

# LACAN'S LOGIC OF SUBJECTIVITY

A WALK ON THE GRAPH  
OF DESIRE

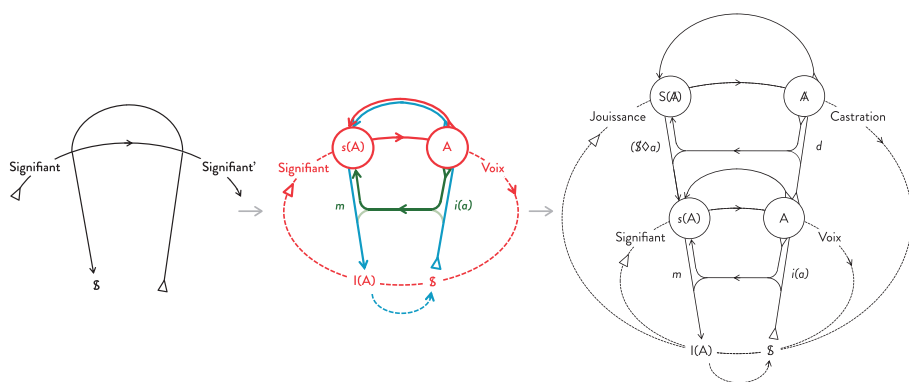
| OWL PRESS |

MATTIAS DESMET

CHAPTER 4

**The Symbolic on Graph II**

At about six months of age, the mirror stage starts, in which the child identifies itself for the first time with the global image of its own body. This psychical event forms a true turning point, a point at which an existing psychical balance is disturbed, and a new structure emerges. This new psychical organization is represented by means of Graph II (see Figure 4.1). A mere glance at this scheme suffices to see that it is more differentiated than Graph I. We can, for example, already clearly distinguish the three Lacanian categories – the Symbolic, the Imaginary, and the Real, indicated respectively in red, green, and blue. We will discuss these categories one by one, starting with the Symbolic in the current chapter.



**FIGURE 4.1**  
The three versions of the Graph of Desire, on the left Graph I, in the middle de Graph II, on the right Graph III.

Because identification with the global body image during the mirror stage is something that happens predominantly at the imaginary level, we will leave its detailed discussion for the next chapter. However, in order to make the logic of the present chapter comprehensible, we must already draw attention to one of its effects. After the mirror stage, a clear distinction between the I and the Other in the experience of the child emerges for the

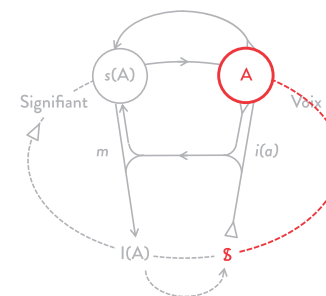
first time. While in the first phase the experience of the subject coalesced and merged with that of the Other, now it duplicates itself, and the Other appears in the experience of the subject as a more or less isolated entity. That is why we find on Graph II, next to the matheme  $\$$ , a matheme A (which refers to the Other, *l'Autre* in French) This, however, in no way means that the subject has already decisively emancipated itself from the Other. The Other stays in all respects the center of the universe of the subject. As we will discuss in Chapter 6, at the level of the Real the subject remains fully attached to the body of the Other and dependent on the real objects he provides. In the current chapter, we will discuss how the subject in more or less the same way stays dependent on the Other at the symbolic level.

It is only at this stage, in which the Other becomes a separate entity within the subjective experience, that the subject can fully start to ask itself the question regarding *the desire* of the Other. As long as it can hardly make a distinction between the I and the Other, the desire of the Other does not really appear as a sharply defined fact. The emergence of the desire of the Other is made possible by an additional factor as well, namely that for the first time, language becomes a carrier of meaning and receives a *referential* function. From then on, the words of the Other mean something; the Other speaks about something; from then on, the subject can also, at the level of desire, ask itself what this *something* is: What does the Other want from me?

It is not a coincidence that the referential function of language emerges precisely at that moment. Strictly speaking, it is also a consequence of the identification with the global body image during the mirror stage. The latter not only establishes a clear boundary between subject and Other, but more broadly a boundary between the subject and the *outside world*, including all material objects. Logically, it is only from this point onwards, when the

real objects start to manifest themselves as separate entities, that words can begin to refer to them. During the period before the mirror stage, the relationship between the symbolic and the real was different. In a sense, there was no strict separation between these two orders. Language was primarily a libidinal-real body language aimed at symbiosis with the mother. Because of the emergence of a clear distinction between the I and outside world, the Real and the Symbolic first differentiate themselves from one another, only to subsequently intertwine with one another in a new way. Language *is* no longer real; it now *refers to* the real.

It is thus in this phase that signifiers receive meaning and a referent. Or, in other words, that language receives *content*. At the level of desire, this implies that the subject can start to ask itself to what the signifiers of the Other refer (see Figure 4.2 where the red line indicates the signifying chain which is sent by the Other to the subject). The first signifiers with which the Other expresses his desire are typically of the order of ‘being good’ and ‘being well-behaved’ and refer in the first place to the register of the fundamental drives. They are typically used in the context of learning table manners, restraining of aggression and anger, and toilet training. The central questions for the child are of the nature of: What does the Other ask of me at the level of the drives? What do I have to do with my drives in order to be loved and desired by the Other? And so forth. The symbolic thus immediately has the function of modeling the child, as a real object, after the desire of the Other.



**FIGURE 4.2**  
The emergence of the Other and his signifying chain, which is addressed to the subject, within the subjective experience.

Importantly, the subject, at this moment, as a vital being, is already marked by the mother tongue. At the starting point of the Graph (the position on the bottom right), we no longer find a pure being of the drives  $\Delta$ , as on Graph I, but rather a divided subject  $\$$  that, in its corporality and vitality, already shows the traces of the passage through the mother tongue. A subject that, in other words, has already passed through the entire process displayed on Graph I. The child inherited a series of vital tendencies (a particular way of eating, drinking, being angry, and so forth) from the Other already at that time. These vital experiences are in themselves to some extent logically structured, but this logic completely escapes the child during that period. This logic, as we have stated, is stored in the body but cannot be expressed in words. From the mirror stage onwards, where language receives a referential function, the child can start its search for the (symbolic) story that matches this real-corporal logic.

This chapter is about the way in which the subject is seized by the conscious, explicit discourse of the Other; or, in other words, by the discourse of the Other in so far it leads to a conscious *signifying* process. The explanation we are going to give here derives from a Lacanian perspective, but as we will see, it fits Freudian theory seamlessly. The subject structures that go along

with this dimension of language, correspond with what Freud called the *perception-consciousness system*; a network of associated, linguistic entities that are constitutive for the intrapsychic structure which Freud called the *Ego*. In Freudian terminology, this linguistic structure is controlled by the so-called secondary process, i.e., the tendency towards logical-rational ordering.

In the discussion of the formation of these subject structures, we will – primarily for didactic reasons – distinguish three steps (see Figure 4.3) which logically follow from the emergence of the speaking Other in the experience of the subject. Firstly, the orientation towards this Other with a question about the meaning of the signifiers; secondly, the emergence of (new) meanings; thirdly, the manifestation of a residual product out of the process of the construction of meaning.

#### 4.1 THE SUBJECT WITH A LACK TURNS TOWARDS THE OTHER (STEP 1)

During the first phase of life, the child has thus modeled its experience of the drives after the experience of the drives of the Other. It is only logical that, when it starts to see the Other as a separate entity and becomes fully aware of the referential nature of language, it turns towards the Other in order to find out how it must handle its drive. In other words, it is logical that it regards the Other as the *owner of the code of the signifying system* it needs to understand the drive and to situate it in a story.

Of crucial importance is that at this stage (and during the whole pre-oedipal phase until approximately 3.5 years), the child assumes that the Other is *without* a lack at the symbolic level. According to the young child, the Other knows everything. It does not occur to the young child that the Other is only human, someone who struggles with a lack of knowledge, someone who is in doubt and insecure. This is particularly noticeable at the level

of demands from the Other. If the mother asks the child to be 'good', to be 'nice', to be 'well-behaved', and so on, then it assumes she knows exactly what she means. The child cannot imagine it would be otherwise. If it is not clear what the mother means, this must be due to the child's failure to understand. It thus situates all knowledge in the Other, and all lack of knowledge solely in itself. It is for this reason that Lacan represents the subject with a bar through it ( $\$$ ) and the Other without a bar (A) on the lower half. The bar, among other things, represents a lack of knowledge.

This constellation (subject with a lack, Other without a lack) remains latently present in later life as well. Even then, the assumption that the Other knows precisely what he wants is always lurking somewhere. On the subject side as well, a lack of knowledge still sharply manifests itself and results in uncertainty, shyness, anxiety, and so forth.

This lack of knowledge prompts the subject to address the Other and listen to his discourse regarding his desire (Phase 1 on Figure 4.3). It follows the trace of the signifier, the chain of signifiers which the Other expresses, in an attempt to deduce its meaning.

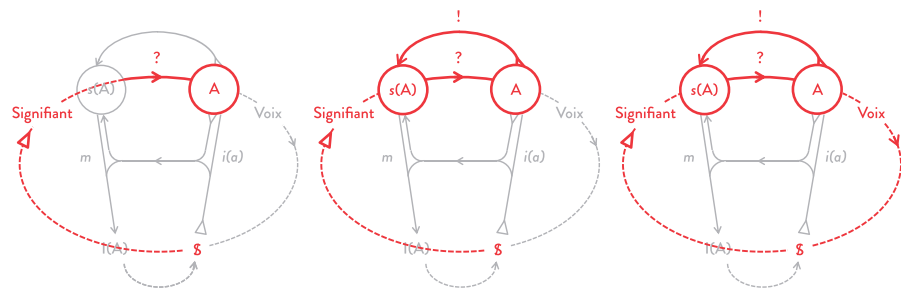


FIGURE 4.3

The emergence of meaning on the Graph: a subject marked by a lack of knowledge turns towards the Other with a question about the meaning of his discourse (Phase 1, on the left); meaning *s(A)* arises through a dialectical process between the subject and the Other (Phase 2, in the middle); this dialectical process generates a remainder, a piece of discourse that does not receive meaning and again stirs up the experience of a lack of knowledge within the subject (Phase 3, on the right).

The fragment of a transcript in Clinical Illustration 4.1 is a simple illustration of how such processes appear in a patients' speech. We will regularly present such transcripts (which always come from the research archive of the Department of Psychoanalysis at Ghent University). The interventions of the therapist – which in the fragments from Clinical Illustration 4.1 are limited to a number of 'hm's' – are systematically printed in bold. Necessary anonymizations of certain aspects of the material are indicated in capital letters between square brackets. Three points between square brackets indicate where part of the material was redacted (in order to limit the length of the transcript). All of the original conversations took place in Dutch. We tried to stay as close as possible in our translation to what was originally said. In this way, the illustrations retain the incoherence and the faltering of naturalistic speech, which reminds us of the examples used to illustrate the concept of *the stream of unconsciousness* (see Chapter 2). As such, they also concretely represent the object that psychotherapists work on daily, namely the signifying chain as it is produced by subjects.

“Even ... I have found this out now, regarding my husband ... sometimes ... like, when we are being intimate ... Ghh! Jahh! Yes ... it is all those things that uh ... yes, yes ... that ... that make me, yes, I don't know how it is that it happens and actually that's already ... well, and if I have to admit it, or well, admit, not admit, but if I start to explore ... it's often in the sense of: “that's ... a sin”, “that's evil” ... **(hm!)** I'm not going to say it's because of the way I was raised at home, in my ... n-no ... but I used to be someone who ... everything that they ... told me ... had a huge ... im-impact on me, on me, yes ... yes ... Starting at school, or later, then in the [NAME OF YOUTH MOVEMENT] it's something that that ... but still! You have to obey the rules ... because if you don't, then it's, you know. [...] Um, we also had a, um, priest who gave religion class in high school. And apparently we didn't get along ... him and me. I don't know what it was, but you know ... that um ... I also didn't like him very much, and maybe he didn't like me either, but you know, one time there was a class where, um, everyone could ask about ... his name, a bit about the saint he had, right ... And I, yes, also raised my hand. Oh right, [NAME PATIENT], right. (laughs) “You don't have a holy name, it's the name of a movie star” Whew, I go downstairs, yes (laughs) Was that good or not? I don't know (laughs) but look, last week, on the almanac there stood “Saint [NAME PATIENT] **(hm)** I say to [NAME HUSBAND], I say “you have to see this”, I even, and that – I mean, it's not like this bothers me every day, far from it! – but look, now I see this Saint [NAME PATIENT] **(hm)** and it fee- fee-, his remark back then ... that was like ... but ok, it was like that for the whole class, you know!”

CLINICAL ILLUSTRATION 4.1

Clinical example of the dialectical exchange between *s(A)* and A (session Th 36 from SCS0025).

By reproducing the transcripts as literally as possible, they always offer something more than the mere illustration of some theoretical position. Elements always appear that are not entirely in line with the theory, which force us to explain the theory again in a *different* way, to develop it even further. In this way we open up our theory to something that is 'strange' to it, something 'real'. Every piece of clinical material brings air and light to a theory that would otherwise perhaps be *too* coherent and as such would become suffocating. Nothing is so detrimental to the truth than the illusion of a perfect theory. We will demonstrate how a psychoanalytic theory has to be implemented in practice

as well: fully aware that it is ever unfinished and incapable to tell the ultimate truth about the subjects who come for consultation.

Clinical Illustration 4.1 presents an excerpt of a therapeutic session with a 70-year-old lady who came to therapy because of depressive complaints. During the exploration of her dejection, she regularly arrived at the theme of sexuality. One can hear how she struggles with a series of questions regarding what the Other asks of her regarding sexuality. She discusses certain indicators of the Other's question, such as the qualification of sexuality as 'evil' and 'sin', the idealization of saints, and so forth. In the presented fragments, one can hear how, during her youth, she listened to the discourse of the Other and tried to figure out how to position herself in relation to it. Also note: During therapy she re-manifests these processes. She addresses the same questions to *another Other* (i.e., to the therapist). As we will describe in the last chapters, in this way, an opportunity opens up for the therapist to rewrite the process of construction of meaning in such a way that the symptomatic experiences become redundant.

#### 4.2 THE EMERGENCE OF MEANING (STEP 2)

To get back to the child that addresses the Other: Listening to the discourse of the Other also yields something for the young subject. From time to time, meaning emerges from the signifying chain. In accordance with the scheme presented in Chapter 2, this happens retroactively. This is indicated on the Graph with the arrow returning from A to s(A). In principle, a dialectical alternation of phases occurs in which the subject feels sure and believes it understands what the Other wants (thesis), phases in which additional information causes uncertainty (antithesis), and phases in which it develops a new understanding of what the other wants (synthesis). The subject thus progressively develops a network of signifiers that refer and designate meaning to the desire of the Other.

Clinical Illustration 4.1 shows, for example, how the Other appears as an Other who labels sex as something bad, who asks the subject to conform to the ideal image of a saint, and so forth. One can see in the first paragraph how she refers to sexuality as a 'sin' and 'evil' based on the dialectical exchange with the Other (in this case, the Other of the Catholic discourse). She experiences this construction of meaning in many ways as something *strange* to herself. In other words: the meaning is fully experienced as coming from the Other. As such it truly is an s(A), a 'signification of the Other' ('signification de l'Autre'). This s(A) will be elaborated in a dialectical exchange with the Other, and as such it will become further differentiated (for example: it is not always a sin in marriage, only outside of it; it is not a sin if it is aimed at having children, etc.) into a subjectively colored, 'theoretical' complex regarding the question of how to experience her sexuality in accordance with the questions and desires of the Other. The resulting structure s(A) is logical, or, in the terms used by Freud, it is organized according to secondary process. The subject relies on the explicit content of the messages of the Other and tries to integrate them as logically and coherently as possible, more or less like a student who tries his utter best to understand the logical coherence of the discourse of his professor. The subject, at this level, gathers *knowledge* regarding the desire of the Other. This is why Lacan qualifies the subject on the lower half as '*the subject of knowledge*' ('*le sujet de la connaissance*', Lacan, 1958c, p. 3 of lesson 2).

#### 4.3 THE REMAINDER OF THE CONSTRUCTION OF MEANING (STEP 3)

On the lower half of the Graph, the subject supposes that the dialectical questioning of the Other's discourse will eventually lead to the revelation of one coherent desire. However, due to the structural lack in language, this discourse inevitably remains

somewhat inconsistent. We can illustrate this using an additional fragment of transcript (see Clinical Illustration 4.2) from the same lady, a fragment in which the Other to whom she turns has a different desire than the Other in the previous fragment (Clinical Illustration 4.1).

“We were at a party, right, a beautiful party, a wedding ... and we were all dressed up, right, it was such a, I mean, it really was a, and ... I’m telling you, I told my husband, I said “that ... that man over there is going to ask me to dance.” “Yes” he says “yes” (laughs). So, I had the power ... to get that guy to come over to me and ask me to dance. He came. And, I don’t know how I ... yes ... but we danced together. But at a certain point he says ... “It is not what I thought” ... .. So ... He probably had other expectations ... **(hm)** But for me it was enough ... **(hm)** Look, I think I’m pretty, I find myself... **(hm)** I mean, yes, attractive at that time **(hm)**. So, I can ... invite someone to, right, I can, I mean ... But I didn’t mean anything more, and that, yes, that person was, um, yes ... he was apparently disappointed. **(hm)** And he, yes, he said “I expected more” ... Oh well, no, that um **(and what did you feel?)** And I didn’t want anything else either, right, that um ... **(hm)** And, yes, it was over, right, the dance was over and we each went back to our place and ... I only mean, like ... that I ... yeah ... What do I want to say? ... (shifts on chair) ... But, I guess he was trying to get someone, I mean, further to, but ... I can be happy that someone found me ... yes ... pretty and ... attractive. Yes, that um, yes that made me, yes, more confident actually. Actually ... how is it called? ... I am also ... yes ... (searches for words) yes ... yes ... it all comes down to that.

**Therapist: I am also...?**

Well, I am also, yes ... pretty enough or attractive enough or ... I can do enough, that there still, that they still look at me ... **(hm)** Even, yes, if I am um, yes ... The way I think and act is simple, the things I do are ordinary things and ... and I don’t stand out, and I don’t want to really stand out ... But still, it was a, a bit of proof that, yes ... **(hm)** (sighs) Yes ... **(hm)** ... .. Yes ... .. Because I, I mean, I ... more, no, but, I mean, I was ... faithful, I mean a ... yes ... (searches for words) Yes ... Yes, I really have to ... .. yes ... .. But that is probably not all wrong right (laughs), I am not going to ... try to feel guilty.

**Therapist: What ... what ... could b- (could be?) wrong about it?**

Well yeah ... that you, that you ... would be flirtatious or um, or ... happy that they look at you, that is probably not wrong right (laughs loudly), at least I hope not! (laughs)”

In this fragment, one again sees how a certain meaning arises beneath the signifiers of the Other’s desire. The lady in question sees a man and notices by his behavior that he feels attracted to her. What follows in the man’s discourse confirms this. This in itself is a simple example of the moment at which a s(A) emerges. This fragment also illustrates how the desire of the Other – at the overarching level, the big Other as the sum of all Others – appears as an *inconsistent* phenomenon. On the one hand, the woman in this fragment wants to observe the commandments and prohibitions that the big Other of the Catholic discourse imposed on her; on the other hand, there also appears an Other with a radically opposed desire, in the form of a man who immediately wants to have sex with her. She does not want to give him what he wants, but it does make her feel desired. It gives her a sense of self-confidence typical for the moments in which one feels desired. The man’s desire does not leave her unmoved, but because it is opposed to the desire of the Catholic Other, it also makes her doubt: Is this wrong? Am I flirtatious? The inconsistencies in the discourse of Others in this way create an essential characteristic of human experience that we have already mentioned a couple of times: its *dividedness*. In addition to reading the symbol § in terms of a lack, we can also read it as the *divided* subject.

We also draw attention in passing to the intervention of the therapist which consisted of encouraging the analysand to continue speaking at a point where she stopped by repeating the words ‘*I’m also...*’. The psychoanalytic cure works because one can talk about things that cannot be talked about elsewhere because they are too painful, too embarrassing, too frightening, and so on. It is up to the analyst to ensure that this happens. It goes without saying that one always has to act in a cautious and sensitive manner and not force the subject to speak about things that invoke too much resistance. At the same time, one must not

**CLINICAL ILLUSTRATION 4.2**

Clinical example of internal inconsistencies in A (session Th 36 of SCS0025).



underestimate the resilience and capacity of the subject by being too cautious. In Chapter 11 we will provide a criterion that allows the analyst to evaluate his interventions on this point.

From here we can raise the subject of *repression* for the first time. On the one hand, there is a dominant current in the desire of the Other which is usually anchored in the dominant discourse of the social group to which the subject belongs. In the presented fragments, this is the Catholic discourse, shared by the Catholic community. The conscious desire is largely a socially shared object. For example, almost all parents ask their child ‘to be good, ‘to be nice’, ‘to do their best’, ‘to be courteous’, ‘to behave well’, etc., and within the same social group, a similar meaning is given to those signifiers. However, in addition to these dominant signifiers, there are also signifiers that betray a many other desires of the Other. These ‘other desires’ are usually radically opposed to the conscious desire, and can thus not be incorporated within the dominant signifying chains since they are not compatible with it in a logically-rational manner. They form, in a manner of speaking, isolated signifiers, excluded from the logically structured network  $s(A)$ . Freud identified them using the notion of the *Fremdkörper*, a strange body within the psyche. He describes it, not yet possessing the concept of the signifier, as a representation that is excluded from the dominant, conscious group of representations. This repressed signifier thus becomes a dark object in the psyche, an aspect of the desire of the Other that is difficult to place and handle. It appears in subjective experience as something the Other wants from the subject – like an imperative: ‘You have to x or y’ – but which the subject cannot situate within the socially accepted, manifest desire of the Other.

A clinical example: During my internship as a clinical psychologist in the Sint-Jozef clinic in Pittem, Belgium, a woman was admitted with intense panic attacks. Throughout the first weeks of

her admission, there was some upheaval because of a male patient who behaved inappropriately towards women. She expressed her anger multiple times about the fact that they did not remove that man from the ward and wondered out loud if the staff perhaps enjoyed watching how he harassed women. After a few weeks, her symptoms of panic started predominantly to gravitate around this man. She told me, among other things, how she felt panic arise each time she saw him approach her from the other side of the long corridor of the ward. This panic was accompanied by the remarkable, compulsive thought *that she had to bump into him*.

The patient had another noteworthy story about this man. One time she met him at the bottom of the stairs when she had just returned to the ward after having had surgery on her knee. Her leg was in plaster cast, and he suggested to carry her up the stairs. Somewhat to her surprise, she agreed. He asked her to take the bottle of water he was holding in his hands, picked her up, and carried her upstairs. However, he did not put her back down immediately when they arrived upstairs but continued walking with her in his arms until they reached the door of her room. There, he suggested that she could give him a massage in return for what he did for her. To her surprise, once again, she went along with this suggestion as well. It was only after the massage, when the man had left her room without anything else happening, that she claimed she suddenly realized the man must have had sexual intentions. “*It was then,*” she said to me, “*that I noticed I had forgotten to give him back the bottle I was carrying, so I took it to his room, and returned right away.*”

This story raises issues linked thematically to her broader life history. When she was a child, the patient’s father repeatedly abused her. She was, for instance, beaten and kicked, as well as treated sadistically by her paternal grandmother who lived with them. Two memories made a lasting impression, one in which her

mother, and one in which she herself was victimized. In the first she watched her mother being beaten by her grandmother. To her surprise, her mother did not defend herself and just let herself be beaten. In the second memory, dating from when she was approximately four years old, she tried to catch her mother's attention by pulling her skirt while she was walking around with her newly-born sister in her arms. Her father saw this happen, reacted furiously and kicked her until she fell to the ground. Her mother, meanwhile, with the new-born sister still in her arms, watched and did nothing to intervene. Even though she cannot remember most of the memories as clearly as these, she remembered that being beaten and kicked by her father was a daily phenomenon. It often happened in the following way: Her grandmother – who she described as a malicious hag – falsely complained to her father that she had misbehaved once again, upon which her father gave her a beating.

She discussed these two memories extensively during the therapeutic sessions, and always commented on the incomprehensible aspects of her parents' behavior. She could not understand why her father hit her. He had no reason to do so. *“As if he enjoyed hitting me.”* She also could not understand why her mother always remained passive. Why did she let herself be hit by the grandmother? And why did she not intervene when her daughter was beaten? Even though she initially made excuses for her mother – *“She could not win against my father”* – something else started to become noticeable as the therapeutic sessions continued: *“Did she perhaps enjoy watching how I got hit?”* One can clearly hear an echo of the accusation she addressed to the staff of the ward: *“Do you enjoy watching how that man harasses women?”* She started to interpret the behavior of the mother and the father as attesting to a dark desire: ‘Father enjoys hitting me; mother enjoys watching me get hit’. In other words: If I want to satisfy the desire of the Other, then I must let myself be beaten.

This imperative strongly resembles the compulsive thought that emerged when she saw the grabby man approach her in the corridor: ‘I have to walk into him and let myself be beaten by him. If I do that, everyone will enjoy it. The man in question because he likes to hit, and the staff of the ward because they enjoy watching it.’ Opposed to the ‘normal’, ‘constructive’ desire of parents – ‘You need to be good,’ ‘You need to be nice,’ ‘You need to do your best,’ and so on – we thus notice an ‘abnormal’, ‘destructive’ desire: ‘You must let yourself be hit.’ She could not comprehend this last desire, and as such it led to compulsive thoughts that came across as an *absurd imperative*: ‘You must bump into that abusive man.’

The desire of the Other appears in any case as an *imperative* to the subject. The woman who hears that her husband loves sexy dresses will inevitably experience to some extent the feeling that she *has to* wear sexy dresses. The desire that does not fit in the logical coherence of the conscious desires of the Other consequently appears as an *absurd imperative*. It is this absurd imperative that is indicated on the Graph as the remainder called the ‘voix’ (‘voice’) and which, from a clinical point of view, usually appears as an absurd little voice – which is thus the internalization of the voice of the Other – that drives the subject to do something it consciously does not want to do. Clinically speaking, one can see this remainder in its purest form as the inner voice of the compulsive thought and the external voice of the auditory hallucination in psychosis. These are both clearly experienced as something that the subject feels forced to do, against its conscious will: ‘I fear that I am going to push that person off the stairs’; ‘I fear that I am going to start laughing at a funeral’, and so on. Every time one hears patients describe such thoughts in the clinic (or by obsessional neurotics in daily life), they usually immediately add that they are completely illogical, irrational and conflict with what they really want.

One can best imagine the formation of these residual products as the particulate that forms in the filtering process of a liquid. The Other sends signifiers to the subject and the subject turns to the Other with a question concerning the interpretation of those signifiers. The signifiers of the Other's discourse subsequently 'flow' through the process of the construction of meaning. A portion of them is caught in the existing networks  $s(A)$  and becomes 'logically understandable', while the other part does not 'stick' in the networks and flows right through the filter (see Figure 4.4). The latter then become what one could call isolated signifiers that are not integrated into the signifying chains, and as such, they form a 'toxic', incomprehensible psychological product. Perfectly analogous to the way in which a chemical substance is toxic for the body because it does not let itself be biologically assimilated, these residual signifiers are toxic because they do not let themselves be integrated into the existing construction of meaning. As such, these signifiers disturb the psyche and cause unrest, tension, dividedness, and symptoms.

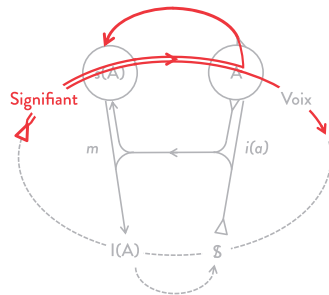


FIGURE 4.4  
The remainder of the process of the extraction of meaning.

These signifiers 'clump' together into some sort of 'amorphous' object outside of consciousness. Lacan refers to this conglomerate by means of his notorious *object a*, which we indicate on the Graph

at the same place as the remainder called the voice (see Figure 4.5). This object is perceived as the ultimate horror. Subjects sometimes refer to it as to a dark 'thing' (see also 'das ding' of Freud), that mentally imposes itself on them, for instance during a panic attack, and which they would like to remove from themselves. Clinical Illustration 4.3 presents a fragment of a transcript from a session with a patient who struggles with panic attacks. This fragment illustrates various aspects of the object *a*, such as the experience of the loss of control, the relation to the desire of the Other in the form of the fear of doing something which is not allowed, and the experience of something within the subject itself – a dark 'thing', a 'monster' – one would like to get rid of.

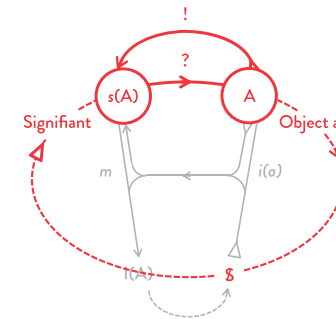


FIGURE 4.5  
The object *a* as a residual product of the process of the construction of meaning.

“Yes, but I am very **(hm)** afraid of myself, I mean, it’s almost like I’m afraid of myself. **(hm)** That I don’t know what I ... can and can’t do. Yes, I am, like I’m afraid of losing control of myself, does that mean you don’t know yourself well enough or that you ... think **(hm)** you don’t know yourself very well? I mean ...

**Therapist: Control, your own control** (yes, I’m afraid that there is something ...) **also control over your emotions? Could that also be the case?**

Euhmmm ... Nooo, yes, no, no, aa, maybe I’m afraid of, but yes, no, not that, not of my emotions no. **(hm)** I think it’s more like, yes, that I’m going to lose my control and that I am going to hurt someone or myself or that I ... Yes, going to go cra ... yes, like that ... Oh, or that you see it somewhere or, guhhh **(hm)**, I terrified of that. Yes, I’m really afraid of that. I think like ‘Yeah, someone else, that, it happened to them, so it could happen to me. And I’m already afraid of that, so I’m definitely going to ...’ Yes, like, that way of think-, I often think that way. **(hm)** I think that I’m always a step closer to something, because I’m in that situation that I’m in now and that makes me ... So actually a sort of vicious circle which actually makes me get afraid faster for something new because I think like: ‘Yes, I’m not strong enough **(hm)**, so I’m already a step closer, so it can certainly happen to me way sooner.’ For example, when someone freaked out, it’s like: ‘Yes, it can happen way sooner to me than to someone else because I ...’

**Therapist: And what do you mean by “someone who freaked out”?**

Well, you know, someone who did something bad ... Yes (yes) yes. I don’t like to talk about it **(hm)** because I find it really ... I mean “aaagh” really bad, something negative, yes.

**Therapist: That has a certain force for example?**

Yes, yes, or way worse. Or who has done a certain deed. I mean, I’m really, yes, I’m really **(hm)** afraid, that I think like: “I’m already afraid of that so I’m going through having that fear”, I think, uhmm, uh, how should I say this? Uhmm ... Because I have that fear, I think I already have a characteristic, like those other people for example ... **(hm)** who freaked out. That makes me really afraid **(hm)**.

**(hm)** And that is precisely a vicious circle **(hm)** because every time, I mean, there’s something a-and, how do I say this, if I, could now say like: “Fear, I can take it away and put it over there ... I am super strong” **(hm)**, because I have proof, in black and white, **(hm)** something visual like: “Look, there’s that fear”, **(hm)** and it’s laying there. Nothing can happen to me, I can’t lose control, that loss of control is over there, **(hm)** laying there. And then there is no problem ... it’s ... it’s as if there’s a monster inside of me **(hm)** and that really scares me **(hm)**. It’s like as if, as if that thing from, that I can lose control over, that that’s inside me and t-that I, that I, yes, it takes control of me.”

It is clear that we should situate the Freudian mechanism of repression and the return of the repressed at this level as well. The signifiers that do not fit within the dominant construction of meaning are repressed and manifest themselves in the psyche as unconscious contents. Technically, repression always fails, in the sense that what becomes repressed continually tries to manifest itself again in consciousness. Compare it to a ball that one pushes under water. The moment one stops pushing, it comes back up and emerges at the surface. We can situate the return of the repressed very precisely on the Graph. The ellipse-formed trace runs from the remainder of the voice up to the subject with a lack, and past that the trace returns towards the Other (the repressed thus returns). For the case mentioned above regarding the woman who felt panic attacks coming on during her confrontation with the grabby man, the repressed (the panic, the urge to walk into the man, the compulsive thought) returns as a series of symptoms with which she addresses the Other (the therapist) and asks for interpretation. We will return to this case in the following chapters to illustrate how the repressed manifests itself in the unconscious, and from there *controls* her life. It made her repeatedly marry a man who abused her, caused her panic and a series of neurotic symptoms, made her sexual phantasies gravitate around getting hit, and so on. We will also show how, as a result of the therapeutic process, the incomprehensible imperative that formed the core of her symptoms became much more comprehensible, and as such, alleviated the panic associated with it. The remainder was partially assimilated and its toxic effect mitigated accordingly.

However, clinical practice also shows that, no matter how long one continues an analytical cure, something always emerges in the psyche which does not let itself be understood logically. Freud already stumbled upon this phenomenon and referred to it by means of the term *primal repression*. Lacan linked this phenomenon

**CLINICAL ILLUSTRATION 4.3**

Clinical example of the patient referring to the object a. (session Th 8 from SCS0005).