certain drugs with a particular frequency, etc.. However, if we conceptualize his psychic structure as that of an obsessive, then we understand that the role played by the drug use in his adult years may be the same as his defiance in early school years, and his controlling approach in his relationship with his employees and wife.

**Psychosis**

For Lacan, the psychic structure that refers to *psychosis* is produced by *foreclosure* of the Name-of-the-father (Lacan, 1955). As has been elaborated in previous sections, this refers to the absence of the symbolic function of the father. Foreclosure involves the rejection of the particular element that, on Lacan’s view, anchors the entire system of the symbolic order for the individual. The paternal function does not refer to the real person of the father but rather to that which is symbolized by the father’s name, which can be effected in the presence or absence of the real father, which can be carried out by another person who is not the father of the child, and which can even function beyond the death of the father or his disappearance. Indeed, the paternal function can even operate with only a “name”, as an authority and as the carrier of the law of prohibition. For example, a child who never met his father but carries his name will have a “mark” of the father. Later interpretations made by his mother and family about his father can re-signify the “name of the father”; however, the child knows he carries that name and the name situates his place in the family and society as a whole. As we have seen, the paternal function involves separating the child from the mother when the child’s independence is threatened by the mother’s desire or by the perception of the child that he is “everything for the mother”.

Although cultural norms differ and change over time, and with them the role of the father, Lacanians hold that it is universally the case that a restriction, the fundamental function of
“no” must come from a third element that is inscribed beyond the relationship between mother and child.

When Lacan discusses the paternal function in relation to psychosis he holds that it is an all-or-nothing occurrence, in the sense that the paternal metaphor either enters into the child’s language as a symbolic function or does not. There is, on this view, no room for “borderline” structure, a claim that we will examine carefully in later chapters. Psychoanalytic treatment can help to make psychotic symptoms recede but, for Lacan, there is no cure for psychosis. Lacanians assert that an individual either has a psychotic structure or does not, and even those who have their first psychotic break later in adulthood have always been psychotic, and further, there are those with a psychotic structure who often remain undiagnosed by virtue of never having had an overt break.

It is helpful to make a clear distinction between the real father, the imaginary father and the symbolic father in the theory of Lacan. The real father is the father here and now, the one who is the actual, biological father. However, this real father is never the one who operates directly in the course of the Oedipus Complex; this is the role of the imaginary father. The child does not grasp the idea of a real father until much later; what he receives is the imaginary father, a paternal imago which reflects the child’s experience of the father according to his imagination, coupled with the idea of father given by the mother, via the way the mother speaks of him. (Dor, 1987). According to Lacan, the symbolic father is a signifying effect within the oedipal dialectic that produces a new structure: a child inscribed in castration and therefore, in the world of language, of signification. Lacan uses a particular linguistic image to indicate the function of the paternal metaphor, in which the symbolic father overrides, for the child, the desire of the mother:

Name of the father
Mother as desire

So far we have seen that the real father has no (direct) implications in this process; in some ways it is irrelevant if he is present or not, if he is deficient or not. Issues pertaining to the real father do not affect the entrance of the child into the symbolic order. This is because it is only the father who is imagined and signified that enters into the child’s psychic structure. Thus,
it is the relationship of the child with the imaginary or symbolic father that will have important consequences. What is structuring for the child is that his father is the origin of the child’s words, and that the child is able to fantasize a father. Lacan’s observations with respect to the paternal metaphor is that as much as this function regulates certain aspects of life from sexuality to responsibilities and obligations, the law of the father is also fairly distributive. This means that while the father signals what is his, he also signals what belongs to his child. While the father may deny something, he gives something else in return.

Lacan’s insistence on the primacy of the imagined over the real father in the structure of psychosis would seem to close off hypotheses regarding the absence or failure of actual fathers in the etiology of psychosis, and, by extension, borderline states. However, without questioning Lacan’s view that it is the child’s signification and experience of the father imago that is relevant to his theory, we can say that his view implies that the absence and/or behavior of actual fathers will impact upon the development of psychotic (and other psychopathological) structures. One reason for this is that the actual father provides an occasion or opportunity for fantasy and signification. It would not, in my view, be a stretch to argue that Lacan’s theories suggest certain empirical hypotheses: one of which is that, all other things being equal, absent, malevolent or inadequate fathering may contribute to psychotic structure.

Returning to our discussion, the question arises; what are the tools that Lacanians rely upon to confirm a diagnosis of psychosis?

Although the best indicator of psychosis in American psychiatric circles is always the presence of hallucinations, Lacanian analysts suggest that the presence of hallucinations is not definite proof of the presence of psychosis. In fact, hallucinations are a form of primary process thinking, used very early on by the infant and which play an important role in ordinary daydreams, fantasies and dreams. Further, it is important to differentiate between true hallucinations and voices and visions that non-psychotic people have. Such individuals, although reporting a vision or having heard someone who was not present, may be surprised and wonder about these phenomena. Fink (1988) reports on a patient who believed he saw his ex-wife at the end of a corridor in his home. He was surprised but at the same time questioned this vision, thinking that he had to have noticed her entrance or the possibility that he let her into the house. He did believe he had a vision but did not believe in its content. This example recalls Frosch’s
patient (discussed on chapter I) who felt the floor tremble and asked her neighbor about it, but who later postulated that this trembling was a projection of her own orgasm. In both Fink’s and Frosch’s cases, the patient hallucinates but is able to recognize the phenomenon as part of his or her psychic reality. In spite of the hallucinatory symptom, the capacity for reality testing is intact, and the diagnosis of psychotic structure is not substantiated.

Further, many hysterics have the most elaborate fantasies that are so hypercathected that they appear to be real; they see and hear things that are not present to others and experience them as if they were palpable. (Indeed, the diagnosis “hysterical psychosis” was at one time quite widespread—such patients may be classified today as dissociative disorders). However, according to Lacan, in the end, the hysteric will be doubtful about the veracity of his experience, which again speaks to her intact reality testing and the ruling out a psychotic diagnosis.

Therefore, the symptom of hallucinations and the whole question of “reality” is not a foolproof guiding principle for diagnosis since it is difficult to distinguish socially-constructed reality versus psychic reality. For Lacan, the characteristic most salient in psychotic thinking is that of certainty. The psychotic patient is certain that reality in the form of a thought, vision, noise, etc, has a meaning and that the meaning involves her or him. The psychotic thought is without error or misinterpretation. Statements such as; “My wife is trying to poison me”, or The CIA is reading my thoughts” are found in psychosis, and are made without hesitation or doubt. The certainty of their statements is irreversible for the psychotic. On the other hand, hysterics and obsessives always doubt. Doubt is a characteristic of a neurotic process.

In sum, when hallucinations are reported, the clinician has to explore this phenomenon conscientiously, if there is no conclusive evidence one way or another, other criteria should be employed.

These other criteria are focused around language disturbances. Lacan goes so far as to say, “Before making a diagnosis of psychosis, we must make sure that language disturbances exist” (Lacan, 1955). He states that the psychotic’s relation to language is quite different from that of a neurotic’s. In order to fully comprehend this assertion it is important to again think in terms of the registers mentioned earlier, the imaginary, symbolic and real. As described above, the imaginary register is the first structure that organizes the chaos within which the child lives (i.e. his fragmentation, uncoordinated perceptions and sensations). As we have also seen, this
register provides an image of the self that is invested libidinally by the child... Later his parents and other caretakers will provide a better definition of this sense of self, yet one that is still not developed to the point where the child becomes capable of uttering the word “I”. The symbolic order, on the other hand, actually pre-exists the child, as he is immersed in it by being subjugated to his parent’s language. The language of the parents, their approval of and recognition of the child, through their gestures, voice and words, ratifies his mirror identification. The earlier formation of the mirror stage, which represents a somewhat primitive organization, is finalized through a symbolic act that comes from outside the child. (Lacan, 1955). This supremacy of the symbolic over the imaginary is instrumental to the formation of subjectivity. Where aggressivity and rivalry were the main affects in the imaginary order, in the symbolic order the child is organized around different criteria: guilt, law, performance, achievement, etc. The symbolic order is linked to the castration complex, which, according to Lacan, initiates this new order for the child. On Lacan’s view, this initiation occurs in neurosis and perversion but not in psychosis. In psychosis there is no symbolic process overriding the imaginary order, therefore, the psychotic person lives in an imaginary world where even language is “imaginarized.” For the psychotic, language is not assimilated but rather imitated. The idea of “foreclosure of the name of the father” is rooted in the notion that the psychotic has no chance to reject or accept a symbolic function, for there is no precedent for him to even consider. Freud discussed this process in relation to the concept of ego ideal; as the child internalizes his parents’ values and expectations, he himself sees his actions in accordance to what his parents have seen. Without an ego ideal to rely upon, the individual’s self-image is fluid, transient and ephemeral.

Therefore, with the establishment of the symbolic order several interrelated factors are put into motion: the function of the paternal metaphor, the overriding of the imaginary world, the separation of the child from the mother, the creation of desire (for that which is prohibited will be desired), and the immersion of the child in the world of language. According to Lacan, the paternal function “ties a knot” amongst the three registers of the real, imaginary and the symbolic, i.e. between the father’s law and a specific meaning to particular words (socially constructed reality). If this does not occur, if this initial knot is not tied, the individual will have no anchor point in a public language; indeed he will create his own language, leading to the language disturbance that is evident in psychosis. Psychotic patients will have difficulty
producing a whole sentence, as they will be unable to punctuate, anchor and convert the chain of
signifiers. The anticipatory and retroactive movements involved in producing meaning (that is,
the possibility of the metaphoric substitution) are absent in the psychotic person. Words become
things (Fink, 1999).

Neologisms are the most salient evidence of psychosis. The formation of neologisms in
psychosis replaces the metaphoric function, by creating new words with an idiosyncratic
meaning known only to the psychotic himself. Thus these terms do not refer to others in
language; we cannot infer any meaning by association or contiguity. They are untranslatable.

Among other criteria of psychosis, Lacan discusses the predominance of imaginary
relations. While the neurotic generally has conflicts derived from his struggle with the symbolic
order, such as conflicts with parents or other authoritative figures, social expectations or issues of
self-esteem, the psychotic typically presents with conflicts related to someone approximately
their own age usually in the figure of a peer or a lover. The issue for the psychotic is not manifest
in terms of obtaining parental approval; rather, according to Lacan, psychotics have the
experience that someone is usurping their place. The phenomenon of paranoia is typically
encountered in psychosis as a type of imaginary relationship. Lacan holds that because there is
no true access to language the psychotic is directly related to the imaginary world. However,
while this relation to the imaginary is an important feature of psychosis, a positive diagnosis is,
according to Lacan, only possible when language disturbance is present.

One interesting aspect of Lacan’s theory of psychosis relates to the notion of the drives.
Whereas the neurotic organizes his libido, refocusing it from his body as a whole to his
erogenous zones, the psychotic feels invaded by libido, his body is taken over by it. This,
according to Lacan, touches upon the register of the real. We have seen that, according to Lacan,
as we enter language and the process of socialization is initiated, our body slowly gets “emptied
out” of its libidinal contents. The body is literally, as Lacan puts it, overwritten with signifiers,
biology is for the most part lost, only maintained in the erogenous zones. In the psychotic person,
however, we can usually hear in our clinical work “the extreme sensations of the body”, “the
ecstasy of the body” or “the unbearable pain in the body” for which no medical problem is found
(Kaplan H., Sadock B, 1994). This lack of hierarchy in the drives’ organization is a result of the
failure of the symbolic order, and is, according to Lacan, also associated with a lack of morality
or conscience. This means that the psychotic is prone to, in the face of any slight provocation; express his or her lust or aggression overtly. Because there is no repression, guilt is not present in these patients and when they are hospitalized for a criminal act towards others they do not feel genuine guilt for their actions.

Another symptom that is present in psychotic men is a slow process towards feminization. Schreber (Freud, 1911), the paranoiac who Freud discussed in his initial study of the psychotic process, initially related how the rays of God were penetrating him. This thought evolved into the belief that he was the wife of God. In clinical practice some psychotic patients claim to feel like a woman and they sometimes request sex change surgery. For Lacan, the attitude of the father towards his son is to delimit a space for the child, in a distributive way, by giving himself certain rights and bequeathing others to the child. This important aspect of the paternal function does not occur in psychosis. A father may act in an authoritarian, antagonistic or aggressive manner towards his child. He could also be an all-demanding father whose son’s behavior is never good enough and who is unable to set limits for himself or his children. At this point the child may take the feminine position before this dominating imaginary figure, especially when no triangularization is possible. If and when the patient later becomes psychotic, he may feel that this feminine position is imposed on him. Therefore the presence of feminization appears to be the result of identification with an imaginary father but not a symbolic one. Although this feminization may take place in a neurotic person as well, it is usually intermittent and of short duration, whereas the psychotic person feels invaded by a feminine identity that he cannot escape.

A final note on the issue of diagnosis in psychosis is provided by Lacan in his discussion of the absence of self-questioning in psychotics. While neurotics ask themselves about their desires and those of others’ and they change in the course of therapy, psychotics are characterized by inertia of movement, in their thoughts and interests in general. The psychotics’ phrases are always the same, presented in a cycle of repetition without end. Lacan adds, “where repression is missing, desire is missing as well” (Lacan, 1953). The failure of desire is seen in the failure of movement in the psychotic’s language.
For Lacan the defining mechanism in neurosis is repression. Further, according to Lacan, primary repression effects an individuation of the unconscious in the individual subject. As mentioned above, the “fort-da,” or the naming of the child’s demands in words, are interpreted by Lacan to perform the function of filling an absence with words. At that time the unconscious is constituted in a singular way for each particular individual. The child inserts himself in language, in the Other, where all signifiers exist, and positions himself in the discourse. However, in this immense world of signifiers, some things escape the child, things that remain outside of signification, as he/she cannot control all language. Therefore, the position that the subject occupies allows him a place but also represents a loss, one that is tied to the lost promise of being the phallus of the mother, the object that will be lost forever. According to Lacan, this object never existed, but throughout life we keep looking for it. This loss is what he denominates “primary repression”. From this moment on, other things will be repressed by association, provoking an excess of pleasure, a most painful pleasure, that is “beyond the pleasure principle”, a pleasure that is at once sexual and traumatic and about which the patient consistently complains.

In contrast to the psychotic’s foreclosure where a thought or a perception is never even granted entry, in repression (which characterizes neurosis) reality is initially affirmed in some way and is later pushed out of the realm of consciousness. According to Lacan’s reading of Freud’s (1915) “On Repression”, the unconscious is formed by thoughts that can only be expressed in words or signifiers. Repression impacts upon the connection between thoughts and affects, and this disconnect is the source of neurotic symptoms; for example, the neurotic may experience emotions that he cannot link to any knowledge; even his own rationalizations fail to explain his emotions. However, the different neuroses have specific modes of repression. For example, hysterics have an overabundance of feelings without thoughts, whereas obsessives have a profusion of thoughts that evoke no feelings. Repressed thoughts and affects reveal themselves in what Freud denominated “the return of the repressed” (Freud, 1915), which, for example, in the conversion symptoms of hysteria, may be expressed as bodily symptoms.
For Lacan, all neurosis is rooted in the symbolic order. The more interesting question from a Lacanian point of view is the differentiation of one neurosis from another. According to Lacan, since all neurotic symptoms, even those that appear to be somatic, are governed by the laws of language, the key to distinguishing neuroses is to understand how the neurotic is linguistically or significantly situated in connection to what he calls “the locus of the other.” This “locus” refers to the fundamental fantasy of how the subject positions himself in relation to the other in the imaginary realm. Lacan writes a formula to depict this relationship: ($\diamondsuit a$) where the barred S denotes the division of the subject’s unconscious and conscious experience, the “a” stands for “the cause of desire” (in the “other,” in French autre) and the diamond is the relationship between them. Lacan utilizes this formula to clarify how the subject imagines him or herself in relation to the Other. Hysteria and obsession can be defined as radically different ways in relation to the Other. (Fink, 1997).

In analysis, the analysand is always recreating his or her fundamental fantasy in relation to the analyst, by pleasing the analyst, making her anxious or neglecting her, etc. and in this transference the patient always recreates his position in his fundamental fantasy. According to Lacan the individual’s reaction to separation from the primary object constitutes his/her fundamental fantasy and as such constitutes the basis of Lacanian structural diagnosis.

Lacan describes three sub-categories of neurosis and thus three fundamental fantasies: hysteria, obsession and phobia.

Why is it that there aren’t more than three categories?

The positions of the hysteric, obsessive and phobic, that we are about to describe are, according to Lacan, simply the three positions that clinical experience has shown analysands take up in the transference. Psychoanalysis is concerned with the position of the analyst in the transference as a means to orient the interventions with different patients. Further, Lacan studied and worked with these three fundamental neuroses in a manner that neither Freud nor other analysts had ever done previously. Lacanians have long affirmed that these three categories are extremely useful in clinical work and that there is no need for further classifications.
Lacanian Psychoanalysis

The Hysterical Structure

In Lacanian practice, in order to diagnose a structure we need to assess the subject’s economy of desire, his position in the discourse (in relationship to the others and the analyst) and the problematic of the phallus for each particular individual. As we have explored in our discussion of Lacan’s theory of the Oedipus Complex, as long as the mother can realize the presence of the father and let him “lay down the law,” the symbolic father will be established as the vehicle through which the child is brought to the third and final phase of Oedipus, what is termed the “register of castration.” The child will then realize that not only is he not the phallus of the mother, but that he does not possess it, and cannot, therefore, be an all fulfilling object for her. The possibility of castration is based on the idea that someone “has it” and someone “does not have it”. *This quest for the possession of the phallus*, this idea of having it, is the quest of the hysteric. The hysteric’s assumption is that he/she has been unfairly deprived of the phallus and must re-appropriate it. Although sexual difference is an important determinant of the way hysterics behave, (e.g. being a woman who pretends to be a man, or a male hysteric who is unsure of his virility), both male and female hysterics have the same fantasy: *the conquest of the phallus*.

Thus, the “other,” the one who is supposed to “have it” carries the enigma of what the hysteric’s desire entails. This other serves a very important identificatory function and is the key to all meaning that emerges in analysis. When Dora pursues Mrs. K, in the famous case of hysteria analyzed by Freud, (1905) what she wants is the answer to the question: what does a man want from a woman? This question presupposes that Mrs. K knows the answer, that she has the key to the enigma of what constitutes a woman, and it is on this tacit assumption that Dora pursues her endlessly. The hysteric makes herself into the object of the other’s desire so she can master it. It is important to note that the hysteric can also take the position of the male partner and desire as if she were him. Many hysterics find themselves in love triangles in which they identify with the man’s desire and thus, desire the “other woman.” The quest is always to complete the object of their desire. That is why the hysteric’s main question has something to do with sexual difference. Am I a man or am I a woman? This question has a direct connection with the dual identification of their desire. In the case of a satisfied couple, the hysteric always finds a
way to provoke a desire for something else that her partner does not have. It is a typical scenario to hear a hysteric speak about the highlights of her partner’s life: his achievements, his looks etc. This characteristic is a subtle way of shining through the other, by displacement. Hysterics are capable of self-sacrifice and self-abnegation in order to fulfill what they imagine as the other’s desires. Therefore, we can encounter hysteria at the level of “being the phallus” for the other’s desire, or having the phallus by identifying with the male partner.

This position appears to be a reflection of an earlier residue in hysterics’ relationship with their mothers. Hysterics always feel that they have not received enough from their mother and this comes through via their identification with the phallus; instead of being an ideal object worthy of total love, they see themselves as devalued and unworthy objects. Their sense of identity is always deficient and unfulfilled. The search to become the perfect object is always present, and as a result of this stance, the hysterics’ desire is always unsatisfied. The ideal object is an impossible object, but the hysteric never ends the cycle of aspiring to be one. Therefore all of their efforts tend to be drawn towards a phallic narcissistic identification as a way of avoiding the issue of castration (or the lack thereof). When they “put on a show”, they put themselves in the other’s gaze as the embodiment of the ideal object (Dor, 1997).

This is the most important aspect of hysteria. They are to be “the cause of the other’s desire” (Seminar IV) by identifying with this perfect object (the phallus). This position assures that the hysteric will forever be linked with the mother. Throughout his/her life (and within the psychoanalytic transference) the hysteric will maintain a posture of being the pleasing object for an Other imbued with knowledge and power. The phallus could be represented in the arena of the image, or through their speech or in their bodies. The way they do this, the “hysteric method”, is to keep the other in suspense, to delay their satisfaction, to produce an enigma. The hysteric always manages to keep the other unsatisfied so as to ensure a permanent role as an object of the other’s desire.

How does the hysterical woman approach this encounter? Curiously, with ideas based on stereotypes supported by the culture. This search for the ideal is viewed through the eyes of the models of beauty and femininity that are purported in the media. In the hysterical woman, beauty equals femininity and in that sense, she does not spare any efforts, as perfection as it is culturally defined (i.e. defined by the other) is her goal. The hysteric is very critical of herself
and attempts to erase all of her imperfections. As the ideal cannot be attained, we usually hear self-descriptions such as “I have too little of this, I don’t have enough of that”, “My face should look like that”, etc. As a result, her behavior and speech will reflect a permanent state of indecision and doubt and at a later date she will voice regrets.

Hysterics are plagued by indecision and doubt. The difficulty the hysterics has in making up her mind is very acute in relation to a choice of lover. She will pick a lover but continue to be absent in the intimacy of the relationship, as she needs to remain unsatisfied at any cost. Her indecision is a reflection of her imperfection, and she will do many things to cover it up, masking her doubts with the most sophisticated “moves”: speeches, role playing, clothing, and intellectual remarks. This is why hysterics appear to be “phonies,” they have an emotionally labile and inauthentic aspect. In many cases, she tries to cover up her “lack of knowledge” as in her mind, knowledge has to be absolute. Either you know everything or you are totally ignorant. The hysterics woman will try to gain access to people’s knowledge in various ways, for example, by becoming an unconditional supporter of “the wise one.” In this way she imagines that she overcomes her deficits.

The search for perfection is related to another characteristic of hysteria: the identification with a woman from which she will learn what femininity is all about. In this case, we have the emergence of a hysterical homosexuality that is not related to a choice of love object but to an identificatory process. As a result of this identification, the hysterics wants to think like her, be like her, love like her, to have her men, etc. as if the other woman has somehow achieved a perfected state of femininity. Many times the hysterics will “steal” the other woman’s man. The choice of lover plays the most important role in the hysterics’s life. Perfection is that to which she aspires, therefore, there is always a man better equipped, more charming, more intelligent than the one she has.. What is important to address is that the man she pursues is always unattainable; if she could get him, she would not be interested in him any longer.

In the area of sexual encounters the hysterics has a discourse of claim or demand usually surrounding phallic potency. This challenge to men usually starts a cycle of continuous misunderstandings; the man trying to desperately prove his virility and the hysterics constantly disappointed. The quest of the hysterics is to continuously claim dissatisfaction which, according to Lacan, actually incidentally “constitutes her only pleasure.”
It is important to underline a common error that clinicians make when they presuppose that the hysterical is looking for a man who can be a substitute father figure. According to Lacan, this is not really the case. Hysterics are looking for a man that is complete, what could be represented as an *ideal* father. Usually we find hysterics dating men of importance, full of knowledge, powerful men. These types of men will make up for the deficiencies of her imaginary father. Along these lines, it is common to hear the fantasy of prostitution in hysterics who are in treatment. In the figure of a prostitute, we have a woman who can offer herself for money to all men, insofar as she can give herself to only one, the pimp. This man does not really possess any special talent but the assurance of lacking something. He needs her and her money to be complete. The more she pays, the more she completes him.

The sacrificial position of the hysterical is a very important topic. It relates to the operation that Freud (1912) referred to as “*versagung*” and later adopted by Lacan. *Versagung* is the renouncing of that which is the essence of one’s self, one’s desire. In the name of that renouncing we constantly hear in the clinical work how people renounce their own pleasure in favor of that of their children, their husbands, their country, etc. This position allows the hysterical to keep her desire unsatisfied (many of the protagonists in opera portray this aspect of hysteria quite well). The *versagung* was taken by the post Freudians as frustration, however, Lacan sees it as refusal. The word *versagung* implies a relationship in which there a refusal of the demand of another (the root *sagen* implies “saying”) (Laplanche, Pontalis, 1987). The term frustration implies that the subject is frustrated passively, from the exterior, whereas the term *versagung* suggests an act of relinquishment. A good example of this occurs in the case of those people who become ill when they are successful, where there appears to be a mechanism by which the person refuses the satisfaction of his desire.

As we will see, the idea of sacrifice is noteworthy in the obsessive individual as well. In the name of his sacrifice he will give up everything to keep his desire impossible and unattainable. In analysis, we must ask ourselves, what is the subject renouncing when he presents to the analyst an endless list of possible motives for his sacrifices? What benefits does this sacrifice have? Lacan answers “pure jouissance.” It is in the role of the martyr that the hysterical and the obsessive find the most pleasure. It is not only important to sacrifice but to let the others
know about one’s actions; thus the hysteric is continually drawing attention to her sacrifice and martyrdom.

**Hysteria in Men**

Hysteria in men is difficult to diagnose because of the way it is concealed by our culture. On the one hand we have a refusal of the medical community to recognize it, and on the other, the environment supplies apparently reasonable explanations for men’s behaviors. Instead of looking for explanations within the psyche of a man, external causes are found to explain the male hysteric’s behaviors. Joel Dor (1987) states that traumatization (such as war traumas and post-traumatic stress disorders) are good examples of means for camouflaging male hysteria. However, from the psychoanalytic point of view, hysteria concerns men, particularly those who parade their traumatic symptoms as trophies in the eyes of everyone who gazes at them, and later obtain secondary gain for having them. Lacan will describe a particular group of men who share similar characteristics that resemble the hysteric presentation. These men exhibit the following presentation: 1) major outbursts of rage as a result of frustration. Although these frustrations involve every day events, it appears that these men are prone to exaggeration and pathetic efforts to call for negative attention. This rage appears to be the expression of some impotency that is mainly repressed; 2) the presentation of somatic, conversion symptoms and hypochondria. In contrast to the women’s presentation (which usually evokes a part of the body), the men’s complaint is typically directed to the whole body. In every other sense, the position of the hysteric male resembles that of the hysteric woman, in the effort to obtain or be the all-satisfying object. Like their female counterparts, hysterical men pursue dissatisfaction and always desire that which they don’t have and which appears “so much better” in their eyes. Regrets and complaints regarding what he does not have are plentiful. His pleasure in “unfulfilled satisfaction” usually sets the stage for self-defeating behaviors, which are typically manifest in the hysteric’s professional activities and love relationships. A belief in his “incapacity” also leads him into trying to compensate for his impotence by using alcohol and drugs. In the context of male hysterics, these substances provide a compensation for a sense of not feeling adequate as a
man. Under the influence of alcohol the hysterical male feels more at ease picking up women or ridding himself of a male competitor.

In the area of sexuality, hysteric men (as hysteric women) place the feminine other in an idealized place that is totally unattainable. Further, they never experience women as desiring subjects, but rather view them as challenges to their virility. Therefore, the hysteric male avoids women as much as possible, hiding behind a mask of homosexuality or impotence. This type of hysteric male men is not a true homosexual since his choice is not for a male love object but is rather based on an avoidance of women. In the case of impotence and in the related cases of premature ejaculation, we have a subject who “confuses virility with desire” (Joel Dor, 1987). In psychic terms the confusion is based on equating the phallus with the penis (the organ) and the impossibility to be the phallus leads him to present himself as “not having a functional penis”. There are several typical cases that Lacanians conceptualize as hysteric men: one is the playboy or Casanova. This man searches for one woman after another as trophies that he shows off to everyone, in particular, other males. Clinical work with these men reveals that they are generally impotent with the women they select, in part, because the only women who can mobilize their desire are their mothers and in part as a function of their rivalry with other men (who in their mind possess the phallus). In the eyes of the others, they are “really manly men” but in the intimacy of their bedroom they cannot satisfy a woman (which in their mind is the phallic test they are suppose to pass or fail).

**Obsessional neurosis**

Although it appears that most obsessive neurotics have a special or privileged relationship with their mothers, it is important to underline that this perception is not entirely correct. When we take into consideration the oedipal vicissitudes and the position of the four elements of the process: mother, child, phallus and the father, we can understand the way the obsessive has arrived at a resolution of his own that carries the mark of obsessive traits: an emotional distancing from all relationships.
Typically, the appearance of the symbolic father should produce an identification with the phallus in the figure of the father. Only after accepting that a certain place belongs to his father, the child realizes that he has the possibility “to have the phallus” someday (in the sense of having a special knowledge about what can satisfy a woman, whatever that may be). However, if the mother is enigmatic about her desire, the child may still believe that he can fulfill her in spite of the father’s intervention. This is the scenario of obsessional neurosis, one in which the child continues to believe he can “be the total satisfaction for the mother.” If that would actually be the case (i.e. if the mother fully colluded in this idea) we would have a perversion instead of a neurosis. In obsessive neurosis, the mother’s desire turns to the father but she does not seem to get everything she wants from him. A space of dissatisfaction is created in which the child perceives himself as a possible supplement in providing the mother complete satisfaction. If the mother appeals to the child to supply that which she is missing, the child may be libidinally charged by her. This is clearly seen in the erotic fantasies that obsessives have: they are plagued by passive-aggressive fantasies with respect to women who seduce them and at the same time, abuse them. Because of this particular relationship with the mother, the future obsessive will have difficulties accessing the father’s law and therefore will subsequently have difficulties with all authority figures.

What is the position of this child with the father? We find here the key to what Freud called the “anal character”, in which an interminable struggle with the representative of the Law is always at stake. This interminable struggle is displaced into different routes of libidinal investment, with perseveration, obstinacy and defiance being typical. The obsessive does not want to dethrone the father, but rather to constantly erode the value of his power, to repeat the scenario by which he is captive of his mother in the presence of his father.

The law of the father is always present in the obsessional’s desire, and because of his privileged position with his mother, he cannot but feel extremely guilty. Further, the fear of castration is always an imaginary threat that haunts the obsessive. Since the paternal figure is always present, he also has feelings of rivalry and competitiveness with him, constantly wishing to take his place (the same situation occurs with any other person who occupies a place of authority and who symbolically represents his father, such as a boss, a trainer, or a professor). The child cannot articulate his own desire as it is tied up with his mother’s. Thus, the obsessional
person has difficulty articulating a demand to express his desire. This is because the emergence of desire is absolutely threatening. The obsessional cannot manage to find his desire, and sometimes asks others to do so for him. Such passivity puts him at risk to be sadistically mistreated by others.

The fear of castration in obsessive neurosis is what is at the basis of the obsessive’s intolerance for loss. Any loss is equated with castration. Obsessives want to master everything to make sure they will lose nothing of the other. As a result, we see the rigidity and constant attempts to control the behavior of others that characterize the obsessive personality. The experience of totality, of achieving a global experience is a compensation for the obsessive’s castration anxiety.

On the surface, obsessives are law-abiding citizens, to the point of becoming preoccupied with legal matters and of exhibiting a rigid adherence to rules. However, this is a reaction formation or a way to defend themselves from the wish to transgress. It is in this area of transgression of the law that they deploy their defenses most consistently. The use of isolation is manifested in their rituals and pauses of speech. In this way, speech becomes the vehicle for rigid control and detachment of feelings, even when they are on the verge of a crisis.

It should be noted that generally obsessives are unlikely to seek analysis. They prefer conducting their “own self-analysis” or writing their dreams in a journal. They usually explain to themselves that it is better to work out their problems by themselves. What makes them come to therapy? Usually an intense manifestation of the other’s desire that the obsessive cannot manage to control precipitates anxiety and serious self-doubt. The abrupt and intense emotional opening of someone close, or an imminent loss of a dear one could disarm the obsessive and prompt an analysis.

When in treatment, obsessives have difficulty free-associating, which is experienced as threatening to their self-control. Rather, they prefer to express themselves in long speeches filled with rationalizations. They also make use of “black humor” or sarcasm both in therapy and in the public arena. Obsessives use their words as tools of control of the other and in the process they acquire a secondary gain of discharging affect. This sarcasm is designed to neutralize the other’s feelings. Undoing, in which an act or a thought is treated as if it never occurred, is another defense that obsessives use to neutralize contradictory affects such as love and hate.,
For the obsessive a relationships becomes *an all and nothing situation* (Fink, 1997) Since the obsessive’s core issue is his fear of castration, the condition for a relationship is that his partner is passive, not in touch with her own desire, and will, in effect, “play dead” and not desire anything for herself. The lover is thus, experienced as complete, lacking in nothing. In this way, the obsessive can continue to control a being who has no desire of her own. On the other hand, any threat of abandonment on the part of the lover, will immediately be experienced as a loss that the obsessive will go to great extremes to prevent. There is nothing that the obsessive is not willing to provide, give or offer to keep his lover in place. The relationship resembles very much a jailhouse in which everything is provided to the lover on the condition that she will relinquish all subjective desires that do not include her partner. Pleasure cannot be experienced without his authorization.

Frequently in long term relationships, the partner of an obsessive is turned into an undesirable image by which the obsessive guarantees “the death of he own wishes”, sometimes imposing conditions on her looks, her clothing, insisting in that she adopt a prudish and morally correct appearance. If, on the contrary, the obsessive views his partner as an attractive, erotic object, he interprets that fact as a reflection of his own value and prides himself on his possession. These men can treat their partners like a trophy; another of their personal belongings.

It is noteworthy that Lacan does not discuss the question of the etiology of neurosis, but only indicates that repression is its primary mechanism. His few comments on the process by which an individual becomes a hysteric or an obsessive suggests that social causes are involved in the maintenance of these structures. Lacan’s position seems to be that in Western society, desire is organized predominantly around the symbolic phallus. It would be interesting to record differences or changes in neurotic structures as social roles vary within the cultures and as a result of changes in contemporary society.
Lacan considered phobia the most radical form of neurosis. (Lacan, 1960). He also considered it to be the most extreme form of the problem of the establishment of the paternal metaphor (Fink, 1997). In phobia we have the presence of a weak father function and a strong attachment between mother and child. As the paternal metaphor is diffuse or precarious, the child has to instate it him or herself by replacing it with a symbol that substitutes for the father’s failure to cancel out the mother. Lacan did not consider phobia to be a separate structure, however, it is clearly a neurosis as it successfully addresses triangularization by providing a symbolic solution. The case of Little Hans in Freud (1909) clearly illustrates how the child creates a limit to his engulfing mother, as his father is unable to separate mother from son. Hans was usually allowed to sleep in his parents’ bed or to watch his mother change in the bathroom. (Ferrari, 1999). As his mother forces the child into placing himself as her imaginary phallus, he experiences an excess of sexual pleasure that he cannot tolerate. As Hans’ father does not fulfill the symbolic function of castration, one that would create a limit to the child’s pleasure, a horse phobia is marshaled by Little Hans to perform the paternal function (Horse = Name-of-the-father). For Lacan, phobia is closer to hysteria than to obsessional neurosis in the sense that the subject is placed in a situation where he must constitute himself as an object of completion for the other, to be the object of the other’s desire.

Perversion

Most patients, who by descriptive criteria are diagnosed as perverse, are, for Lacan, neurotics or psychotics. Further, for Lacan, all human sexuality is descriptively perverse and polymorphous as we come to this world as pleasure-seeking beings with neither a fixed object nor a higher purpose to guide our sexual drive. Such “perverse” behavior, which has no connection to our reproductive function continues throughout life and is unrelated to the diagnostic category of perversion. In Lacanian psychoanalysis the so-called “perverse” sexuality is a position of the subject’s desire produced as a result of his oedipal vicissitudes. Thus,
“perversion” is not a derogatory term to designate a deviation from the norm but a structural category in its own right.

In order to understand what is at stake in the diagnostic structure of *perversion* we must, according to Lacan, keep in mind the questions of the mechanisms of negation and the Name-of-the-father. Whereas in psychosis there is an absence of the law, and in the neurosis a reinstatement of the law in fantasy, in perversion, the subject struggles to bring the law into existence.

Lacan terms the negating mechanism at work in perversion as “disavowal.” According to Lacan this is the very same negation that Freud had distinguished from the repression at work in neurosis. Freud had made this distinction in 1938: whereas repression relates to the putting out of mind a perception of the internal world, negation involves a disavowal of a perception in the external world. (Freud, 1909). However, for Lacan the barrier between outside and inside is more equivocal. Lacan agrees with Freud (1938) that *repression* involves pushing away a thought related to a drive (which gets dissociated from its affect and returns as a symptom), and that with *negation*, a thought related to a particular perception of the real world is put out of mind. (Freud, 1938). However, as the latter negation/disavowal is connected to a thought, some part of which is related to the psychic reality of a subject, the barrier between inside and outside is broken. Actually, neither of the two mechanisms involves perception, and each is applied to thoughts. Lacan is critical of the idea that we can distinguish internal from external dangers, threats and anxieties, as each of these are dependent upon the subject’s thinking or signification.

For Lacan, disavowal clearly involves the father and all the themes related to him; the law, the father’s name and the father’s desire. As we have seen, as the oedipal vicissitudes become the stage for a triangular relationship the child will have to relinquish part of his jouissance with his mother. This occurs as the paternal metaphor institutes a distinction that will bring about an identification with the father and with it, the hope to enter the symbolic world. However, the pervert will not relinquish this pleasure (associated with masturbatory fantasies with the mother or mother substitute). He refuses to do so. (I am using the pronoun “he” in the context of perversion as Lacanian psychoanalysts consider perversion a male diagnostic entity).

So, who accepts the father’s law and who refuses to do so? Perversion usually occurs in the context of a very strong relationship bond between a mother and a male child who provides
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her with sexual pleasure. This contributes to a situation in which the child narcissistically invests his penis with an erotic power that he is not willing to relinquish. This mother constantly demands that her child satisfy her. This situation is coupled by the presence of a weak father (who is unsure of his own desire) or a father who is confused about his role and is overpowered by the child’s mother (who has a secret pact with the child). At this point, we need to remind ourselves that mothers will somehow make a demand (by naming it) regarding her dissatisfaction (either with herself or with her husband). When the mother names what she lacks she creates a desire in the child to sort out her enigma: “What does my mother want?” Desire is put in motion in the search for the answer. In the mother’s pervert, however, no demand has been named, there is no signifier provided by either parent that will articulate the mother’s lack at the symbolic level; the child does not actually have to wonder what his mother wants, in fact, he knows what she wants and that is the child himself. She is completely fulfilled with her child; symbolic castration is not permitted to disrupt the dyad as there is no rival in the mother-child relationship. This is what in other contexts might be called an “oedipal victory” on the part of the child, or collusion between mother and child to deny the father’s power. The denial of the symbolic father and the denial of the sexual difference represent a disavowal based on the fact that the mother does not lack anything, therefore she is complete, and nothing is missing. We sometimes see these cases in mothers who experience their child as a narcissistic extension of themselves, as an object of their desire and cause of their bodily pleasure and we may view them as attachment disorders. This is the oedipal vicissitude of the future adult pervert.

The child, who is identified as the phallus of the mother at the imaginary level, cannot accede to the symbolic register in the same manner as a neurotic can. He will be that “which completes the mother” forever. Although the first stage of the oedipal process was achieved successfully (the child is placed as the imaginary phallus of the mother), the second stage which renders separation from the mother, does not occur as the paternal function is not strong enough to name the mother’s lack and separate her from the child. However, this oedipal victory or denial of the paternal function is unsettling for the pervert who fears being engulfed by the maternal object. As such, in these cases the child himself supplies the paternal function through a fetish, a shoe or a punishing act in an attempt to separate himself from the mother and at the same time, to bind the anxiety that he feels by being engulfed by this “overwhelming Other”.
This is the function of the perverse object in the fetishist’s scenario. The presence of the element of perversion, whether it be a fetishistic object, a ritual, or a sadistic activity, needs to be repeated *ad infinitum*, as no one-single-event can resolve the situation for the pervert; he must engage in a scene that must incessantly be staged same way to fulfill its function.

Although the suffering of the pervert at times resembles that of the melancholic, or a severe depression, it is very difficult for a pervert to be in analysis. From one day to the next, they can reverse a “terrible feeling” and feel absolutely nothing (disavowal of pain). They usually start treatment after having suffered a significant loss or if they are facing death in some way (like suffering from an incurable illness). The topic of “death” is usually in the pervert’s vocabulary, representing the only inscription of time. When faced with these circumstances, perverts suffer from agitated anxiety.

Another difficulty for the progress of treatment, if started, is that the pervert wants to be the cause of his analyst’s desire, instead of the analyst being the cause of his desire, making the transference almost impossible to be established. Moreover, perverts tend to e acting-out behaviors in which they diminish the analyst, humiliate him/her and try engendering castration anxiety in the analyst.

Table 2 incorporates some elements that help us in the diagnosis of the three main diagnostic categories. (Fink, 1997)