

Evolving Lacanian Perspectives for Clinical Psychoanalysis

ON NARCISSISM, *SEXUATION*, AND THE PHASES
OF ANALYSIS IN CONTEMPORARY CULTURE



Raul Moncayo



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PERSPECTIVES FOR CLINICAL
PSYCHOANALYSIS



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Roberto Harari was my first teacher and mentor in psychoanalysis, and he remains a necessary reference for consultation and feedback on questions of treatment and Lacanian scholarship. I wrote certain portions of Chapter V as second author to Roberto. That paper appeared in the Journal of the Lacanian School with the title *Principles of Lacanian Clinical Practice*. I am also indebted to Andre Patsalides, who is the founding analyst of the Lacanian School of Psychoanalysis in Berkeley.

The section of Chapter V on the three payments of the analyst was previously published as a subsection of a chapter that I wrote for a book on Psychoanalysis and Buddhism edited by Jeremy Safran (Wisdom Books, 2004). As it stands now, Chapter V represents my most up-to-date and comprehensive statement on what I am now calling the multiform criteria for psychoanalytic and Lacanian clinical

practice. A more basic version of the chapter on narcissism appeared in *Psychoanalytic Review*, 93(4), August 2006. The same goes for Chapters II, VII, and VIII. These chapters had a prior history as papers under different titles but were extensively revised and expanded for the purposes of this book. A version of Chapter II appeared in the *Journal for the Psychoanalysis of Culture and Society*, Vol. 7, Number 2, Autumn 2002, under the title *The Configurations of Sexual Difference Across Real, Symbolic, and Imaginary Dimensions*. Chapter VII had a prior history in *Psychoanalytic Psychology*, Vol. 23, Number 3, under the title *Lacanian Perspectives on Psychoanalytic Supervision*. Chapter VIII also appeared in *Psychoanalytic Psychology* 1998, Vol. 15, Number 2, under the title *Cultural Diversity and the Cultural and Epistemological Structure of Psychoanalysis*. For the most part, Chapter III appeared in its present form and under the same title in the *Journal for Lacanian Studies*, Vol. 3, Number 1 (2005).

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Berkeley, July 30th, 2007

INTRODUCTION

This book is the product of over twenty years of work in clinical and academic settings, both in the public and private sectors of the San Francisco Bay Area. I was born in Chile and attended a British school. I began psychoanalytic training in Buenos Aires, Argentina, in the early seventies, under the direction of Roberto Harari. In the U.S., I obtained a Ph.D. from the Wright Institute in Berkeley, in the tradition of the Frankfurt School of critical theory, and completed Lacanian training in the Lacanian School of psychoanalysis also in Berkeley. I am bi-cultural, thanks to my Chilean father and North American mother. My mother's ancestry is French so the interest in a French form of psychoanalysis may not be a coincidence. In addition to a French perspective, I represent a Lacanian-American, and a Latino-American perspective on psychoanalysis. Lacanian-American does not solely refer to the United States, but to the entire American continent, including Latin America and Canada.

Establishing a school of Lacanian psychoanalysis in California has been an interesting journey. Up until now in the United States Lacanian psychoanalysis has primarily come to light as part of the wave of French influence on academic culture in the humanities. Whether in Philosophy, Rhetoric, Literature, English, or French departments, Lacan has become a household name alongside Foucault, Derrida, and Deleuze, among others. At the same time, secondary to deep divisions or splits within North American academia, Lacanian thought has been largely ignored within the

social science departments that train clinicians in the mental health professions. As a legacy of empiricism clinicians often are of the opinion that abstract thought or theory is of no relevance to best practices within the field of mental health. Even within North American and Anglo-Saxon psychoanalysis, Lacan is recognised as a theoretician but not as a clinical innovator.

English and Anglo-American culture are known for empiricism, pragmatism, and utilitarianism. It is also well known that English empiricism severed the link between philosophical and scientific discourse. Although this was an important moment for the development of the natural sciences, it may have come at a high price for the social sciences. French culture or continental European thought never defined a social science exclusively through the methodology of logical empiricism. In other words, within the social sciences, continental Europe preserved the link and continuity between scientific and philosophical theory.

Despite being a former English colony, the United States is renowned as a country of immigrants, the site of the English vision of a New World, and as the great social experiment of democracy with regard to ideas, social classes, and cultural formations. The melting pot not only means the place where all cultures are reduced or assimilated to Anglo-American culture, but more importantly, the place of meeting and in-gathering of all nations and cultures. Like the English, the French and the Spanish were defeated militarily, as competing colonisers on North American soil. However, the vanquished always become incorporated into the psyche of the victors. In addition, the different Western powers would probably agree that knowledge must expand to encompass a more universal human dimension rather than simply remaining within the relativity of a particular cultural or national interest, whether cognitive, economic, spiritual, or political. It is also true that the latter are usually disguised under a pretence of objectivity and universality. I define universal as that which includes everything; its own lack, limitation, or emptiness. A tendency to violently reduce everything to a single numerator or master signifier can never attain the status of enduring universality.

What then is the relevance of Lacanian theory and practice to the English-speaking world and the New World? This question has to be answered first by addressing the relevance of theory. As already

stated, empiricism is known for accepting “scientific” rather than “philosophical” theories. The consequence of this within the clinical mental health or behavioural field as it is now called, is that clinicians feel comfortable with a series of techniques applicable to different types of pathologies and treatment, but that do not require them to think theoretically in any way, shape, or form. Even universities (what Lacan calls the university discourse) do not teach critical thinking skills in psychology or psychiatry. It is only in the humanities that critical and theoretical discourses are cultivated and appreciated.

The consequence of the repression of critical clinical theory within the social sciences is the continuation of a split within the culture and within the psyche. There are the academics in their ivory tower on one side and the clinicians in the trenches on the other. Clinicians sometimes will say, “Oh! That is academic,” as if theory did not have any relevance to clinical practice. Clinicians are left then with a series of fragmented techniques that are applied to clinical diagnoses that are themselves fragmented and disconnected from other diagnoses. What is missing from empiricist *scientistic* culture in psychology and psychiatry is a structural theoretical understanding. This would bring continuity and coherence to and among psychological development, family and psychical structure, social phenomena, brain function, spiritual development, and psychopathology.

The notion of the psyche held the promise of psychiatry being a bridge between the natural sciences and the social sciences. As it stands now, under the banner of scientistic empiricism, biological psychiatry has become a market tool of pharmaceutical companies and Wall Street capitalism. Empirically validated forms of treatment present their findings as foundations for “evidence-based” clinical practices. However, most clinical studies are only six weeks long and are done with subjects who are quite different from the clinical populations that most clinicians encounter. The success rates of many medications do not prove to be nearly as accurate with patients treated in clinical practice. This is particularly the case for antidepressants with chronically and severely depressed populations. I do not mean to question the merits of psychotropic medications but simply to point out that the evidence is not as clear and definite as it is usually presented. The so-called evidence is in the realm of the Imaginary (*videre* in Latin) and in the presentation of a believable

image. In actual practice the reliability of the study depends on how the studies are designed, the assumptions behind the questions asked, the populations used, and how the results are presented. The fact that a treatment has proven effective in a clinical trial is no guarantee that it will be effective with a clinical population. Conversely, a treatment that has not been empirically studied in a clinical trial could also be effective with a clinical population.

Brain research has already made many positive contributions to psychiatry but these advances are presented, especially in the media, as completely new findings. In actuality many new findings are things that were already well known within psychoanalysis and psychiatry. The only difference is that now we have an expanded understanding of how things may work in different areas of the brain. The problem with scientism in the social sciences is not empirical research, or knowledge derived from the senses, but how it fragments human knowledge and posits one form of knowledge or logic as the sole legitimate and dominant form of knowledge. I agree with the Frankfurt school and critical theory that this is not done for the sake of objective knowledge but to protect political and economic interests.

Psychoanalysis relies on the case study method to test the truth-value and effectiveness of the theory. The single clinical case represents the point of articulation of theory and practice. From a Lacanian perspective, psychoanalysis needs to be reinvented on a case-by-case basis, beginning with the personal analysis of the clinician himself or herself. Therefore, psychical causality and symbolic effectiveness within psychiatry, psychology, and psychoanalysis need not be studied statistically to be effective within clinical practice.

If the behavioural field is reduced to evidence-based practices, then entire dimensions of subjectivity will be neglected and ignored to the detriment of the individual and society. What will remain is what Marcuse called a one-dimensional society of robotic people who have eyes but cannot see (seeing also requires the symbolic eye of a theory). Rather than statistics, it is the consumer of services who needs to be the final arbiter of whether a treatment is helpful or not in addressing a particular problem or condition. On the other hand, statistical studies can democratically co-exist side by side with clinical case studies and theoretical formulations, so long as the former are not

tyrannically positioned as the sole valid form of knowledge determining practice guidelines and reimbursements or payments. In addition, theory construction requires a different set of cognitive skills than empirical research. To read and understand complex theory requires many years of study and reflection utilising abstract thought. In this sense it may be difficult to be a good empirical researcher and a good theoretician because the cognitive skills tend to exclude each other.

The same may be true for being an empirical researcher and a clinician. To be a clinician one needs to practice clinical skills and the time allotted to this activity may conflict with the time needed to engage in empirical research. Most empirical researchers are not clinicians or vice versa. Reading and writing theory are more amenable activities for clinical practice. One can read and write between clients and in the evenings and on weekends. This is where democracy with regards to knowledge and power becomes all-important. A democratic society is one in which different forms of knowledge and logic are supported and allowed their full development and implementation.

A theory needs to be scrutinised in the light of a critical analysis of the coherence of its own postulates and how they succeed or fail to explain clinical and/or phenomenological observations. In addition, clinical theory must not only explain/interpret the facts of the field but also must be of help in their treatment and modification. Although there is no punctual correspondence between structural theoretical elements and empirical facts, theoretical knowledge enables a clinician to work with mental representations and behavioural presentations. No therapy manual will be able to exhaust the wide variety of permutations and combinations possible within human behaviour. Similar phenomena can present themselves in many different forms and conditions. It is a sound theory of subjective structures that helps a clinician understand and treat the many polyvocal manifestations of psychopathology in each specific circumstance and individual encountered.

Lacan insisted on the point that the frame for treatment needs to be designed on a case-by-case basis. Standardised and manual based treatments cannot but end up applying the logic of "one size fits all" criteria. Not only the treatment needs to vary according to diagnoses, but he also insisted upon the variability of time for each session and

for each singular treatment. The variability in the length of the session, and of the treatment, is not only related to what Lacan called logical time but also to the fact that psychiatric and psychological/psychical interventions are interventions within language. Behavioural facts are discursive facts or facts within discourse. Thus Lacan privileged the understanding of language for the understanding of human development, and of psychopathology and its treatment.

Lacan views language as an embodied language. Language is not only a cognitive function, but it is also intrinsically tied to emotional life and the familial context of human development. Language is acquired within the workings of what Lacan called the paternal function within Oedipal structure. In addition, the linguistic signifier is a regulator of what Lacan called *jouissance* (pleasure/pain). Although Lacan's theory of the function of the linguistic signifier within psychical structure is relatively well known, his theories of *jouissance*, of love, *sexuation*, and narcissism are less known. The latter refers to the formation of a sexed sense of self within culture and to the emotional underpinnings of subjective and psychical structure. Many people in the English-speaking world and in other places, both within and outside psychoanalysis, believe that Lacanian psychoanalysis overemphasises the linguistic and the intellectual to the detriment of the affective, non-symbolic, and clinical aspects of experience. In the later Lacan the signifier not only regulates *jouissance* but also is itself a form of phallic *jouissance* regulated or limited by a higher order *jouissance* beyond the phallus.

I formulate a distinctly Freudian-Lacanian conception of narcissism that broadens the understanding of narcissism while highlighting its relationship to partial objects, formations of the ego and the subject, and different forms of *jouissance* within the registers of experience. The Lacanian concepts of the *objet à*, and of *jouissance*, allow for a re-formulation and articulation of Freud's drive theory that is not without intersubjective dimensions, but also beyond egoic, and personalistic constructs. Psychopathology is intrinsically intertwined with larger historical changes in family structure, cultural definitions of sex and gender, and the social regulation of impulses and emotional life. It is well known that the postmodern family in the West is in crisis. Relationships between the sexes are experiencing enormous difficulties, the culture is struggling between traditional

and contemporary definitions of sex and gender, and spirituality has become an increasingly important aspect of human experience.

This book is not only sensitive with respect to presenting Lacanian ideas within the context of current clinical practices within the mental health field, but also within the context of minority mental health (both ethnic and sexual), and within the context of contemporary non-Lacanian psychoanalytic thought. I engage in a critical analysis and inclusion of many intersubjective, object relations, and attachment theories. In many respects, Anglo-Saxon object-relations theory, the prevalent version of psychoanalysis in the English-speaking world, has neglected both sexuality and the function of the father. This is partly in compensation for an alleged neglect of trauma, the mother, and the pre-oedipal in Freud's theory, but also because of the feminist critique of Freudian and Lacanian phallocentrism. However, the price paid for the neglect of sexuality and the function of the father is coextensive to the confusion and malaise regarding sex and gender prevalent in Western culture. Despite the many necessary advances in women's socio-economic conditions brought about by feminism, at a psychical/familial level, feminism confuses the difference between the imaginary phallus/father and the symbolic father/phallus. Lacan makes this distinction clearer and to a further degree than Freud. The master's discourse, the discourse of patriarchal domination and power, is the discourse of the imaginary father. By turning the critique of patriarchal domination on its head, it is possible to argue that certain versions of feminism, and mother-centric discourse, also help reinforce the discourse of the imaginary father, and the master.

The question of cultural difference and diversity also has become of utmost importance for the mental health field in a postmodern world. Nowadays, clinicians must be culturally competent to treat individuals from many different cultures. The last chapter of this book addresses the issue of cultural difference from the point of view of a Lacanian reading of Latino American experience. Many people from traditional non-Western cultures rely on religion, spirituality, or culture, to address the questions posed by psychopathology and psychical or mental suffering. Most books on Lacanian topics do not address the relevance of Lacanian psychoanalysis for the treatment of ethnic groups.

Lacanian-American perspectives are also consistent with post-colonial theory in that, although careful and respectful with regard

to Lacanian scholarship, analytical training, and the complexity of Lacan's thought, it dares to appropriate a European discourse, and present it in a distinctly continental American voice. To do otherwise is to continue to reinforce a colonialist mentality and a social transference whereby the French may be placed in the position of the master and the "one who knows." There is more than one way to interpret Lacan since Lacan left many contradictions open within his work and his thought also changed over time. Lacan purposefully wrote in a style that left the question of interpretation open rather than closed. Two, three, or perhaps four, individuals (but not many more than this), can arrive at different or opposite conclusions regarding what Lacan meant to say about a particular concept. Difference and diversity within interpretation is consistent with and predicted by the very logic of what Lacan called the Borromean knot. The Borromean knot is composed of two things: three dimensions that intersect one another and a fourth that tie the other three together.

A concept, word, or idea, can acquire different meaning according to the perspective of the register in question (Real, Symbolic, or Imaginary). In contrast to other books, the intent of this book is to provide the reader with a Lacanian or Borromean perspective rather than a closed or authoritative interpretation or introduction to Lacan's work. However, when deviating from accepted or supposedly authoritative interpretations of Lacan's work, I am careful to provide a rationale, and how I believe certain alternative formulations may help clarify dialectical tensions within Lacan's own thinking, but without ever pretending to provide a final synthesis or interpretation.

Lacan understood the name of the father, as the fourth dimension that ties the other three together, as the names (in plural) rather than THE name of the father (in the singular and exclusive version). On the other hand, the name of the father, to qualify as such, has to have something of the one, but primarily of the zero of castration. Otherwise plural versions of the father, without the zero of a symbolic debt or inheritance, would be no different than perversion (*pere-version*: the versions of the father).

Lacan was expelled from the International Psychoanalytic Association for his clinical practices, and to this day, Lacanian clinical practice is not taught or practiced within the psychoanalytic

institutes affiliated with the IPA. This is the final point of resistance to Lacan's contribution to psychoanalysis and psychiatry in general. Paradoxically, it may be that it is precisely the Lacanian approach to the psychoanalytic frame which may help psychoanalysis continue to be relevant for contemporary culture and clinical practice. Psychoanalysis nowadays is considered to be too long, rigid, and expensive to be of use for people with private insurance, ethnic groups, public mental health, the poor, and the severely disturbed with substance abuse problems. Lacan's return to Freud included not only a return to Freudian ideas, but also to Freud's more flexible clinical practices. From a Lacanian perspective, the classical frame for analysis can be regarded as a postfreudian rather than a Freudian development, and as only one of the possible formats/tools of clinical psychoanalysis. Lacan insisted on the singularity of each session, subject, and treatment. For cultural as well as clinical reasons, psychoanalysis cannot be practiced according to the "one size fits all" criteria.

Finally, in addition to presenting a multiform criterion to the psychoanalytic frame, this book also applies Lacanian ideas to the elucidation and treatment of depression. Lacan dedicated a seminar to the symptom of anxiety but did not focus on the problem of depression that has become the most widespread psychical malaise within contemporary culture. As anxiety was the malaise of traditional and modern Western culture at the turn of the century, depression has become the main symptom of a postmodern period linked to a loss of traditional ideals and aspirations.



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PART ONE

LACANIAN THEORY



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Forms and Transformations of Narcissism: The Partial Object, the Ideal Ego, the Ego Ideal, and the Empty Subject

Introduction

Overall, Freud's theory has a built-in tension and ambiguity between a developmental and a structural concept of narcissism. On the developmental side, Freud (1911) first conceived of narcissism as a phase of sexual development where the individual begins taking its own body as a love object. In line with this perspective, Freud defined primary narcissism as corresponding to the ego-representation involved in this sexual phase of development, where the ego loves the image of his/her own body.

Secondary narcissism was then defined as a regressive and pathological return to the primary narcissism of early childhood. Narcissism in this account is a primitive and temporary phase of development that, if unchecked, becomes ultimately pathological. The narcissistic or ego-centred phase of development in which an object relationship does not exist needs to be abandoned in favour of a more advanced object-oriented phase of development. However, the limitation of establishing an absolute developmental difference between a narcissistic and an object phase of development is that subject and object co-arise or mutually determine each other. Narcissistic and object love are interrelated.

On the other hand, in his paper on narcissism, Freud (1914) considers the ego as a reservoir of libidinal cathexis from whence the latter are issued towards objects. Laplanche and Pontalis (1973)

have pointed out that such an energetic definition presupposes a structural rather than a stadial or temporal conception of narcissism. These authors also note that Freud differentiated autoerotism from narcissism by emphasising a lack of an inborn unity to the ego. This distinction seems to allude to an implicit dialectic between the developmental and structural perspectives. In other words, the unity of the ego as a mental agency/representation is not inborn but is rather established by a particular psychical or mental action. But once the unity of the ego of narcissism is established, it remains as a more or less permanent and non-pathological structure of the subject.

With his concept of the mirror phase, Lacan (1951) purported to explain the precise nature of the particular mental action intuited by Freud regarding the formation of the ego in the so-called narcissistic phase of development. In Lacan's theory, the ego, as a particular form of unity within the psyche or as a manifestation of psychical unity, appears correlated if not consequential to the formation of a body image or a bodily schema. Once the organism becomes a body image presented to the mind, the body as specular image not only becomes a precipitant of mental organisation but in turn the mental representation of the body also facilitates motor development and dexterity.

Lacanian theory converges with the prevailing intersubjective theory of narcissism and Lacan, in fact, may have been one of its precursors. Lacan has been credited with coining the term intersubjective. The image the child acquires of himself/herself is modelled after the other and the other's object of desire. Narcissism does not in fact represent the absence of an "object relation" given that the self-object (the specular image) pre-exists as an object of the mother's desire. Thus, as Laplanche and Pontalis also point out, Freud's concept of narcissism represents identification with the other and the internalisation of a relationship with the other. Narcissism, whether primary or secondary, never precedes loving others because in loving himself/herself the ego loves the other. Self-love cannot be the originary form of love, because the existence of the object precedes that of the ego.

However, in his second topography of the mind, where Freud (1923) developed the concepts of id, ego and super-ego, Freud defined primary narcissism as a primordial state prior to the formation of the ego, the prototype of which would be intra-uterine life.

It remains unclear what would be narcissistic about this state given that there is no rudiment of a differentiated ego-representation that could be cathected or loved. Thus, this conception of primary narcissism differs from the earlier view where primary narcissism represented the first form of ego representations and secondary narcissism was a regressive and pathological return to the primary narcissism of early childhood. In this second view of primary narcissism, the principal characteristic of primary narcissism is not a first form of ego representation or an absence of a relationship to an object but a lack of differentiation or the presence of a fusion between subject and object, self and other. Primary narcissism is only narcissistic in the sense that it is characterised by an absence of a differentiated and conscious relationship to the external environment. This could not be otherwise given that the primary objects in the infant's world represent the environment and these have not yet been differentiated from the ego. Differentiation has to wait until identification of the primary objects takes place. The first perceptual identity with the object constitutes the first part-representation of the ego but where the latter has not yet differentiated from the former.

Following Lacan, the beginning of a differentiation between self and other, subject and object, needs to be considered according to the mirror phase whereby the ego or ideal ego is defined by the specular image (image in the mirror) that results from identification with the mother's desire. The specular image would constitute a structural form of secondary narcissism. In contrast to this, the notion of secondary narcissism as regression to the narcissism of early childhood needs to be understood as a defence formation in response to Oedipal configurations that come to redefine and re-articulate structural and necessary narcissism. Such Oedipal configurations will be discussed further on.

This chapter will also postulate the existence of further structural differentiations within narcissism generated by the establishment of the ego-ideal and of the symbolic function of the father. In these instances, a third or fourth degree within narcissism does not refer to psychopathology but to structural permutations within subjectivity. Such a formulation attempts to combine the critical analysis of narcissistic identifications begun by Freud, with the realisation of the necessity and inevitability of subjective structure and the capacity for love, desire and enjoyment. Narcissism only becomes

psychopathological when these further differentiations within subjectivity have not been established.

A differentiation between secondary and tertiary narcissism is postulated following a distinction between the ideal ego of the specular image associated with identification with the mother, and the ego-ideal linked to a symbolic identification with the father. Following Lacan, the ego-ideal constitutes a further or tertiary differentiation within narcissism in relationship to the symbolic recognition of the father. But here Lacan subjects the ego-ideal to a critical analysis not found in Freud, at least in a systematic fashion. Thus, this chapter will postulate a final, end state differentiation within narcissism. It remains an open question whether such a state should still be considered a form or degree of narcissism. The ego ideal refers to an imaginary identification with the father, whereas what I call the empty subject refers to the function of the symbolic father as an empty symbolic function without a name or image but still a function, nonetheless.

The task of the analyst is to serve as a support for this function by ultimately being empty of content that could define the identity of the analysand. The recognition of the lack in the Other leads to a fourth degree differentiation within narcissism that coincides with what Kohut (1966) called cosmic narcissism. Such end state form of subjectivity is differentiated from first-degree primary narcissism, because it is the result of the separations introduced by the paternal function.

The unborn and absolute primary narcissism

For Freud, the state of primary narcissism was narcissistic due to the absence of a relation with the environment similarly to that found in dreams. However, Green (1970) has observed that Freud distinguished between narcissism in sleep and the narcissism of dreaming. Sleeping is the example that Freud uses to describe what he called absolute primary narcissism as an analogous state to the conditions that prevailed in intra-uterine life. In both cases, as Green remarked, the subject is stripped and divested of outer garments, of social links, goods, and possessions. The subject is shielded and removed from external stimuli and investments and remains relaxed, reposed, and at rest. However, if there were no identifiable subject in relationship

to an object, the distinction between an internal or external world would not apply. Moreover, intra-uterine life does not represent a state of solipsistic encapsulation and separation from the world but rather one of profound connection and interpenetration of life processes. In intra-uterine life the child is intrinsically related to the environment represented by the mother's body. The body of the mother both relates to the external environment and shields the child from it. In this sense, intra-uterine life, as a prototype of primary narcissism, represents an inter-organismic and inter-psychic condition whereby subject and object, mother and child, have not been differentiated.

In primary narcissism there is a relationship to the environment but the subjective pole of the relationship has not been differentiated. Intra-uterine life represents a self-experience for the foetus but it would not be narcissistic to the extent that narcissism presupposes a distinction between subject and object. From this vantage point, absolute primary narcissism can be viewed as a principle of quiescence to be distinguished from the elation, expansion, and isolation more commonly associated with the ego or primal object of the narcissism of dreaming and wishing. In contrast to the peace and silence of sleep, dreaming is what refuses to be reduced to silence and which sleep is forced to incorporate and accept in order to avoid its own interruption. Rather than sleep it is dreaming that represents a state of solipsistic encapsulation and separation from the world. According to Freud and Lacan, all the characters that appear in dream are representations of the dreamer himself/herself.

In contrast to the narcissism which aims to promote the success of the ego, the other narcissism of sleep carries the subject towards a region of being/non-being wherein the ego vanishes. The narcissism of sleep can be considered as a form of self-experience that is also a no-ego or a psychical topographical space/place where self and no-self coincide rather than collide. Although these two forms of narcissism are reflections of two different modalities, Freud did not supply a theory that could combine these two orientations into a single theory. Thus, within psychoanalytic theory the notion of an absolute primary narcissism linked to a principle of quiescence and profound connection tends to get lost. On the other hand, this is the basis for the reality ego, although this formulation constitutes a reification of psychical processes that could just as well be described

as being without self. In what Freud called “perfect ego functioning”, the sense of ego is lost to a wider or larger experience of reality better described by Freud’s descriptive unconscious, Lacan’s subject of the Unconscious or symbolic order and even a notion of a Big self that is not grandiose but reality-based. Coherent and articulate speech is a good example of a functioning wherein the subject, for the most part, has spontaneous and seemingly effortless access to an unconscious (in a descriptive sense) pool of vocabulary, logic, and eloquence.

Basically the question of narcissism within psychoanalysis has been an answer to the question of selfhood. Psychoanalysis has ostensibly described the self as a form of libidinal attachment or fixation to ego-representations of various kinds. Within absolute primary narcissism, what Lacan calls a pre-subject (explained further on) functions according to a pre-libidinal organismic energy akin to Lacan’s *jouissance* of the body or of being. No ego exists at this point. *Jouissance* means both pleasure and pain, and a good example of this would be the process of birth itself. During birth both the mother and child are subjected to the pulsating (contracting and expanding) pangs of the birth process that ultimately culminates in a quiescent holding of the child in the mother’s arms. Having newly arrived in the world, for a moment, the child is awake and at rest in his/her own being. The libido proper begins with what Freud called the experience of satisfaction, and the perceptual identity with the object (the breast/*objet à*). Now the *jouissance* of the body and of being will become the *jouissance* of the Other, in relationship to the breast and maternal desire.

Thus, it is also possible to formulate the question of self before and beyond the ego. In the pre-subject and in the self as object there is self-experience, even identity in the sense of sameness without difference, and in the sense of identity with the object, as well as energy and libido, but there is no ego. Thus, no-ego does not mean no-identity but a different form of identity.

At first the connections of no-self are founded on the biological homeostasis of the body. For example, breathing as an image or function of the body that is connected to different organisms and to the earth through the vehicle of the air and oxygen that we all depend on. Dolto (1997) has identified breathing as the most archaic unconscious image of the body and as an example of what she calls

fundamental narcissism. Dolto's fundamental narcissism can also be linked with Green's other narcissism of sleep or Freud's absolute primary narcissism. The other narcissism of sleep and of breathing represents the unconscious homeostasis and function of the organism. Thus, following Dolto, and Lacan, I formulate the notion of a pre-subject and a subject (both pre and post the ego of narcissism) beyond the isolation and illusion represented by narcissism as usually understood.

Both the organism and the Lacanian subject can be regarded as forms of subjectivity beyond the ego. Strictly speaking, the ego is Imaginary and is organised by a body image framed by the specular image. The subject is organised within language and contains a necessary tear into the fabric of the ego of narcissism. It is the successive losses within privation, frustration, and castration that constitute the subject and the parameters of phallic *jouissance* under the signifier. Within language as a social body the subject is represented and articulated by the (phallic) signifier. Just like a signifier acquires its meaning by its relational differences with other signifiers, so the name of a human subject, for example, identifies a subject as a particular signifier in relationship to other signifiers and names within the culture.

The no-self of the post-ego ideal subject shares a structural connection to the no-self or pre-self of the body prior to the ego and to what Freud called absolute primary narcissism, Dolto called fundamental narcissism, and Kohut called cosmic narcissism. Although the absolute primary narcissism of the pre-subject is first experienced in relationship to the mother, the fourth-degree absolute primary narcissism of the subject is a return to the origins as a result of the paternal function. Such degree or level of narcissism could also be called a primary narcissism degree zero to distinguish it from a relative object-based primary narcissism. On the other hand, it could also be argued that for this category the concept of narcissism could be dispensed with altogether. The end state narcissism can be regarded as either a differentiation within narcissism or as a differentiation within subjectivity beyond narcissism. In the end, as I will later argue, the early absolute primary narcissism and the organism become incorporated not into the self of narcissism but into the symbolic functioning of the subject.

Relative primary narcissism

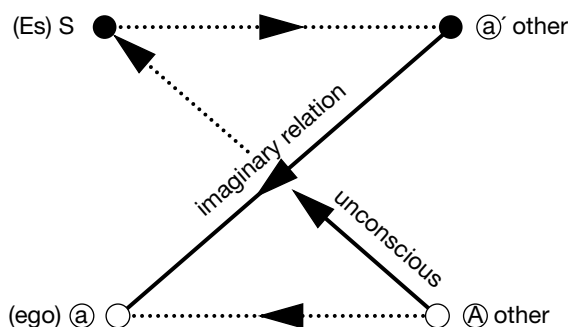
After birth, the movement towards a distinction between subject and object, and towards a differentiation of subjective experience, begins when the polarity of the relationship is tilted towards the object. Thus, following Lacan, and many others, this chapter will consider relative primary narcissism as the form of self-experience wherein the self is given by a perceptual identity with a partial object-representation of the mother. This view would be consistent with Klein (Segal, 1980) where she defines narcissism as identification with what she calls the good object.

In this section, the ego's relationship to the part-object of the mother will be conceptualised according to Lacan's concept of the *objet à*. Prior to the specular image (the body-image in the mirror) there exists a relationship to the breast as a part object representing the whole mother. The breast, or in some cases the bottle, is the first *objet à*. The *objet (petit) à* is a term that Lacan (1964) introduced to designate a partial object "cause of desire" which is imagined or symbolised as separable from the rest of the body (i.e. breast and weaning). The child has to wean and separate from the breast as a part of both his/her body and the mother's body. But just as the breast is not only separable from the mother's body because the mother is also included within the breast, the mother's breast is not only separable from the child's body in weaning but also becomes a part of the child's body in the form of the *objet à*. Because the *à* has become separated and lost but is also included within the body of the child, it becomes the "presence of a void". I use the term presence of a void, rather than Lacan's "index of a void" to represent the construction of the *objet à* within a dialectic of presence and absence. On the one hand, the *objet à* is a presence, on the other hand, as a presence, it is only the index of a void. As a void the *objet à* can never be attained as a concrete object and thus the term cause of desire. Any posterior object of desire or of the sexual drive is never the *objet (petit) à*.

In the first phase of primary narcissism, before the subject can have a desire for a maternal object, the bodily ego of the child is itself an *objet à* of the mother. Thus, Lacan will say that the ego is included in the object. Here the child as object represents not only the homeostasis of unborn life, but also the mother's libidinal investment of

the foetus. The foetus becomes an object cause of the mother's desire. The total body of the child becomes a part of the mother whereas after birth a part of the mother's body (breast as external object or other) will represent the total body of the mother for the child.

The *objet a* is not only an object cause of desire for a subject, a relationship that Lacan (1966) will represent as $(\$ \diamond a)$, because before the ego becomes a subject it is first an object. The first relationship between the bodily ego and the object can be represented with the Lacanian algorithym: $(a - a')$ that Lacan (1957/1977) uses for his schema L.



In this schema, and at the simplest level, the relationship between the mother and the child, as a body-to-body relationship, can be seen on the top line of the schema ($S - a'$). In French *autre* means "other", therefore Lacan uses "a" instead of the "o" that could have been used in English. In English "o" also represents zero (in Lacan's later work big A will be written as O to represent totality (O) and the not-all \emptyset). Here a' (prime) would stand for the breast as a partial object and S for the pre-subject before it becomes an ego, in relationship to the mother, and a subject proper by the address of the Other. " $S - a'$ " also stands for absolute primary narcissism, and the homeostasis of the interorganismic mother-infant body that represents a pre-subject and a pre-sexual energetic subject before it becomes enveloped by maternal libido/desire.

This (Es) could also be said to be the origin of the it/id where the libido begins to be differentiated from basic material energy. Since this it/id is also the first form of self or absolute primary narcissism, this formulation solves the Freudian contradiction of postulating the

libido as stored in the id versus postulating the libido as originally stored in the ego or what Lacan considers a pre-subject. A, as a symbol of totality, does not represent the total physical body (which is represented by the specular image) but the total body of the Other as a social-linguistic body that precedes the capacity to discriminate between small or big, total or partial, good or bad parts of the body.

The S only becomes a barred \$ after the imaginary relation with the mother is crossed by the address of the Other (S..\$ – O). A line can also be drawn between S and a representing the ego (S – a). The ego as *objet à* only represents the subject after it has been captured by the desire of the (m)other. So a, or the ego, represents three things: the phantasy object of the mother, cause of her desire (a' – a), the first ego as the identification with the breast or the thought of the breast, and the *à* as the specular image or the image in the mirror that Lacan will later represent as i(a). With reference to the relationship to the breast, S – a' can be differentiated from a' – a because the former is before thought whereas the identification with the breast represents the beginning of thinking and memory. However, a limitation of this schema is that it does not have a way of differentiating the ego or a, as the thought of the breast, and the ego or a as the specular image (a and i(a) respectively). To differentiate them, i(a) would have to be written as a point on a straight line to the right of a (see my modified schema L below).

In this schema, the relation between the body of the subject and the specular image is represented by a line between S and a. The specular image is also the ideal ego. The real image of the subject as a bodily ego is mediated by the specular image, and the specular image is mediated by a' representing both the mother as breast and her own desire for a phantasy object. So in the Imaginary we have a first triangle composed of three relations: S – a'; S – a; and a' – a. For the subject, the total image of the body is given by the specular image, because without a reflection the subject cannot see a total image of its own body. At the same time the total image of the ego represents the part-object *à* of the mother (i[a]), and the total image of the mother is represented by a part-object (a' or the breast).

The subject cannot see the back of his/her body or his/her own gaze/face without the aid of a mirror or a reflection in the other and of the other as mirror. Without the mirror/Other the subject cannot see his/her own face as seen by the other. Without the mirror/Other the subject cannot see how or from what place the other is seeing