

LONDON SOCIETY OF THE NEW LACANIAN SCHOOL

## NEUROSES, TODAY (1)

### WHAT PATIENTS TELL US ABOUT NEUROSIS: ITS CONSTITUTION AND CLINIC

A DAY WITH SPECIAL GUEST *YVES-CLAUDE STAVY*

SATURDAY, 27 OCTOBER 2018, 11.00

Room G04  
43 Gordon Square WC1H 0PD



The term “neurosis”, conceived first as hysterical symptoms, was already broadly in use in the beginning of XIX century (Brodie, Brachet, Briquet, etc.) and found its abode in 1860s in the clinic of Charcot who explored hysteria in connection with neurological pathologies. Freud, who trained under

Charcot, owed him a great deal despite being critical of “the French school of neuropathology”. Freud first used the term in 1882 in a series of successful treatments under hypnosis. He based it on an underlining conflict in hysteria as constituted by an idea (*Vorstellung*) and antithetical idea linked to trauma. Freud then took up the “talking cure” to plumb farther hysterical symptoms only to discover that as speaking bodies women didn’t know what they were talking about. This put Freud on the trail of the discovery of the unconscious and of infantile sexuality, opening up to the drive as the source of libidinal volatility and symptomatic variants in both hysteria and obsessional neurosis. If the latter arrived later, it was because for Freud it arrives later on the libidinal ladder of developmental sexuality.

What are the classical constituents of neurosis for Lacan? Three threads stand out. Since the unconscious is structured like a language, neurosis has the structure of a signifying net, later of the torus, through the eye of which slips, my first thread, the object *a* – the sign of the Other’s desire and of the corporal orifice, the net’s eye, leaving the subject uncertain as to its whereabouts. It is seemingly lost, but *de facto* never lost, Lacan says, and kept by the neurotic concealed and close to hand. It thus both causes his desire as the lack in the Other, *A*, and arouses his anxiety as he does not know that the Other does not know either. Two, castration *as* the refusal to pay for it and to give what he does not have, forms the true emblem of the obsessional who Lacan scrutinises at length and who finds his patron in Sisyphus. Herein, lies a seed of Lacan’s ethics: sacrificing desire only favours demand and guilt. The neurotic lacks and wants to know, Lacan says after Aristotle and Freud, and leaves in abeyance his assertion that the desire to know does not lead to knowledge. It first leads to the question: who am I for the Other who doesn’t know it? In the end, the Lacanian woman, unlike the Freudian hysteric, does not lack anything which men can find enigmatic. The phallus, thread number three, is not an organ but the signifier that organises, first, the imaginary, starting with the mirror stage, and then the imaginary phallus as missing, *ergo* sought for by women and detachable and detumescent for men. Secondly, when raised to the function,  $\Phi$ , the phallic signifier becomes the clinical yardstick in the neurosis-psychosis binary, the latter being the *Verwerfung* of the phallic device that allowed Lacan to suppose the paternal name behind the function. The Name-of-the-Father allows for the speaking bodies to make some sense of what they are talking about, which circumscribes *jouissance*, even if the real does not make sense.

This is classical Lacan, here compressed and sketched out. Then a new clinical phenomenon occurred, and the diagnosis of neurosis became undecided and postponed. Put on hold and kept in abeyance due to no clear signs of *either* psychosis *or* neurosis, it led Jacques-Alain Miller to insert into the time of hesitation a new category – not a clinical but an epistemological one – of ordinary psychosis and to respond in this way to the unknown. In the era of decline of the father, the litmus of the Name no longer showed the required colours of neurosis. Miller thus posed the question of how to approach neurosis from psychosis, how to find little clues where psychosis is not manifest. Neurosis is a well-organised apparatus that entails several “certainties” like repetition, the desire to know, the phallus, castration,  $-\phi$ , impotence, guilt, shame, repression, etc. There is still an uncertainty as to what the speaking body is talking about but there are now signs of *jouissance* with which we can work outside the framework of the binary. From now on ordinary psychosis rose to a clinical prerogative at the start of the treatment until analysands, one by one, can be demonstrated otherwise. In what way does this ‘otherwise’ *as* neurosis consist? After over a decade-long debate on ordinary psychosis, how do we read the signs of neurosis and what new criteria does this approach introduce in the clinic? “Today” has therefore a double sense of the contemporary as a rupture in history *and* as marking the era of ordinary psychosis that itself marks the end of the neurosis-psychosis binary.

Bogdan Wolf