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A Passion in Transference
Marion Milner and the Susan case.

Whenever the act breaks down, it is the
psychoanalyst who becomes the true
analysand.

Jacques Lacan, *Cause of a failure.*

Does psychoanalysis cure schizophrenia? For a time, after Freud (who had said it did not) and before Lacan (who did not say if did), this question divided the psychoanalytic movement. The cure that Marion Milner presents in *The Hands of the Living God* (published in 1969)¹ dates from that period.

A schizophrenic was in analysis for 20 years! At first, the patient was 23 years old; she would be over 40 when her so-called schizophrenia would be considered cured. It is because she "looked like Botticelli's Venus rising from the waves" (3) that Susan was, thanks to an English couple, Mr. and Mrs. X, taken out of the psychiatric hospital and referred to Marion Milner. Mr. X was "interested in problems to do with health" and Mrs. X, during a visit to the hospital, was so struck by this young woman's beauty that they decided to invite her to live in their home and to pay for her analysis. The treatment started on November 17, 1943.

Marion Milner observed: "What I saw was a tall and slim girl with a walk like Garbo in Queen Christina and a remotely withdrawn Madonna-like face. (3) Alas, psychiatric hospitals pay little heed to feminine mystique This "mystique" had just undergone electroshocks and said "I feel as if I lost my soul." (14) Therein lies the enigma.

For us, the book is a valuable document about the enduring question of the diagnosis and the treatment of psychosis by psychoanalysis. The date of the cure, 1943, and its length, place it in the history of psychoanalysis. It occurred at the same time as the

major debate which pitted the Kleinians against the proponents of ego psychology regarding the possibility or impossibility of the psychoanalysis of schizophrenia.

In 1943, Marion Milner, whose training was influenced both by Melanie Klein and by Winnicott, had just been admitted to membership in the British Psychoanalytic Society. Three years later, 1946, saw the publication of the article "Notes on some Schizoid Mechanisms" by Melanie Klein. This article was to become the cornerstone of the Kleinian approach to the psychoses, and appeared just a year before Rosenfelt published the Mildred case, which he considered to be the first case of schizophrenia cured by psychoanalysis. The end of the treatment occurred after the 1960s. Therefore, Marion Milner could have read Lacan's text, "Of a Question Preliminary to any possible treatment of psychosis" in 1956. Evidently she did not. And without any preliminaries, three years after the publication of the *Ecrits*, she adopted a two-fold thesis. First, she asked if one can cure schizophrenia and answered: Yes, it is possible. And here she concurs with the Kleinian thesis concerning the presence and effectiveness of transference in the case of psychosis. Second, she asks if this cure is effected through psychoanalysis and answers: Not

quite. Because, according to her, and contrary to Klein's thesis, the cure would require a modification of the technique under the specific form of an abandonment of "transference interpretations." I shall question this two-fold thesis.

It is true that this approach goes against the grain of Milner's book, which is not a formal study; rather it is an account, quite a moving one at that, in which the intense interest that Marion Milner had for this patient is recorded. And Milner insists on making it a point of honor to disclaim any pretense to theory in order to recall her account of the experience. This does not prevent her, of course, from occasionally theorizing, like the would-be gentleman of Molière. But, in fact, it would be hard to miss the tone of authenticity which marks this work. Winnicott noted it in the foreword: it "rings true." (XI) I add that it rings true with regard to the author. Marion Milner, in making an effort of reciprocity to "balance," she puts it, the presentation of her patient, intends to testify for the analyst herself. An impossible task perhaps, but indeed the text stresses the link between the analyst and this patient. The beginning of the treatment corresponds to the beginning of the career of the analyst, and its length coincides with what she herself presents as her education as a psychoanalyst.

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There is something more, however, and something more crucial: Susan embodies the question of Marion Milner. She herself announces it to us, thus providing us with the key to her keen involvement. While one reader might be enthusiastic over an honesty which finally yields access to a consulting room with open doors, another may suspect its ingenuousness. But everyone will realize, feelings set aside, that the absence of a mask, nonetheless, obfuscates the question of the diagnosis because we have, not one, but two cases.

There is another problem: Freud's discovery is transformed under Marion Milner's pen into a hermeneutics of the unsayable. From the Preface onward, the reader who has been introduced to the Freudian discipline by Lacan's teaching, may well be turned off by it. The unconscious is defined, from the start (14-15), both as prelogical, non-discursive, and non-verbal thought, and as an archaic will. In this way, Freudian "reason" turns out to fall back upon the same old notion of an unconscious bin of the non-conscious. In the presentation of the case, it follows, obviously, that the care for the "formal envelope" of the symptom is almost nil, whereas the neglect of working on the unconscious for the grasping of signification, and for an interest in "states of consciousness" is obvious. "Self-observation" of "internal states" is a longstanding preoccupation of Marion Milner's. It preceded her analysis and obviously outlived it. First it generated a diary, then a book entitled *A Life of One's Own*.

Along the way, she varied its techniques: observation, automatic drawings, automatic writing, Zen method; but always under the sign of that "introspection" so dear to psychologists. Freud's purpose regarding free association was specifically to dismiss the introspective approach to oneself. But this Freudian view remains subordinated to introspection here. Hence a question: does a treatment begun under such auspices still belong to psychoanalysis? And does it still deserve to be reread? It does, if it illustrates the point enunciated by Lacan: that a practice does not need to be explained in order to function. This is the case here. Crediting her with the operation, at least partially, I will attempt to outline its structure, not without the risk of making errors, of course, because a rereading cannot overcome the limitations of the account, since only what is said in what Marion Milner grasps well enough to capture some traces can reach us.

Conceptualizing the Unsayable

First, the Marion case. We can follow Marion Milner's entry into the treatment in what she notes first, and which will be confirmed throughout. Two observations must be made. The first one occurs at the beginning of the chapter where she evokes the patient as image: it is the image of Garbo in *Queen Christina* with remotely withdrawn Madonna-like face. I translate: "the feminine mystique." (3) The other begins the Preface. These are two sentences which convey the patient's complaint. "I've lost my soul," and "I've dropped out of reality." Immediately Marion Milner finds her double. She insists on the effect produced by these phrases which echo her essential preoccupations at the time concerning, as she says, "the nature of internal perception" and the correlative problem "of knowing how the external world does come to be felt to be real, separated and 'out-there.'" She notes: "When my patient Susan arrived in 1943, to tell me that she had [broken down into reality,] . . . but that she had lost all this, both her sense of the reality of the world and of herself in the world, after having had E.C.T., I was all ears." (XXVIII)

From now on, Susan is her supposed subject of knowledge [*sujet supposé savoir*]. "I did realize that this woman knew a lot." Thus, from then on, Milner specified that she took notes daily so that this knowledge would not get lost. Mr. X's actions would not have been in vain. Indeed, he is the one, not Susan, who undertook the initiative of starting the analysis. And he requested that it be a research analysis." But not to be uncharitable, this Other, this Madonna, contrary to the one Dora contemplated, spoke for twenty years. The result was over 4,000 drawings, a thick book of 500 pages. And . . . the belief that her soul would be found again. Meanwhile, at the beginning of this treatment there is an inversion of transference which we can situate through a writing of the analytic discourse. The knowledge imputed to Susan, \bar{s}_2 , makes her into the object, \bar{s}_2^a which causes the enormous labor of the analyst: transcription, reading, reflection, and also, most importantly, the encouragement of speech in the treatment. But, inversion, Marion Milner starts her job as analyst as a divided subject: § This will not be without effect on the beginning of the treatment as we shall see, and it will take four years for the analyst to assume her true place in the transference.

However, such an inversion at the beginning of the treatment affects the question of the diagnosis. Indeed, this inversion in the transference is almost a natural response to a delirious transference,

insofar as it has an erotomaniac essence. This is what Freud uncovers as early as the premises of the Schreber case, in the guise, it is true, of homosexuality. In fact, as Marion Milner evokes her positioning of the patient \bar{s}_2^a it is the very same as the one Schreber describes to us as his position in his relation to God. He is the Knowledge of this God. Although the Knowledge takes different forms, they are very clearly specified in his text. And he is also this God's object, both object of *jouissance* and object of disgust. The optative mood of the neurotic's request--"Let him love me!"--has moved here to the certainty which claims, "He loves me." Hence, a question for the Susan case: Was it a delirious transference in the patient who was actually psychotic that led the analyst to place herself in the analytic process on the side of the divided subject? Such cases are

not rare. Or, was it the problematic of the analyst which led her to constitute this so-called schizophrenia as her Other?

To begin answering this question, I will first address what I called the question of Marion Milner.

I take what she says she saw as true: It is the same thing that motivated her to undertake this analysis and governed the making of her book. For Marion Milner wondered about what caused this book and all the pertinent work. She gives us an indication of the effect of this cause on the whole of her story, without being able to directly formulate it, and this before she even began to practice analysis. Her life is described as a great struggle. Moreover, in this text, everything is portrayed as a battle: the doctor's fight with mental illness, Susan with her symptoms, the typist with the author's handwriting, the analyst with the analysand and vice versa, and Marion Milner with psychoanalytic doctrine. Her life itself a struggle, but for what? It concerns, she says, the creative process in two forms. learning how to paint "my own life-long struggle" (XXVIII) and, in this book, to reach a full conceptualization.

"As for the object, it is more elusive. I finally understood at the end of this book," Marion Milner says, "that the essence of certain states of mind that I wanted to take into consideration consisted in their indeterminacy, their very unsayability." This impossible to say is, however, specified. It is about the body and its "great intelligence," as well as, and here Milner enlists Nietzsche, "the great moments of personal life that are remarkable because of a particular quality of joy." This is the object of her first book; thus she is always dealing with states, whether belonging to

the body or to the mind. Marion Milner has made a passion of the study of what can move within. To conceptualize the unsayable: that is her work.

It is conceivable that a whole life could be sustained by it. It is true that she discreetly invokes a long stroll through various authors, which leads her, on occasion, across different continents. For example, read the paragraph in which she explains that an article by Elton May-- whose title she has forgotten--but which evoked the effects of monotony and the role of states of reverie on deliberately directed thought, was of such great interest to her that her supervisor, a Dr. C. S. Myers, felt sufficiently touched to get her a study fellowship. And her husband packed his bags to go overseas with her, so that she "might learn more about these matters." (XXIV) Thus, she describes herself in a sort of wandering transference which settled down quite late on psychoanalysis. Animated by an ardent curiosity and a fervent love which calls for an as yet "unreleased" knowledge concerning the most opaque areas, she reviews established modes of knowledge. Does the Other know?

Winnicott alludes to the "modest certainty" of Marion Milner. Indeed, she multiplies appeals to a possible master of Knowledge. The footnotes at the bottom of the page register the richness of her readings, their odd multiplicity. As for the treatment itself, it is constantly remixed with a systematic and disorganized appeal to the most varied techniques: massage, physiotherapy, group therapy, hypnosis, parallel consultations with the psychiatrist, not to mention hospitalization and medication. She thus requests a supplement, but which is always useless when confronting the phoenix-like.

One schema repeats itself throughout the text: first, there is a reference to some work, a "modest" homage ("I learned a lot"); then, a certainty used as the conclusion. Thus, the problem remains whole. But her peaceful tone must not deceive us as to the rigor of her position.

Besides, we should add a third trait to this modest certainty; i.e., an off-hand manner. Marion Milner adopts it with remarkable ease. She says she often quotes from memory, from listening to discussions rather than from having read formal papers because "I was not very good at it." She is willing to admit that her references may be inexact. It does not matter much to her, since even when distorted, they will still be a testimony to what she may have understood; in other words, to transmitted knowledge.

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Thus interpellated on this little bit of the unsayable which she feels inhabits her, the knowledge of the master remains quiet. Marion Milner did, indeed, acknowledge Freud's supremacy; but only, she says, concerning child development. As for the object of her passion, she may have doubted for a long time that it interested psychoanalysts, because her book, *A Life of One's Own* had caused very little excitement among them. It would take a lecture by Winnicott for her transference to be fixed. He was not her analyst, but her controller, her witness, and much more. He was the one, it seems to me, who was willing to pay the "price that the hysteric demands." In the Foreword, he tells us his place when he shares with us his protracted long "amazement" at these two women, and tells of his "excitement" (my emphasis) during the unveiling of the mystery constituted by a reading of the manuscript.

In this context of tenacious search and quiet challenge, Marion Milner saw her patient for the first time. From the start, Milner's hysterical question is coupled to a response that is "supposed" to be schizophrenic. A gain in knowledge is expected at the place from which Milner's question made the analytic doctrine admit to its lack. But the patent hysteria on one side not necessarily excluding schizophrenia or the other, the responsibility for the diagnosis still remains.

The Carelessness of the Diagnosis

We must acknowledge that after Freud, and outside of Lacan's teaching, psychoanalysts, neglecting the "care for the formal envelope of the symptom" have moved ever further away from diagnostic rigor, concerning which Lacan paid homage to Clérambault. And Freud relayed such rigor in another way.

The popular notion of psychotic nucleus, along with the attempt to fix new intermediary categories or to reawaken older ones--borderlines, psychopaths, narcissistic or schizoid personalities, etc.--implies a continuous series, from psychosis to neurosis, that exists without real borders. Diagnosis, thus, becomes relatively secondary.

Lacan's teaching goes in the opposite direction. The signifying causality of psychosis, as far as diagnosis is concerned, excludes any category of oranges and apples. Psychosis is not neurosis. And if the structure determines *a priori* both the aim as well as the handling of the treatment, the necessity of diagnosis is imperative.

It is obviously at the level of observation of the phenomenon--as opposed to its causality (which is deduced) that distinctive traits must be isolated. Marion Milner cares as little for the matter of diagnosis as she does for that of doctrine. She presents Susan as a schizophrenic. And her whole bibliography is on schizophrenia. But she is also quite ready to limit the influence of her own therapeutic effects to the "aspects," "anxieties," or psychotic "state" of the patient.

Imbued with the Kleinian thesis that one finds a nucleus of psychotic anxieties at the heart of neurosis as remnants or deposits of the normal schizo-paranoid phase of development, Milner frees herself from any preoccupation with diagnosis by supposing that she has treated, if not a schizophrenic, at least the schizophrenia of her patient. She starts off using the Kleinian definition of schizophrenia which isolates a specific type of anxiety--thus not one anxiety as Freud thought, but two--and a specific mechanism functioning on various levels; that is, splitting. Once Marion Milner has digested this Kleinian notion, schizophrenia has become for her a splitting that distinguishes itself from being "smart," that lies between love and hate, tenderness and aggression!

What do we know about the patient?

She comes out of a psychiatric hospital where, three weeks before, she had been given electroshocks. She was hospitalized for "functional and nervous diseases," (3) and one of her files contained the mention of "anxiety neurosis"; the electroshocks were meant to have an effect on her "depression." There is nothing here on which to ground even the beginning of a presumption.

One can establish a list of what is missing in the diagnosis: no hallucinations, no voices, no impaired speech, no commentaries about actions; nothing evoking the emergence of an enigmatic signification; no disassociation, no body without an organ. There is, thus, no trace of the elementary phenomena of psychosis or of language dysfunction; but on the other hand, there are numerous manifestations we can call symptoms in the psychiatric, descriptive sense of the term. These symptoms are distributed in two principle ways. On the one hand, she complains about her body (pathological blushing along with terror; feelings of cold, severed hands; pains in the nape of the neck; twitching of her head, even said to be irrepressible). On the other hand, before her analysis, she displays obsessional types of symptoms (rituals, interminable doubts, imperative and overly meticulous cleanliness, feelings of being asleep) to which a whole

array of impulsive phobias are added during treatment (to throw herself out the window, under the subway, to kill, destroy) as well as the impulse to become a victim of sexual violence. And she develops an inability to accept payment for her work.

All these symptoms could be neurotic; but none excludes psychosis, nor proves it either. Taken descriptively, they are not sufficient to establish the diagnosis. Lacan showed that a symptomatic construction, mainly of the obsessional type, can function as a compensation for foreclosure. He uncovered this mode of balancing a latent psychosis in the case of James Joyce, where it becomes an effect of art; in other cases, this compensation imposes itself as spontaneous. Such manifestations, then, must be evaluated at the level of their function.

These symptoms do not appear to be determinant to Marion Milner, however. She stops selectively at certain expressions of her patient in evoking the beginnings of her illness, before she was given electroshocks. At this time, everything started with heart pains and vomiting,

which made it impossible for Susan to do any work. Then comes what she calls the "fall into reality" (XXVIII) which fascinates Marion Milner. For the first time, Susan, she says, felt in the world and in her body. Intense, marvelous, torturing feelings upset her. She experienced terrible emotions; hate but also ecstasy resulting from an inner movement of total abandon.

These evocations that Marion Milner takes as a confession, long expected by the way, appear to her as the testimony of illness, but also as a sign of breakthrough in the analysis.

Will we see there a psychotic shattering of the basis of the subject and the intrusion of this anomalous *jouissance* which Schreber displays and which, as much as language phenomena do, can mark the entry into psychosis? Or is it a hysterical complacency in a young woman in love who says she has warded off the aberration of a moment by concentrating on her sensations --not, however, without being clearminded enough to note in passing the effect produced on her entourage by the radiance of her beauty in moments of exaltation?

The other trait on which Marion Milner leans is an idea with a tonality which is in fact delirious and demanding. From the start, Marion Milner specifies that Susan suffered a loss beyond repair with the electroshocks. She "lost her soul." (14) Her last thought before shock was indeed: "There goes all the beauty." (14) Now, "she is no longer there" and she "has no feelings." This will be the leitmotif of her complaint and of her torment: something is missing

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in her. The analysis will enumerate its formulas: lack of feelings, lack of presence. but also lack of blood, lack of air, lack of something in the brain. This is not the invincible body without an organ, but a damaged body and mind, the persecution syndrome spreading, preferably on the hypochondriac side. There again, there is an alternative: is it the murder of a soul or a neurotic vindication. She says: "Give me back my worries." (244)

During the first interview, which she did not ask for, let us remember that she reveals, calmly and easily, first the damage suffered, then the pathos of her story, and notes that she can say everything since from then on "nothing mattered." (4) One could indeed evoke Dora and the "What can you do about it, Doctor?" that she addressed to Freud after her exposition of facts that she stigmatized. But more is needed in order to conclude. The same applies to another theme of her complaint, her "I am not there," I am only behaving." This trait in isolation would make us hesitate because it could easily be read as a due to the psychotic "as if" as well as a manifestation of the neurotic rapport with semblance or appearance. The sentiment² does not constitute proof. Thus, the diagnosis has to be redone.

Remembering

I shall start from the state of affairs at the onset of the so-called schizophrenia. The first interview depicts a pathetic and often amazing childhood, lived in a context of extreme poverty On the one hand she portrays a mother who embodies, at best, what Lacan calls "the caprice of the Other and her elephant-like trampling," oscillating between overestimation and scorn, idealization and disparagement, adoration and death wish, hyper-demands and actual letting down; on the other hand, her father would be described, at best, as "questionable." She offers a falsified discourse about her origins, attributing her birth, not to the man named Jack who lives in the

house and is presented as a tenant, but to her mother's first husband who lives in London. Is it the lie of one of the women, fantasy of the other, or both?

What is certain is this. Susan, who pretends to have subscribed to this fiction until the age of sixteen, contradicts herself through her memories of early childhood. We could thus infer that the "family novel" found a particularly solid hold in reality. Out of this come two father figures, both seducers. One, her progenitor, is the fallen

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father, the ridiculous scum, reformed and alcoholic, scorned and hated, who dies in a public hospital. The other, her mother's first husband and the father of her eldest sister, has the prestige of distance, money and a job.

As far as she is concerned, Susan remembers herself split into two periods, which she separates according to the appearance or disappearance of important rituals of the obsessional type. Until she was ten, before the rituals began, she was said to be insatiable and demanding. She hated boys to the point of hitting the youngest ones. She was considered a zero who did not fit in at school and who had no friends. No fool either, over a long period of time she visited an old man who was a neighbor of hers who exhibited himself and masturbated in front of her, in exchange for which he gave her candy, jam, and toys. The appearance of her symptoms, which were recalled as an enormous daily task, freed her from anxiety and transformed her. She became an excellent student, fun, witty and easy-going. This brought her many friends. This configuration held until puberty, at which time the symptoms disappeared again.

These indications may still be too vague, but they clearly attest that Susan puts forth two signifying series: asocial behavior--eroticism--anxiety on the one hand; on the other, socialization-abstinence-symptom. Nothing here suggests the often "trouble-free" childhood of the psychotic, a prelude to the "as if" adaptation which precedes the onset. Presenting her illness to Marion Milner, Susan tells this narrative during the first session. One cannot help being struck by the clear articulation regarding the question of the father and the symptom. The beginning of the illness will again bear it out.

At age sixteen, Susan, who was very good looking, was a show girl in a well-known company in London. There she met the other woman, a girl described as "gifted and sophisticated." When the war broke out, she persuaded her friend to let her go home with her to the countryside. The question of the father was not absent, however. First, Susan had just broken off relations with her assumed father--and at the same time had stopped praying to God--after his attempt to seduce her. Secondly, her friend has the same first name as her real father, Jackie (Marion Milner specifies that it was she who nicknamed the father "Jack" to avoid confusing the two!). Thirdly, Jackie's father, Mr. Dick, was quite present and had just bought the Beverly Court farm where they were going.

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Jackie was then going to do what the patient's mother had not done: that is, educate her.

"Taken in hand," Susan dedicated herself to being governed and noted that in this situation she felt "awakened" for the first time. How, then, from that point on, did she find herself first bedridden and then hospitalized? By chance, Marion Milner wrote down her patient's narrative. Three elements come out: first there is Mrs. Dick, Jackie's mother and Mr. Dick's wife.

During the whole period of her post-education, Mrs. Dick, said to be semi-invalid and paranoid, never stopped thinking that Susan was "after her husband." "What about it?" is not the point. The idea was there. When Susan found that Mrs. Dick had died of a cardiac arrest in her bed, her own acute heart pains and vomiting started. At the same time Jackie, who had gotten engaged, lost interest in her protégée who, as it happened, had just fallen in love with a young sculptor. This is not the first love that Susan mentioned. It is the third one. But in all the cases there was an obstacle: the first one was married; the second one, a painter who wanted to marry her and who encouraged her to go to college, she refused because she did not want to leave Jackie. The last one, although "nice" to her, did not love her. That's not what upset her, but rather that during her visit to the farm, her crazy mother "made open overtures" to this young man.

In these three situations, whatever the role of the imaginary may be, a similar configuration can be found--that of a trio: two women and one man. Three cases: a woman sacrifices a man for another woman; that is Susan devotes herself to Jackie. Or, a woman prefers a man to her; Jackie lets Susan down. Or, most important, a seductive woman of another generation comes between a couple; Susan herself comes between her friend's father; Mr. Dick, and his wife, just as her mother fights her over the young sculptor.

In this context of mixed generations, Mrs. Dick's sudden death brings the scenario to a rapid conclusion. Its formula could be: I seduce him, she dies; or more generally: one seduces, the other dies. This implied sentence echoes another sentence actually formulated by her mother when Susan admitted her visits to the old man to her. "Don't tell me, you will kill me." (42) Mrs. Dick's death, in fact, triggered the so-called "breakdown." There was to be a second one during the analysis in a similar configuration, in which the couple who had protected her, Mr. and Mrs. X, broke up their marriage. She thought they did so because of her.

In this configuration in which she is abandoned simultaneously by a woman, a victim of unrequited love, and a murderer

seductress that Susan feels the flurry of emotions alluded to at the beginning and that she is going to attempt--probably in order to respond to her encounter with the master signifier and to the discordance of her identifications--to "become herself"; a truly pathognomonic dream.

In the hospital, Susan met yet another woman, Dr. F with whom she became infatuated. Dr. F did not insist that she submit to the ETC, but asked her to accept it. This was an excruciating dilemma for Susan which lasted for days and ended with her submission. A signification comes out in what she says about the ETC: death and castigation. "Then you must be a murderer," she is told in her dreams. "Yes, but I believe in capital punishment." Dr. F's request functioned like an injunction, whose approximate formula could be "Pay!" When awakening, Susan thought of two people: Mrs. Dick and the old man. She could not resist the fascination of self-sacrifice, she indicated. She came out of the ETC claiming herself to be mortified and obsessively wondering about her reasons for accepting the procedure. The most remarkable thing is this: she looked for someone who would take the responsibility of refusing in her place, someone who would raise objections. She called on men: Mr. X, a minister, and Mr. Dick; everytime she did so in vain. Her appeal for a function of limit is obvious here. After the ETC, she repeated: "From now on, nothing can stop me." (14) And in the hospital she sculpted the face of Michelangelo's dying slave, and then cut off the mouth, probably because the mouth was rendered superfluous by her own fruitless appeal.

Later, she would insistently and repeatedly tell Marion Milner, "If only someone could have said no! "Could this be a clinical formula of foreclosure? Quite to the contrary. The configuration is precisely the opposite of what Lacan describes as characteristic of the onset of psychosis; that is, a real father coming as a third party between an imaginary couple, and to whom a lack of signifier responds. For Susan, on the contrary, there is a lack of the 'A father' who would embody the function set up by an approximation of "saying no," within the imaginary couple constituted by Susan and Dr. F To look for the "at least one" who embodies this function--apprehended here on its restrictive side--is a typical configuration which settles the diagnosis and excludes psychosis.

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Femininity

Having settled this point, many elements of the treatment, not decisive in themselves, fall into place. Others, mentioned but without being stressed by Marion Milner, become prominent, first of all the end of the analysis. It is through a man that Susan is cured. It is a *happy end* [in English in the text] through marriage, as in the case of Mildred de Rosenfeld. The role of the husband is clearly indicated at the end of the book. It is that of "Tommy Trout who rescues her from the trapping well." (411) She has managed to find the one who can say no. Moreover, he has the patience to do so, yielding to Susan's scenarios when, for instance, she repeatedly demanded, "hold me back or I'll throw myself in front of the train." Again and again he shows her that he, indeed, has the necessary strength. The experience of "those arms that held her," (395) as Marion Milner said, put an end to what Susan had affirmed for twenty years. "From now on, nothing can stop me." (14) But stop her from doing exactly what?

During the analysis, one sees the list of eventualities building up. First and foremost, there is the impulse "to destroy herself" by throwing herself out of windows, subway doors, and under trains. Before the ETC, she made a game on the train out of opening the door while it was still moving and staying there, sure she wouldn't jump out; or, when she was a child during the period of her rituals, she would swim across the mouth of the river every day when the tide was changing, assured that she wouldn't be swept away.

After the ETC, she obsessed with the possible act which would "realize" her as an object. Its counterpart, as for the other, is the idea of killing, especially babies, other objects; or to commit unseemly acts such as peeing or screaming in public, etc. . . , or even--and I emphasize this trait--to tear tabernacles to pieces. What would this be if not an attack on Christ's body through sacrilege and on the silence of God who handed her over to the masochistic *jouissance* of sacrifice? This silence forms the paradigm of all the silences she has interpellated since the ETC. She herself will stigmatize her illness in terms of an offense against God. One must add that for twenty years she never came close to even the shadow of an action. These were thoughts only, addressed to the Other, to the analyst, then the husband, both as a challenge and a call for help, in a demonstrative movement that allows us to put these thoughts in the class of acting out [in English in the text].

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Here, the other of the subject is indeed the master signifier, summoned to say what the limits of its power are.

To this it must be added that throughout this treatment, a great interrogation goes on in the margins of what Marion Milner stresses. It concerns the question of femininity. It is clear that Susan doubts her own; what is strange is that Marion Milner doubts it along with her, to the point that she takes as a sign of resolution the moment when she says for the first time, "I saw her as a woman." Susan, in any case, constantly worries about not being seductive and attractive enough, although, according to the analyst, she was "easily involved emotionally with any man whom she respected." (236)

Woman, that psychosis causes to exist, is evoked here only by virtue of her absence, which makes way for phallic signification. That is what the following trait, one among others, indicates: Susan is afraid of not being attractive, but her successes do not reassure her. She notes that when someone is attracted to her, not only does the man she has seduced lose his appeal, but that strangely, she starts to think obsessively about the possible homosexuality of this partner. This is a nice way of saying that she measures her charm according to the phallic standard; that the tie between *agalma* and imaginary castration is in question and that, in terms of the push-to-the-phallus [*pousse-au-phallus*], things are never easy.

The same context situates her relation to the other women, as well. "She was always on the look-out for the slightest sign of what she called 'being homosexual' among the many women who, in fact, tried to help her," (31) and she often felt anxious about being touched by women. If taken in isolation, this trait would be problematic as to the diagnosis. Such persecution via the supposed homosexuality of a woman first erected as an apparently absolute Other--Jackie, Dr. E, Mrs. Dick, and of course, the analyst--could be a version of the erotomaniacal position of psychotic transference or, at least, a prelude to its installation. One sees quite quickly that this is not the case. There is no affirmation; there is a question, a doubt, an expectation, which, by the way, disappears when Marion Milner interprets this charge of homosexuality as the doublet of the interest, quite visible indeed, that the patient herself has for women. We can see that there is no erotomaniacal certainty, but a bringing about of the question of the desire of the Other: *che vuoi?* [what do you want?]

The Offense

Her symptoms are perceived similarly. Marion Milner comes close to the offense, although she does it in terms we cannot quite subscribe to. All these symptoms, she says, will be analyzed with the Freudian technique. I would argue, rather, that they will be seen in a special light and filled with significations, which, according to Milner, converge on a single major meaning that she calls Susan's "entire existential myth."

There, guilt is presented as the motor force of the symptoms. In the end, Susan subscribes to this thesis, which Marion Milner tells us is "a truly mutual creation." (398) We do not have to refute it; rather we recognize in it an imaginized approach to what phallic signification means; i.e. "castration." But it may be interesting to delineate the points on which patient and analyst differ. Marion Milner posits three terms: the offense; a very Reichian need to admit it which leads to action; and the call for punishment. In and of themselves, Milner seems to think these terms are enough to place the patient in the field of the Oedipal law. Susan herself situates the

whole of her illness' in this register. Afterwards, when evoking her "dark years," those during which this symptom of falling asleep, of "not be[ing] there" reigned, she writes: in this state, "you behave as you will, without consideration for anybody or anything. Not only has one violated a warmth concerning others, but one has also gone against any duty to oneself and one's own integrity--and if you believe in God, then it is intensely against Him that you have turned . . . I have done that, so help me God." (376)

Thus, the illness itself is posed, in accordance with what the state of affairs at the onset showed, as aiming at God, and the cure is viewed as a moment of reconciliation. Susan's god is undoubtedly God-the-Father. He is one whom, in her prayers, she invokes as a third person in the original couple, the one to whom she says "My God, Help!," the one to whom she explicitly dreams of abandoning herself on the horizon of the man she loves. Therefore, he is also the one to whom she stops praying the day when her alleged father tries to rape her at the age of sixteen, the same one she accuses and defies in her *acting out*. [English in the original.]

It is striking to note that Marion Milner does not see things this way. For her, the offense is not referred to the father, even in an imaginized form. The offense is envy, greed, the "secret, sucking all life out of the mother." Susan's offense would, thus, be a transgression

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against the mother. It is true that the notion of envy, taken from Melanie Klein, does connote the idea of a lack of *jouissance*, but the lack of *jouissance* is not correlated to castration, and leaves intact what Lacan calls the maternal "*jouir*." Marion Milner let the Kleinians suggest to her the notion of a God-the-Mother all *jouissful*³, who seems specifically like Schreber's God.

The error about God is not without connection to the mistake about structure, nor without consequences in regard to interpretation. This can be perceived on many occasions, and sometimes in an amusing way. For instance when Susan, in order to answer the question she was ironically asking herself about what she might want, makes this humorous list--cigarettes, alcohol, going to the analyst--before moving on to talk of the excitement that overtakes her when she thinks about such and such a young man, Marion Milner answers, perhaps in the name of the interpretation of transference: It is "mother me"⁴ that you are looking for! The confusion between the cause and the object of desire is joined to the reduction of phallic signification to envy.

However, Marion Milner is not necessarily rid of the father. Having left by the door, he comes back through the window: a window open onto a vista which is funny rather than true to nature. In the maternal den, she is willing to admit--in this regard she still follows the Kleinians--that an object stands out; that is the phallus of the father. But she keeps only one particularity: it is a good phallus, a physician phallus. Health, which for her means maturity and creativity, supposes, so she claims, the fantasy of parents who love one another "in an act of joy and mirth." (399)

Thus the intercourse of the parents, under the express condition that it be "joyous!"(!), is promoted to the eminent function of resolving not only the Oedipal complex, but also the conflicts of bisexuality. This is a genuine case of splitting, and a symptomatic one at that, clearly aimed at salvaging the love of the father. The operation is simple, simple enough to be accessible to those who pretend not to pay attention to doctrine: only the pacifying effect of the law is attributed to the father, whereas his castrating effect is reduced to envy, this "fundamental nastiness."

In Susan's treatment, suggestion sometimes takes the form of pleading for the father. For instance, at one point, Marion Milner pleads against Susan, who multiplies symbols of duality and deprivation in which the signifying division of the subject is presented in her speech and in her drawings. Marion Milner pleads--there is no other way to put it--against this "rigid

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scission" of opposites, and for "the discovery of the other" as "source of delights." It is not the case, of course, that Milner misjudges all function of lack, but she makes it into a preliminary, a mediation for a communion which is promised in the beyond. The problematic of desire and castration is thus split between stalemate, envy towards the queen mother, and an idyllic incorporation of the paternal phallus.

Tossed from one suggestion to the other, Susan resists, particularly this interpretation of "Hale fellow, well met." She resists through the persistence of her symptoms, their worsening even, while the analyst believes in a moment of resolution; more specifically, during the sessions and during a whole period, she resists her falling asleep under the heap of reconciliatory injunctions. From one of these eloquent slumbers following a denunciation of Susan's supposed lack of aptitude for the fusion of contraries, a dream comes out: "It is of Hitler, with soldiers doing the goose-step, and then there is some shit and she is saying: Is that how you clean it up?" It is too bad Marion Milner does not understand that Harlequin romances are not quite adequate to detoxicating the signifier that makes you walk in step.

The Treatment

Thus Marion Milner did not cure a schizophrenic. But did she, at least, make this neurotic engage in an analysis? After the question: what structure?, comes the other question: what treatment?

Amid these twenty-odd years of treatment, these four thousand drawings, this mass of notes, Marion Milner perceives an order, turning points, results. And this deciphering allows us to discern her points of reference.

We can use the dates she jots down: 1943-1947: blockage; the analyst and the patient despair together. 1947: first turning point, attributed to a change of technique. Two years called "years of progress" follow with a stumble in 1949 over a "second breakdown," similar to the first. 1950 begins the period of the drawings. In 1959, there is a moment which is supposed to offer "resolution," specifically dated as January 8th; then what "followed" in the next few years. Let us go over this course of events.

For four years the treatment never really sets around to starting, and only goes on, we are told, at the insistence of Mr. X who had wanted it. Between the four walls of the doctor's office, it is a face to

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face. After having depicted her ailments during the very first meeting, Susan stays in her position of complaint and on her *demand*. From the start, her vindication is set in the mode of challenge, close to Dora's own: what can you do about it? Marion Milner experiences it as such and, taking up the challenge, endeavors to deserve well of her subject-supposed-to-know. "Overanxiety to be

a good analyst was always pushing me to find too many interpretations", (253) she would say later. But she mainly works with a typical Kleinian interpretation. She says:

I was having weekly clinical discussions with Melanie Klein on child analysis, so I did try to use her concepts. . . . For instance, it certainly seemed to make sense to think of Susan's 'breakdown into reality' at the farm to say that she had achieved the 'depressive position' and that after the E.C.T. she had lost it again, gone back to a state where she existed only in a fragmented state, in which the bits were constantly projected into others; thus when she frequently talked, obsessively about the people in her present environment I did try to get her to see that they represented these split-off and projected bits of herself, especially her attitudes towards me. (24)

This semblant of knowledge brings about only one change: Susan no longer becomes "critical of me and arrogant." (38) She denounces the lack of truth: neither you nor I are here: she gauges knowledge: it's over your head and I know more than you do; she regrets "how masculine she had felt Dr. F to be" (266) and how masculine her friend Jackie was. In the correlation to this offensive, she gets depressed: failure of the "pulsions of desire," Marion Milner says. One can't indicate more clearly that here the analyst does not operate either from the subject-supposed-to-know, nor as cause of desire. The hysterical interpellation of the subject-- $\$ \rightarrow S_1$ --does not go as far as the installation of a work of transference: $\$ \rightarrow S_2$

That Susan was led to the analyst as if to a psychiatrist, may be a part of it; in fact, she complains, protests and challenges, but does not *associate*. There is a request without the work of transference, while the analyst, in a discourse as uninterrupted as that of her patient should be, uses the splitting and the projection of love and hate without any other result than exhaustion on the part of the analyst. In an exemplary way, this lack of the analytic bond reveals itself to be the correlative of a rise and exacerbation in imaginary polarity.

To the credit of four years of analysis, a single change occurs: an outburst of Susan's hate for her mother; whereas in the analysis her feelings are still more ordered on the axis of paranoid anxieties about a dangerous imaginary figure and fears of being let down. There is a tangible effect of paranoization. Of course Marion Milner attributes this to Susan's supposed structure, so true is it that the roamings of the analyst are projected into an imputation of symptoms. To her recalcitrant patient who refused her saga-like interpretations, she retorts "You don't want to know anything" and evokes a so-called denial of the unconscious, based on a schizophrenic lack of access to symbols, quite a useless hypothesis which is quickly invalidated by the next phase of the analysis.

There is, however, a turning point. A seemingly contingent fact influenced this turn: Susan read *A Life of One's Own*, her analyst's first book. The analyst notes: "Her comment on the book that it was so like her, that I must have believed, she thought, that she had read it before. After that, she felt I did perhaps know a lot about what she was talking of, and her open arrogance subsided" (p.38).

There Susan may have also found her double in regard to virtual knowledge. But the essential point is not here. The lucky part of this treatment is that Marion Milner was not able to persist in her position, probably because of her own relation to the subject-supposed-to-know. This is a nice example, an authentic and touching one, of an analyst who, in spite of her con-

fusion and despite varying, confusing, and questionable benchmarks, still gives testimony to the movement that allowed her to find her place in the structure of the transference.

She gives an account of this movement with a double formulation. On the one hand, she describes it as the result of a self-criticism which leads her to grasp that her forced interpretation was only a "defense against her own non-knowledge". On the other hand, she attempts to justify it in terms of doctrine as a change in technique made necessary by Susan's schizophrenia, a change in two parts: giving up the inefficient interpretations of transference and the substantive creation of a beneficial "environment".

Marion Milner's descriptions leave no doubt: she simply learns how to be quiet in the face of what she calls "such a great intensity of demand". She thus stops doing the work of her patient whom she will, from then on, encourage to find her own words. Thus she discovers the necessary role of silence. She says:

slowly, I found I had to give up trying so hard to provide her with explanations, a giving up which I found difficult since she

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was always clamoring for them. Instead I felt I had to learn to wait and watch and let her know that I was there, watching, and not let myself be seduced into this working too hard for her, trying to tell her, put into words for her unconscious preoccupations, because I came to suspect, if I let myself be seduced, which I constantly did, it could only put off the moment, perhaps disastrously, of her finding what she herself had arrived at (p. 42).

From then on, she imposes on herself the discipline of keeping in herself "a blankness, an empty circle, emptiness of ideas" (p. 253). Watch and empty out, a colorful way of saying both the presence and the silence of the analyst. In a kind of technical introspection, Marion Milner hereby subjectivizes the function Lacan called the "I don't think" of the analyst, her being there; whereas, correlatively, she gives back to her analysand the task of becoming involved in her own signifying alienation. Thus, after four years, she succeeds in correcting the first inversion of the transference to the benefit of what we recognize as an entry into analysis.

The Return of the Message

We must distinguish what Marion Milner does, what she describes soundly, and what she elaborates as doctrine. The two notions that she puts forward; i.e., change of technique and creation of an environment are . . . superfluous. Her so-called abandoning of classical technique is nothing but the installation of the minimum technique that will allow the analysand to enter into the process of free association.

Indeed, what is she doing, in Freudian terms, if not substituting in place of the anxious and productivist attention of the beginning, some of that "floating attention" which alone gives a chance to the particularity of the case? And only slightly even then, for the overuse of interpretations will persist throughout treatment, especially when it comes to the drawings. We can perceive Marion Milner's problem quite well. She observes the analytic implication of a certain silence that she herself connects to Susan's insistent demand, but she does not have any conceptual tool to situate it. And to her it seems contrary to the technique she was trained in; that is, a

technique in which the function of the analyst is confined to interpretation, which is itself reduced to its significant dimension.

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It is to address this contradiction that she puts forward the idea of creating a "holding environment". She poses it as preliminary to the possible bringing into play of the Kleinian mechanisms of projective identification, mechanisms which already imply the distinction between interior or exterior, good and bad. Spatializing imagination is combined with the assumption of genesis to project this first condition "in the hand of the living God" toward the origin of the subject; they are what the schizophrenic supposedly has lost and what the analyst should reconstitute . . . by her silence. If one asks about the relation existing between a silence and a container, it would still be possible to answer that the first "envelops" you--like a fog--in the language which contains both of them. The analytic theorization sliding into the veins of common metaphors does nothing but extend the collective imagination. At best we can recognize in those "hands of the living God" a vague apprehension and an imaginary transportation of the *Place of the Other* in "his anteriority" in relation to the subject, and the intuition of a question concerning the conditions required for the Other, the subject, as Lacan said as early as 1960 "to enter into the real."

Following this turning point of 1947, Marion Milner notes two years of "progress". We see there the immediate therapeutic effect of transference. The analyst has hardly come back to the place from which he causes desire than we are told that "outside", the patient is beginning to come alive again: she observes that her beauty is coming back to her and so is her sense of initiative; whereas with the decline of imaginary effects, her conscious hate for her mother abates. Similarly in treatment, symptoms are starting to develop, particularly that of compulsive head twitching.

Why then, is there a second "breakdown"? The occasion of this episode is the breakup between Mr. and Mrs. X who had taken Susan into their home. This context repeats the conjuncture of the visible onset of Susan's illness with an undeniable effect of anxiety and feeling of guilt. However, contrary to what Marion Milner says, there was really no breakdown. Susan forewarned her analyst in vain that from her early years on, she had realized that in her demand to her parents, the way she appeared upset by three-way situations was precisely in her own words, "theater"; for once Marion Milner fails to refer this statement to the framework of transference, and negotiates her admission to the hospital with her. Fortunately she is dismissed from the hospital the same day. The practical outcome is she is taken in by another old lady Mrs. Brown;

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Mr. X stops paying for her analysis and she is given a disability pension.

A short while later, Susan started to draw and would go on doing so for the next ten years. A question arises from this: is drawing the equivalent of speech for the analyst? From a theoretical point of view it is in the name of the alleged schizophrenia of the patient that the analyst justifies this technical variant. But more subjectively, the question of graphic productions fascinates her. It is a coincidence, she says, that when she herself is beginning to write a book on automatic drawings, Susan proposes a first drawing. Marion Milner's interest was such, that from

then on, it is probably through her drawings that Susan will mediate her demand. The overabundance of the drawings (four thousand of them, which were all kept) soon perplexes the analyst. But this does not differ noticeably from the profusion of statements, or even dreams, which also --Freud alluded to this--can overwhelm the analyst. We can decipher such material better in transference when we refer it to the function the demand of the Other has for the neurotic.

Thus there is no reason to invoke the stereotypical nature of the technique. It seems that Marion Milner was able to make use of these drawings for associative work. She notes her conviction that "her drawings all had meaning potentially" (p. 240), and that consequently she has supposed they had a function, even though "they were not interpreted or even seen" (p. 240) by her. That is to say, in her eyes they make present the knowledge *supposed* to be in the unconscious and are as such the support of the signifying production of analysis. In fact, as this testimony shows, they are a pretext for speaking between Susan and Marion Milner. The only objection one can make is that they cause associations for the analyst as well as the patient. But although an ideal support of suggestion, they do not even offer the resistance of articulated sentences to the interpretative drifting of the analyst and they give free rein to the imagination.



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This small drawing that I am using as a paradigm, for example, is commented on in the following way:

On June 11 she does a drawing in which her usual curving shapes are contrasted with a very hard black form like a long piercing thorn. My first idea about this is that it is an attempt to express in visual terms the feeling of having bitten one's tongue; my second, that it is like how it feels when one's infant, having been sucking peacefully, suddenly bites the nipple; my third that it is really to do with the pang of suddenly hurt feelings." (p. 321).

It is not surprising that during the next sessions the patient hints at the idea of being hurt. But it is astonishing that Marion Milner only sees in this a confirmation of her interpretation, and not a return of the message.

A Divine Environment

In these circumstances it is quite difficult to track down what was elaborated in this treatment during these nine years; that is until 1959. As if hypnotized by these drawings, Marion Milner indulges in prolix decipherings in which an inextricable abundance of significations is displayed, the very partitioning of her chapters corresponding to no real divisions. The ceaseless slippage of this significant production into which Marion Milner invites the reader to follow her, has a remarkably confusing effect. And one may assume Susan was not spared it either. It is perhaps not

disconnected from her repeated demands to get out of the process, through a call to other more tangible techniques. Thus the analysis turned out to be mixed with physiotherapy, hypnosis, group therapy, etc., without in the long run the least effect of symptom displacement.

In this confusion, one nonetheless perceives the sign of the elaboration of ideal identifications, an elaboration which, going from uncertainty to hope, shifts her from the delusion of an extraordinary artistic destiny to that "simple and quiet" life dear to Verlaine. And her interrogation about her own femininity finally became fixed in her postponed wish for marriage and motherhood, while her search for a father and her preoccupations about the legitimacy of her birth persisted all along. Marion Milner mentions this but, strikingly, does not consider it: the pressure of her suggestion is aimed in another direction. She is fascinated, rather,

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by a certain type of state. Not only does she retain strictly the effect of signification from a given articulation, but forgetting the Freudian thesis of the displacement of the affect, she makes it both her guideline and her aim.

For example, the so-called moment of resolution on January 8, 1959, is understood as a modification of the analyst's state. She says: "I noticed that a remarkable change in my own feelings had been going on in the session. What I noticed was that I felt in contact with her in a way that had never happened before, and I felt no need to smoke" (p. 373).

This was really the disappearance of Marion Milner's own anxiety, what she also calls a change in the "flavour" of the analysis, and which, by the way, followed another "first" when, she says, all of a sudden "I saw her as a woman". She takes her own displacement of feeling as a sign of an essential structural modification: the cure of the schizophrenia. This immediately leads to a paradox: insofar as Susan's symptoms were stable, what was taken as schizophrenic manifestation before January 8, was supposed from the eighth of January on to be caused by neurosis. Thus, her illness had suddenly become accessible to interpretations of transference.

It is not a question, of course, of disputing Marion Milner's perception, but of rethinking it. And what do we see? The patient confirms her change of state since on the very day Marion Milner first felt it, she herself had written: "I am in the world for the first time in sixteen years" (p. 375). We may perhaps assume that there is some effect of suggestion, but beyond this, we quite simply recognize a lifting of the symptoms. The patient had not stopped complaining in varied formulas of a lack of presence in the world, of a feeling of "being asleep", absent, distant from reality. This impression, descriptively speaking, evokes hysterical absence as much as it does the obsessional veil. Anyway, according to what Marion Milner writes, many other movements of found again presence occurred before the date January 8.

Her reasoning is simple: the schizophrenic no longer lives in his body or in reality, for he has fallen "from the hands of the living God." If he shows a feeling of "being there," she concludes that, having reintegrated his place, he is cured. But a distinction is missing here: that which would mark the difference between the schizophrenic drift and the signifying division of the subject (\$) correlated to originary repression.

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To grasp that Susan stands on this side, it is interesting to point out that this analysis has had two tangible effects: a certain alleviation of the vindication and a minimum displacement of

the symptoms. The symptom just mentioned is not the only one; there are others; i.e., Susan having regained her ability to accept being paid for her work.

But it is more important to study the themes--since we only have access to the significations--which precede or accompany this lifting of the symptom. Far from there being a question of finding the "bosom of the eternal" again, these are themes of disillusionment, representations of loss, bereavement, calls for a complement; in a parallel direction, the coupled idea of offense/punishment is introduced from the beginning, joined with the evocation of mercy and possibility for forgiveness: all these connotations are difficult to attribute to the idealization of a perfect container, and to the correlative exaltation of a mutual feeling of communion in the session.

Milner's suggestion goes heavily *against* Susan's elaborations. Here is one example among others: the patient mentions the hindrance her symptoms constitute for her in her social life. "No communion?" Marion Milner asks. Susan both gives in and resists. Invited to take communion, she agrees. But then she specifies that she hates communion, before finding an amusing way out of her affirmation. At the very moment when the analyst, after this memorable January 8, expresses satisfaction with the sessions because finally there is communication in them and her interpretations are being received in a way which transforms them into "mutual creations," Susan starts putting her sessions to a new use. She falls asleep as soon as she arrives, remarking that that is the only place where she can really sleep. This goes to the point that Marion Milner says she seems to come only for the purpose of sleeping. It is a nice way to disappear and, at the same time, to designate the content on which the hands of the God are closing in the inert body on the couch. The analyst then pats herself on the back for having finally identified the analysis with a divine environment.

But there is a hitch: how can one get out of such an environment? Marion Milner, who is quite confused by this, suggests that separation could be a "loving act" which would make them both "free"! There again, Susan is fated to move alone. This is precisely the moment when she chooses to identify the analyst with excrement and separation to defecation, thus returning in a "full circle

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back" (p. 408), says Marion Milner, to her first fantasies. Thus the analyst stumbles against the enigma of a "To shit or not to shit, that is the question" that her patient facetiously addresses to her before changing hands. Isn't it Marion Milner who says that the husband played the part of Tommy Trout rescuing her from the trapping well?

The Cloud of Unknowing

What remains to be evaluated is the resulting knowledge, since Marion Milner thinks she moved forward into unknown territory and has made a discovery. She records this knowledge in a chapter entitled 'A Crystallization of Theory'. Her aim is explicit: i.e., to obtain effects in the treatment that do not pass through the "crystal of language."

The so-called envelope, which she transforms into a cocoon for the analysand by her silence during transference, would have as its correlate on the subject's side, the alleged cons-

truction of a "dark background" or a baseline. This dark background would be felt and constructed in the body itself through a technique of awareness of internal sensations.

Milner does grasp the fact that the body makes the "bed of the Other" because she notes that the relation to the body itself is homologous to the primary relation to the mother, and that the constructed image of the body indicates "the only safe place to live in". But, at the same time, summoning the "voice body", she acts as if it were not from the symbolic, as Lacan has said, that the body itself takes on a voice. Here is what she says "she has now become able, through only momentarily perhaps, to enter her inner undifferentiated sea where differences are wiped out" (p. 320). Through "an attention to those subtler inner changes of bodily sensation," she can "be so cleverly aware of a non-verbal non-communicable reality, what I have called in this study the dark background to articulate consciousness" (p. 375), to a "primary self-enjoyment" (p. 383), which has "a marked ecstatic or divine quality" (p. 382).

Thus, Marion Milner describes to us with a wonder-filled complacency a feeling of "a dark warm velvety puddle" (p. 381), which she was able to reach by becoming aware of her breathing, at the same time that, in a parallel way, she invited her patient to sensorialize the inside of her body beyond the erogenous zones. And when

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Susan, probably more conscious of the "lack of access to the reality of this body that the subject has, that he loses inside," indicates to her analyst that she had precisely the sensation of a lack of sensation, Marion Milner translates: negative hallucination! The idea of relaxation as the truth of psychoanalysis brings Marion Milner back to her passion, and defeats the desire of the analyst.

However, one question here is inspired by kindness. Marion Milner promotes a kind of "to think is not to think" type discipline. This is the inverse of Schreber's problem of being condemned to think forever. Milner claims to give treatment with something that would not only be beyond words, because it is outside-meaning [*hors-signifiant*], but which, moreover cannot be reached or defined through the way of signifying or making meaning: something of the not known in the Other. Can we recognize in this an approach to what Lacan called an "Other *jouissance*" that is supposed to be feminine, without having recourse to schizophrenia; something that is also exemplified by mystics, without the need to infer psychosis? Perhaps Marion Milner intuitively this point of hiding a *jouissance*, a point where it becomes doubtful that the Other knows. She makes of it--the convergence is striking--a pre-condition of what she calls "creativity;" in other words sublimation. And here she refers precisely to the mystics. It is unfortunate that Milner uses this point as an alibi. The "way out" consists in avoiding the ethics of speaking well that the analytic discourse implies. Indeed, not everything can be said. But the access that psychoanalysis provides to the impossible to say--psychoanalysis operating through speech in the field of language--is nothing but the tightening of speech around its limits. This is an ethic from which mystics, *writing* of their God and of their *jouissance*, even beyond experiencing it, depart less than Marion Milner when she claims she is giving up speech. The "this is not it," the "wailing of the call to the real" with which Marion Milner's quest started, surfaces on to the "cloud of unknowing." She takes this title from a mystic whom she quotes following Susan. But for Milner the "cloud" becomes the black ink with which the octopus blinds you. It is still obscurantism.

Translated by Françoise Massardier-Kenney

NOTES

1. Marion Milner, *The Hands of the Living God* (New York: International Universities Press, 1969).

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2. A French pun on the English word sentiment; *sent*=felt, *ment*=lie. (Translator's note).
3. *tout jouissant* is a pun on "*tout puissant*" meaning all powerful. (Translator's note).
4. *moi-mère*: literally me-mother, a pun on *moi-même*: myself. In English "mother me" also means "take care of me". (Translator's note).

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