

## The symptom's function

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There are signs that the present doxa about the symptom is unsatisfactory and that one needs to take into account Lacan's later teaching more systematically. If, as a formation of the unconscious, the symptom accounts for unconscious knowledge, it does not fully account for the reality of the unconscious—this is keeping in mind the later Lacan's opposition between unconscious as the lucubration of knowledge and unconscious as reality.

In his 1986-87 seminar '*Ce qui fait insigne*', Jacques-Alain Miller showed that, starting with  $S_1$ , the symptom develops along two distinct axes : one being the axis of representation, of knowledge lucubration, and the other being the axis of the *sinthome* on the plane of the real and of the letter also.

Lacan was able to say that he had brought the symptom down a notch and that he had reduced it to the matter of a response to the reality of the unconscious, rather than a response to the knowledge of the unconscious. Here is the whole question of the real of the unconscious. Is the unconscious real or imaginary? You know Lacan's answer: the unconscious partakes of an equivocal relation between the two. The question of new symptoms arises from  $S_1$  in the angle opened by these two vectors of the imaginary and the real.

I'd like to demonstrate this by drawing on a case study of a young woman I spoke about elsewhere regarding a different topic, a twenty-five year old woman named Elise. I'd like to attempt to show how the registers of the symptom and of the 'know-how' tie in together after several years of analysis and two consecutive analysts.

Elise is not a neurotic. She does not have access to the Name-of-the-Father to face life's main difficulties. Her whole question has to do with the limit, a limit she has no hold on, the limit of castration. "The gap keeps widening except when castration puts a stop to it" (*Le sinthome*, 18 novembre 1975, *Ornicar?*). And so Elise will have to use the resources of the imaginary and the symbolic in order to put a limit to the real.

Serial suicide attempts concerned her relatives throughout her adolescence. This is why she first started an analysis. Elise is a brilliant student, but her relationship with her parents takes on an increasingly pathological, even psychopathic, quality. The thought that obsesses her is the thought of death as the only possible limit to her lack of self-control. Yet, during this first analysis, her suicide attempts stop as abruptly as these started. But this doesn't happen without a left-over: fear.

And so she will start a second analysis. Her symptom is then reduced to the fear of being left alone, which precisely means for her that she would not have anyone to talk to, should a panic attack arise. This leads her to sleep over at various friends' houses, but also to stay home as much as possible, so as not to have to fend off potential interlocutors.

When she goes into town, she memorises her trajectory as follows: right, left, right, right so as not to get lost--and so much so that she inverts the commands to 'left, left, right, left' when returning to her point of departure.

However, when Elise's trip is long, she has to resort to other solutions. If the trip exceeds 20 km, the space she has to go through needs to be sign-posted by people she knows—people she can speak to. It only has to occur every 20 kms: this is her autonomy perimeter.

What we have here is a subject's use of the possibilities offered by the imaginary and the symbolic: anxiety is displaced onto the space that the subject attempts to sign-post with speech in the guise of a dialogue or monologue. One sees here that if the symptom, as limit to displacements, fends off access to the Other, it also makes this access necessary since it must have recourse to the Other of speech as that which establishes this link.

Today I shall sum up the case by way of presenting four tableaux that correspond to four crucial moments in the analysis:

*Scene 1: the lead-light window and being left to her own devices*

Elise is brought up by her grandparents till she is five, when it is decided that she may return to live with her parents. This is her first memory: her grandparents bring her to an apartment she's never been to; they leave her in some employee's arms and disappear. The memory she speaks about is of facing a lead-light window in the arms of some unknown woman, waving good-bye to her grandparents who are virtually running away. She is utterly distressed. For the first time, she has the feeling that her universe is crumbling.

*Scene 2: the fear of being closed in*

One Friday afternoon, Elise is with her mother and a friend in an elevator in Paris. The lift breaks down. Everyone has a laugh. A few minutes elapse and then a thought comes to her: 'If we get stuck here for the weekend my father will notice'. This thought is immediately followed by its opposite: 'Absent-minded as he is, he won't even notice'. Sheer terror gets hold of her: she is going to die closed in. The terror will only leave her when a man, whom she remembers as speaking a foreign language, came to set them free.

*Scene 3: mental hallucination*

Elise will elaborate on an intuition that she values immensely: at home, facing the window of her apartment, she looks out. An intuition she calls 'mental hallucination' then takes hold of her: it seems to her that 'the earth is levitating in a cube whose panels are painted the colours of the sky'. This idea comes to her with the connotation of absolute certainty which throws her in a state of nameless anxiety. All the knowledge she possesses and which she invokes is useless. She knows full well that she does not live in a closed in world, but in an infinite universe. She remembers the work in which Alexandre Koyre sums up this particular transmutation of knowledge. To no avail. Her own world, and the reality in which

she evolves, have changed. She can no longer find herself in a linear space, but rather in a discontinued space where the limit and the enclosure point to the void.

Since then, the fear of being closed in has compounded the fear of being left alone. Impossible to get into a lift, go to a supermarket with electronic doors, go to the cinema... and other things of a similar ilk.

*Scene 4: trauma and secret*

During her first treatment, Elise maintained the impossibility of evoking a trauma she lived as a teenager whose banality did not manage to conceal the encounter with the void, i.e., the encounter with the phallic signification in the sexual dimension. This is what she calls the rape. A childhood friend who also attends the same High School allegedly raped her while she was asleep at his place after a party.

She endows this cause with a particular status. Already at the time of the event, she is in two minds whether she should speak to her parents about it or not. She is afraid, literally, of losing her head if she speaks about it. And so she remains silent. But, in her own terms, she decides on the following tactics: since she has said nothing about it, she must behave as though nothing happened, she must not show any resentment to the boy and continue to invite him to her parents' house just as before the event, and she must invoke all the semblants at her disposal. In this way she is trying to reduce trauma to semblant.

She does not know how to speak about this: she does not know what place this fact occupies in her psychic life—whether it is, as she says, 'serious or not'. She has calmly kept silent on this point for ten years. Her second analyst makes her see that the seriousness of the memory does not make its avowal essential. For the first time, she then speaks of it to a friend. The two young women are watching a film '*For whom the bell tolls*' where the heroin played by Ingrid Bergman is raped. Elise has an attack of the giggles. Shocked, her friend asks questions. Elise speaks of the event in such a way that her friend bursts into tears.

The following night Elise wakes up due to a serious panic attack combined with vomiting. At dawn she leaves for her mother's and stays there until she is conveyed to hospital, where I meet her. She cannot imagine being left alone for one second.

It is the recounting of what cannot be said that triggered the crisis, I think. What cannot be said is no longer the memory loaded with the emotional content that is, fundamentally, reassuring, as an imaginary limit to what can be said.

This tale can be situated symmetrically to the intuition that 'the earth is levitating in a cube whose panels are painted in the colours of the sky', as the two sides of the same coin. Once that which was always in becoming has been said, it is fixed and closed and unveils some abysmal void. This void is the void of the Other's lack, of its inexistence, the inexistence that was originally veiled by the presence of the partner supposed to enjoy. From here onward Elise will no longer partake of the same reality as others, but rather of Aristotle's closed and motionless world, which she herself situates as delusional.

However, it also enables her to realise that the body of language, which this sphere and the cube can mirror, is not open to all and every meaning. There is a stop to metonymy. All cannot be said. She becomes aware of some limit. She may also become aware that one life may be limited to a trip up one elevator and that she might have to live in the elevator's closed space. From then on she will be able to bear it. Once the crisis is over, her fear will be milder. Her 'philosophical intuition', whose image is so catchy, has the function of a quilting point for her, re-ordering as it does both of her life's fears: the fear of being left alone and the fear of being closed in.

From the scene of being left to her own devices at five and the huge elevator crisis later on, when Elise realises that for her father she has but been a moment of distraction, she will 'invent' her own image of the limit which she will transpose into her life under the guise of the limitation of her symptom. That there does not seem to be any real trauma left enables a new rapport between subject and symptom. At the very place where spatial and imaginary space was invoked in fear, at the very place where the point of reference and the presence of the one who can be spoken to were required in the symbolic, comes the fact that there is a real impossible to say that has nothing to do with shame (*pudeur*), the only limitation of speech that she had acknowledged in her first analysis.

On the basis of this minimal construction, Elise assimilates the fact that the limit is constituted by the function of speech itself, which is no longer suspended and in abeyance, but a real hole: speech has a hole in it. The question is now to know what can and cannot be said. Not everything can be said, which means that if the symptom implies a know-how, it may as well be a know-how-to-get-by-with the hole of the Other's inexistence—as demonstrated by Jacques-Alain Miller and Eric Laurent this year—that she had to face despite her terror in order for her to decide upon a different way to live than limitation.

This analysis shows us that there are two ways of speaking of 'know-how': the know-how based on impotence, which has, as we have seen, its own efficacy, and the know-how based on some impossible. In other words, Elise might welcome in her life the dimension of contingency, if only by wandering across unknown streets... for instance.

*Translated by Dominique Hecq. Not reviewed by the author.*