

# The Discourse of Science, the Imaginary Axis and a Concept of the Differential, From the Perspective of Lacan's Psychoanalytic Topological Logic

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## Part I: Theoretical Background

### Proving Lacan: Psychoanalysis and the Evidentiary Force of Disciplinary Knowledge

I shall work with the issue of proving Lacan in this essay by addressing the problem of what constitutes proof or “evidentiary force.” Lacan called this a logic whose proofs were “topologically” demonstrable as a kind of topological science. My approach will question certain contemporary theories of science, starting with the meaning of the word. *Scientia*, from Latin, means “having knowledge” and, according to a standard *Webster's*, is also akin to *scindere*, meaning “to cut.” Although the contemporary sciences divide themselves up into the hard (factual) and soft (empirical) sciences, the terms of philosophy— aesthetics, ontology, epistemology, and logic—, for example, are distinguished from the hard *and* soft sciences in American thought, making of it a “mental science.” Meanwhile, linguistics is considered the “scientific” study of language. In contemporary European thought, the terms of philosophy, linguistics, anthropology, and mathematics, among others, are part of the ongoing redefinition of science within contemporary psychoanalysis.

But at the base of the approaches to knowledge or science characteristic of American thought, two basic paradigms of meaning are assumed: Symbolic logic and logical positivism. Before returning to these, briefly, let us look at the challenges Jacques Lacan posed to modern definitions of science and to the conceptualization of proof itself. In his last teaching, he briefly equated knowledge with a science of the real, a concept which he quickly dropped. Yet, Jacques-Alain Miller has recently shown that the very last Lacan dropped the idea of a

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science of the real and concentrated, rather, on the drives and *lalangue*, the primary sounds underlying symbolic order words.<sup>1</sup>

One way to characterize Lacan's use of the topological forms by which he evolved a logic of the truth-functionality of contradictory aspects of life—such as conscious and unconscious thought—is by explaining his postulation of the object *a* as a separator between active and passive drives. Unlike Freud, Lacan's theory of sexualization postulates no active male drive versus a passive female one, but rather, a logic of non-identity to self that one might describe as the center of being and knowing. The dialectic between desire and *jouissance* functions as a system of libidinal knowledge that Lacan formalized during the third and fourth (final) periods of his teaching as the three logics of *jouissance* located between the overlapping categories of body and mind he calls the real, symbolic, and imaginary.

Referring to three types of *jouissance*, Lacan placed the set of all sets of signifiers—the Other—between the real and the imaginary orders. Between the symbolic and real, he placed the positivized phallic signifier ( $\Phi$ ) that denotes language and the notion of reality of a given

symbolic order. Put another way, it is a symbol for what fills in the gap by which he defines the subject as “the introduction of a loss in reality, but nothing can introduce that because of its own scientific paradigms which, in turn, dictate the terms of its own research.” (La troisième..). The third *jouissance* is the negativized phallus (- $\phi$ )

The 1980s and 1990s have arrived at reconceptualizations in physics that include theories of how strings and shards constitute matter; how, depending on the distance involved, space-time are woven together; and the study of morphogenetic fields. The remarkable similarity in these three advances, according to Alan Sokal and Jean Bricmont, is that they are marked by the following conceptual likenesses: A strong non-linearity, the subjectivity of space-time, and the inexorable flux and insistence on the topology of interconnection.<sup>2</sup> I would go so far as to suggest that Sokal’s and Bricmont’s attacks on certain thinkers in the humanities and sociology—such as Julia

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Kristeva, Luce Irigaray, Bruno Latour, Jean Baudrillard, Gilles Deleuze, Felix Guattari, and Paul Virillo, as the kinds of abusers of Gödel’s mathematical theorems, like Henry Bergson in his day—, as scientific imperialists infringing on their territory, seems to harbour a certain intuition that some ideas proposed by these thinkers may have something to contribute to elucidating the new advances in their own fields.

Sokal’s and Bricmont’s particular interest in Lacan’s use of differential topology clearly questions the similarities between his uses of these theories and what it means for their own scientific models that non-linearity, subjectivity, and the topology of interconnection are all physical realities they must come to explain. In *Impostures intellectuelles*, the authors advance numerous questions as to Lacan’s reformulation of certain concepts in mathematical topology, concepts by which he systematizes the logic underlying categories such as the real. However, by the real, he does not mean the material world, but that which returns to the same place, repeats itself. For example, it is only by losing an object a person desires that he or she retains the mark of the trait that lets him or her know they want the object’s return. An object can only be known as desirable once it has been lost. Put mathematically, Lacan says one can only know the number one as a unary trait in the particular of the “one,” for example, after the number two reveals it as prior. In other words, we can only count at all because we count backwards. In consequence, identity is not *in things*, but, rather, in the mark or trait that allows one to add things one to the other, without considering their differences, in the unconscious.

Such ideas, whether they belong to contemporary physics or Lacan, are clearly at odds with those of relativist historians of science such as Karl Popper, Paul Feyerabend, and other such thinkers whose interpretations of knowledge rest on relativistic propositions that Lacan’s teaching would describe as an imaginary axis of thought. By that I do not mean imagination or images *per se*, but interpretation(s) whose meanings derive from identifications with the phallic signifier one finds strongest and most convincing, the one which, in turn, becomes a guarantee or proof of a certain truth. Lacan accounts for

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how such a guarantee can furnish “proof” based on the logic of there being an exception to the rule of any “norm” which establishes the norm which, in turn, is adjudged correct. By the time a

person has elaborated a series of identifications into a belief system threaded around a given Father's Name signifier, Lacan calls it the fourth order of the Symptom or the knot ( $\Sigma$ ) that binds the other three orders—the real, symbolic, and imaginary—together. Indeed, a topological knotting or bonding of the symbolic and symptom give the doubly unified structure of a closed belief system where the symptom takes as proof a symbolic point, based on a given Father's Name signifying guarantee, and the symbolic is then invoked in support of the *sinthome* (which is particular to each person).

Lacan proved again and again that when the knot—the Father's Name functioning as a guarantor of a certain concept of reality—falls out of a Borromean unit, the other three orders collapse, leaving a single circle tied together at some point, not unlike a sphere. Instead of three discrete orders with different functions and each with a logic of its own, one encounters only chaos and disarray. Rather than taking this topological theory as an analogy or metaphor, Lacan showed how the *sinthome* functions in the psychoses and the neuroses as something real.

### **THE ORDER OF THE SYMPTOM/*Sinthome* OR THE KNOT ( $\Sigma$ ):**

To arrive at any logical definition of science *qua* knowledge, Lacan argued, one must necessarily find a different kind of proof than the (positivistic) imaginary identificatory preferences that constitute what each person calls his or her thought, describable, in one way of stating it, as a combination of the symbolic and the *sinthome*. Lacan was able to arrive at a scientific differential logic of clinical desiring structures, in part, because he demonstrated the logic at issue by including as formal features of language and psychoanalytic logic the gap between signifiers and the excess in desire that points to the *jouissance* one seeks as a kind of fetish object.

In "To Interpret the Cause: From Freud to Lacan," Jacques-Alain Miller argues that Lacan resolved the distinction Freud had tried to make between the libidinal quality of energy

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and the representations it animates by differentiating between the signifiers that make up the Other, supported by the three modes of libido (or *jouissance*) Lacan elaborated, and the dead, inert and archaic quality of representations.<sup>3</sup> Such a view of the cause of a symptomatic effect is derived from a radically different scientific set of assumptions than the empirical, behaviorial "scientific" concept of "mental disorder" or pathology as advanced by the *Diagnostic Statistics Manual-IV*, a manual I would describe as working imaginarily; that is, by misrecognizing that its bases of proof are the conscious identifications or *sinthomes* of a reality already in place. In 1976 Lacan said: "It is that the ego is, from start to finish, a function of misrecognition. An analysis includes, as well, desperation and hate from time to time which surges up from silence itself insofar as it signifies the non-response to the most original demand, infinite and inextinguishable, moreover, the demand for love. Basically, the most unbearable truth of analysis subsists, which means, according to Freud, that one will never have any particular penchant for the truth!"<sup>4</sup> The patient wants to retain the familial identifications that have already caused his suffering, believing that the "disorder" that troubles his "being" is caused by biology, not by meanings or identifications. He or she may also make every effort to adjust to a given analyst's concept of reality. In either case, the precise and particular nature of an individual's desire-in-abeyance behind the suffering in the real, goes abegging.

In the *DSM* manuals, the reality paradigms have become medical and pharmaceutical recommendations for cure. Yet, one may well ask how “cure” can be given by a pill that modifies symptoms without addressing their meaning? The point of the medical method of treatment does not focus on cure, but on certain types of behaviors called “disorders.” In truth, to speak of symptoms implies that there is meaning causing a given “disorder,” a meaning that functions via displacement and substitution. Insofar as the *DSM* manuals, like the empirical scientific method on which they rely, oppose variables of behavior (its positive data) to a control—some concept of a correct or normal reality to attain, we are far from Lacan’s theory that scientific proof itself depends upon the *function*

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of exceptionality. Lacanian analyst and topologist, Pierre Skriabine, describes in concise terms Lacan’s teaching that reality cannot be conceptualized except in terms of exceptionality. Exceptionality is *structurally* necessary, even though there is no exceptionality *per se*, except as an explanation given after the fact.<sup>5</sup> However, without the presupposition of exceptionality, no ensemble of meaning, whether in physics or psychoanalysis, can cohere as a seeming whole on which one may rely in order to make meaning. The necessary existence of the exception is a purely logical one, then.

Nonetheless, Lacan equates necessity with the phallic signifier which denotes difference between the sexes as a third effect which produces difference as itself an abstract referent. Without having introjected—inscribed as a concrete signifier for difference—this symbolic order differential, a person is lost in the confusion of the imaginary or the pure *angst* of the real. Not only do symbolic logic or logical positivism not work within the parameters of such a logic, or even recognize its necessity for conceptualizing behavioral differences scientifically, neither does their scientific godchild, the *DSM-IV*, recognize the Lacanian basis of scientific provability. Lacan’s extensive teaching in this area concerns how a subject is first constituted as a response to loss, or whether the issue of cause and effect deals with the theory and nature behind concepts of mental health.

Nor does the *DSM* method of organizing data know of the Lacanian premise that scientists or researchers work to produce the data they unconsciously desire, as well as results based on the particular fantasy substructure that first constituted the researcher’s desire as an epistemological structure, be it the normative masquerade, neurotic, perverse, or psychotic—all structures, clearly mappable in Lacan’s teaching. The categories named above were Freud’s terms for pathology. Lacan reshapes them to mean four precisely different identificatory relations to the phallic signifier by which one represents oneself as a *sinthome* who responds to the Other. In all these structures, except psychosis, one interprets oneself as lacking (or castrated) when confronted with the necessity of giving subjective meaning to the biological sexual difference. Lacan taught

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that these double relations to loss and lack must always be recognized as the conditioning factor at the heart of all thinking and being.

None of the typical concepts of science, however, except, perhaps, the latest advances in physics, seek, as did Lacan, to ascertain the cause of an effect at the level of having understood

the way cause is structured in the first place; indeed, precisely in the blind spot of the effects it produces. Thus, cause is invisible to the triadic or quattrocentric interlinking of different orders of thought that operate consciousness as the orders of the real, symbolic, imaginary, and the symptom. In Lacan's context, cause comes, not only from the structure of desire that speaks one, from an unconscious life of its own, but also from the unique signifiers and identifications that insert themselves as unary traits of truth recorded in the real. This knowledge can only be ascertained retroactively, however, on the basis of listening for impasses when desire is spoken, or by becoming aware of blockages of *jouissance* that produce symptoms. Such information is produced, not only in the free association of psychoanalysis or in works of art, but floats at the surface of the interchanges of everyday life as well.

Lacan spent his entire career giving demonstrations of how individuals acquire and deploy knowledge simultaneously in the fields of (alienated) language and desire that are not finally detachable from the primordial objects that gave rise to identifications with unary traits in the first place, identifications that work to eradicate the loss that begets desire as the desire for the return of a satisfying object or experience. In this teaching, Lacan reconceptualized Ferdinand de Saussure's theory of the relationship between the signifier and signified—the Saussurean linguistic sign—according to which ideas (signifieds) supposedly shape the acoustic sounds of signifiers for meaning, such that the signified turns the “I am” of being into the “I think” of the Cartesian *cogito*. For Lacan, the “I think” of the *cogito* is something altogether different.

Having dropped Descartes's spurious “therefore,” Lacan portrayed his “I think” as the conveyor of identifications which takes their shape from the unary traits that exist in the preconscious at the point where the proper name first takes on libidinal qualities of meaning that Lacan called the “letter,” as

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opposed to the signifier (which represents a subject for another signifier). Throughout his teaching, Lacan continued to redefine the signifier as wholly the symbolic aspect of the sign whose meaning he redeems by defining it as a mixture of the imaginary and real. Meanwhile, he reconceptualized the unary trait (Freud's *Einziges Züg*) as a mixture of the symbolic and real.<sup>6</sup> In this context, Descartes's “I think” represents the subject as a countable unity, an  $S_1$ , rather than a barred  $\$$  whose evanescent meaning comes from the insufficiency of the master signifier ( $S_1$ ) to link itself to the  $S_2$ , Lacan's signifier for knowledge, to produce a totality of meaning. Thus, the Lacanian  $\$$  is another name for the gap or lack or division that *is* the name he gives the human subject.

Lacan alternately symbolized the subject as having the value of a -1, co-equivalent with the  $S(\emptyset)$ , the matheme which signifies that something is lacking in the Other to keep it from being the whole or unified ensemble it assumes itself to be, and as the square root of  $\sqrt{-1}$  which symbolizes the imaginary phallus ( $-\phi$ ) *that he* located between the symbolic and imaginary orders. Lacan considered the negativized phallus as that which indicates an insufficient link between meaning, enjoyment, and the sexual difference that derives from interpreting the biological organ, the penis, as seeming to be a whole because it is a visible thing. For Lacan, the real organ is interpreted as a phallus, a third term insofar as it is imaginarily separable from the body in perception. In this sense, both little boys and little girls interpret the penis as belonging

to neither sex, or to either sex. The organ is, at the very least, an insufficient cipher for making sense of sexual difference insofar as, according to Lacan, there is an asymmetry between the logic of the male and the female, both in epistemology and in sexuality. The imaginary phallus teaches another truth: That the image and the signifier do not correspond to one another in any one to one equation of meaning. Furthermore, no image is ever adequate to convey what is lacking in it, particularly insofar as a person is “given value” by the gaze he or she received from others (J. Holland, pp. 59-60).

Lacan gave many different definitions of desire as a concrete detail retrieved from the experiences of loss and lack

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that function as a leftover remnant of positive enjoyment that links the loss of an object—felt as a concrete hole—to the desire to refind it, at least a reminiscence of it. We might describe the join between desire and language as the desire to replace the lack-in-being (\$) created by the primordial loss of an object that first caused an infant to desire its return via the reminiscence of a trace of it. Its return is desired precisely because loss suddenly makes the infant aware where there was something, now, there is nothing. And *nothing* is felt, Lacan argued, not as a metaphor or a perception of emptiness, seen from a distance, but as the emotional—*emoui*, meaning a movement of affect—an effect produced by a concrete, literal void.

Lacan named eight objects that initially cause desire, but gradually reduced them to the four that develop force fields of drive: the breast (the oral drive), the feces (the anal drive), the voice (the invocatory drive) and the gaze (the scopic drive).<sup>7</sup> In such a libidinalization of knowledge, an entanglement of mind and body is a necessary consequence. In this context, thought can never be reduced to language, representations, grammar, mind, reason, or any of the other metaphors by which we try to equate conscious language with the multilinear force fields functioning within it. For knowledge also includes the particular identifications each person has regarding which object(s) of desire fill up the void place in being with activities and relationships that give a sense of consistency and well-being to any person's life.

Unconscious knowledge, thus, has the structure of an interlinked sequence of Borromean units, tied together in a vast associational signifying chain of thought that makes it apparent that radical subjectivity is the foundation of anyone's thought. The associational units of the four orders that constitute mind also contain a particular fantasy knowledge about the objects (unary traits, activities, and so on) that satisfy one insofar as they repeat themselves in reference to the primordial libidinal objects that are perceptually inseparable from the real of the body. In Lacan's view, the capacity for being satisfied is not a state, then, but from *Seminar XI* on, something more like a mathematical function of losing and refinding the object *a*. Given Lacan's premise that there is no positive subject of

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knowledge one can call an innate self or an *a priori* being of essence, the subject is, rather, a lack-in-being that compensates for its own inadequate structure by continually taking in objects from the world outside lest one encounter the void place of emptiness and *angst* that appears when any person is deprived of the identifications that offer good-enough experiences of object enjoyment to allow one to persist in life with any degree of vitality and hope.

Lacan—pursuing Freud’s work on the *Vorstellungsrepräsentanzen* that we might equate with the primordially of symbols Freud discovered in dreams, in the “language” of neurosis, in art, and in many other phenomena—related the seemingly illogical organization of such “language” to the definitions of culture and language. Thereby, he reconceptualized reality via linguistics and cultural anthropology, among other fields. But rather than focus on their content, or their multi-cultural richnesses, or their rules, Lacan valorized the significance of a third and fourth (truth-functional) categories beyond the two (true and false) recognized by most theories of knowledge. In Lacan’s teaching, the signifier creates a real hole in the seeming consistency of thinking and being of the speaking subject, a hole Lacan calls the unconscious and designates topologically as a torus. It also forms the *sinthome* which knots the orders together as an elaboration of the signifier for the Father’s Name. Such categories would normally be rejected by symbolic logic or pragmatic philosophies, precisely because their logic is contradictory and paradoxical.

By showing that the binary categories that oppose body to mind, or representations to libido, create an intersection—a topological place—where properties from any two categories of opposition are shared, Lacan argued in the 1950s and 1960s that the categories are also allied by traits from each, thereby making up a third category whose (often non-sensical) properties can be isolated as the unconscious, as the object *a*, for example; or as the imaginary *phallus* if the category in question is that of the identity accorded the infant between the mother’s desire and the Father’s Name. The latter are the terms Lacan used in rewriting the Oedipus complex as the paternal metaphor. Herein, the phallus is taken as an imaginary identify-

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cation assumed by the infant, giving him or her a symbolic rapport with the Father’s Name as transmitted by the mother’s unconscious desire vis-à-vis the real value she assigns the Father’s Name, both as a symbolic signifier and in relation to the imaginary figures this signifier calls up for her. Lacan is implying that the child’s identification to the Father’s Name signifier establishes a stability of the Other in completing it by a the proper name that functions as a kind of master signifier, an  $S_1$ , whose multiplication produces identity itself. This is typical of the thinking of the early Lacan (J. Holland, p. 50).

The later Lacan realized that the combination of representational language (“I am”) and identificatory thought (“I think”) that constitute any basic identity as a consequence of interpreting the sexual difference will encounter the phallus—insofar as it designates the sexual difference as a potential for loss or for desire—as a barrier to enjoyment, rather than an object of desire that will automatically align the child with the Other in a harmonious lineage of Fathers’ Names. Already in *Seminar IX: Identification* (1961-1962), Lacan had begun to realize that the subject does not identify with the signifiers of the Other in any direct sense that would allow one to equate the subject with its signifiers, as does Jacques Derrida. The subject identifies, rather, with the unary traits of its lost objects that the signifier seeks to represent in its demand for love and desire for pleasure. With this theory, Lacan rewrote the unary trait as the identification of the subject to the signifier. Not only is the unary trait a countable thing, but it also carries in itself a small, absolute element of libido that provides an immediacy of joy (J. Holland, pp. 52-53).

Individuals are generally alienated behind their own narcissistic masks that they equate with a true “self,” correlated with the words, images, affects, symptoms, and so on, typical of them. Striving only to repeat what they know unconsciously in the real, which conveys itself as

what they believe in the *sinthome* (psychotics being the exception to that rule), the disturbing reality for most persons is that they are continually cut or divided, anyway, by the dynamic fadings in and out of the object *a* that pierces into the semblances that make us think of ourselves as whole and unified. Using the formulae of

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Symbolic-Logic, Lacan wrote this contradictory logic formally. Its rules are those of discontinuity and contradiction, starting with the terms of alienation (joining) and separation (intersection), premises used in the logic of set theory or the theory of ensembles.<sup>8</sup>

## **Part II: THE DEFICIENCIES OF THE SCIENTIFIC EMPIRICISMS TO ACCOUNT FOR MIND**

Taking account of the Lacanian ideas I presented above, I shall summarize, briefly, why Lacan considered Logical Positivism—which seeks to elaborate and classify knowledge based on positive facts—an inadequate framework for developing a critique of knowledge, particularly as it pertains to the way one distinguishes what a differential would be by which one might qualify or quantify mental health, or any other such attributions of meaning that cannot answer the challenges required by the only field of proof viable in the psychoanalytic logic Lacan developed: That which is true because its logic is provable in life, as well as by the formalization that accounts for the excluded middle, the inverse side of conscious thought where the paradoxes and contradictions reside that mark a split between conscious and unconscious thought.

Neither Symbolic Logic nor Logical Positivism concede that an unconscious logic, both rational and logical, governs the binary functioning characteristic of conscious thought. Nor do these theories take account of the realms of *cause* binary logic cannot explain, except in descriptive fields such as intuitionist logic and others, which are not the mathematical or logical arguments Lacan followed and developed to create a logic of psychoanalysis. Most particularly, Lacan heeded the work of Frege.<sup>9</sup> Indeed, the Logical Positivism against which today's contemporary literary, philosophical, or psychological theories and "the validity of" their interpretations as relativistic and eclectic pluralisms reside, merely reproduce the kinds of relativism in which one's own view is right as long as it meets the criterion dictated by the Father's Name signifier that serves a given group as a guarantee. Nothing is at stake in any interpretation of knowledge, or in interpretation as knowledge,

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other than power. The person or group with the most clout is right.

Other names for logical positivism are scientific empiricism or the unity of science movement, the latter being a philosophical movement that originated in the Vienna Circle founded by M. Schlick around 1924, and was dubbed as "logical positivism" by Feigl and others in 1931. Its members included Carnap, Gödel, and other less familiar names. Its theoretical influences were the older empiricisms and positivisms of David Hume, John Stuart Mill, and Mach. The methodology of empirical science as developed by scientists since the middle of the 19<sup>th</sup> century included physicists and mathematician; These were scientists such as Helmholtz, Poincaré, Albert Einstein, and others, as well as philosophers of symbolic logic and the logical analysis of



language as developed by Gottlieb Frege, Alfred North Whitehead, Bertrand Russell, Ludwig Wittgenstein, and others.<sup>10</sup> Characteristic features of logical positivism are, as we know, its emphasis on the scientific attitude and co-operation—i.e. thought of by them as intersubjective—coupled with a study of language and the unity of science. Adherents to this doctrine tried to match every piece of factual knowledge—that is, empirical data—as privileged and connected with experiences in such a way that made a correspondent verification or indirect confirmation possible. In the study of language—its logical analysis—the emphasis was semiotic, for example, distinguishing it from earlier positivism such as philology. Charles Sanders Peirce’s Pragmatism was especially important, leading to a general comprehensive semiotic theory of signs which was taken as a basis for a precisely American philosophy.

That is, positivistic knowledge is deduced from the imaginary—visible or measurable concrete referents—insofar as this is the Lacanian order of the visible or measurable which can be equated with the facts one observes, counts, or measures, and vice-versa. It follows that psychology—a positive science—will focus its study of individuals on the visible behavior psychologists can characterize by the linguistic norms that describe already existing behaviors within a given concept of reality. *The Diagnostic and Statistical Manual of Mental*

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*Disorders* published by the American Psychiatric Association in 1994 works in just such a way, equating disorders with the behaviors of which a social group disapproves.<sup>11</sup> By looking at the American psychiatric method of approaching “mental disorders” through a combination of explanations given in *The DSM III and the DSM-III-Revised*,<sup>12</sup> and *The DSM-IV*, one will, then, be better able to contrast the positivistic approach to Lacan’s logic of a psychoanalytic topological science. Hopefully, one will be in a better position to consider why Lacan’s theory constitutes an advance in understanding how knowledge is constructed, one that goes beyond the nineteenth-century love affair with positivism and the pragmatism that makes a couple with it, its leading American proponent today being Richard Rorty.

*The DSM-IV* retains the definitions of “mental disorder” offered by *The DSM-III-R*: Although “no definition adequately specifies precise boundaries for the concept ‘mental disorder’...nevertheless, it is useful to present a definition of mental disorder that has influenced the decision to include certain conditions...as mental disorders and to exclude others” (p. xxii). Each mental disorder is described as a “clinically significant behavioral or psychological syndrome or pattern...associated with present distress...or disability.... There is no assumption that each mental disorder is a discrete entity with sharp boundaries (discontinuities) between it and other mental disorders, or between it and no mental disorder” (p. xxii). The authors of *The DSM-III*—all members of the American Psychiatric Association—declare firmly at this point that their language does not classify persons; only disorders. By changing the language of *The DSM-III*, which still used adjectives such as, “schizophrenia,” *The DSM-III-R* describes, rather, “a person with schizophrenia.” They have subterraneously shifted the theoretical bias of the 1980 *Manual*, which still equated a person with his or her kind of suffering, to delineate the person as separate from that which causes his or her suffering. The person *is* not attached to what he or she suffers at the level of being, but rather, *has* a disorder. In this change of language from that used in the 1980 *DSM-III* guidebook, the American Psychiatric Association has changed the assumptions advanced

regarding symptoms by gradually exchanging the concept of “mental disorder” for physical disorder. People are detached from their diseases on the plane of ontology. A person’s disease is a parasite living on him or her, rather than a part of who they are. Persons become objects, something they **have**, instead of **existing** with a concrete problem of meaning or identification that constitutes their very existence out of relationships, love, sexuality, work, and so on. Moreover, “**having**” **something** infers material properties that can be verified in the medical sphere of assessment and evaluation which claims to “know” what is amiss by deducing symptoms from behaviors they, then, render “positive”—as if materially real—by the naming of them.

By 1994, the medically-based Psychiatric Association has imputed a largely biological set of causalities to psychological symptoms. Moreover, the identification of “mental disorders” with medical disease becomes ever more pronounced in *The DMS-IV* and its revised version where the doctors apologize for not yet being able to offer the empirically-based unified science of the future which will be able to label most diseases—which doctors specify under the headings of differential diagnosis—as being either biologically or psychologically caused. The orientation throughout the *DSM* reference books has shifted radically from the initial assumption that “mental disorders” were symptoms that pointed to psychological causality. In *The DSM-IV*, the general assertion is that the cause of a suffering – seen as a behavioral “disorder” in the view of the American Psychiatric Association—will be discovered to be based in a “biological disorder”.

I would submit another possible explanation for why such a view has been so profoundly assimilated by American thinking: The broad (even unconscious) absorption of the developmental theory of knowledge put forth by the Swiss psychologist, Jean Piaget, whose psychological theory of learning and development offers an implicit gauge—supposedly, objective—of what a normative standard of order might be. This developmental norm, in turn, supports the approved standard by which the nature of a disorder might be considered “empirically” measurable, in reference to a reality base which serves

as a kind of empirical constant for determining what mental health might be. Such a dialectic is, then, assumed to provide the scientific basis by which psychologists, psychiatrists, and psychoanalysts can make a differential distinction that will separate one thing from another in order that they may classify it diagnostically. By linking mental development to sensory perception and motor control, Piaget’s theory automatically offered *DSM* proponents a biological footing for the concepts on which they had come to depend.

While the *DSM* manuals up to the *DSM-IV-R* are apologetic for their lack of scientific certainty and rigor, to the point of being deferential to the existing eclectic theories that subtend various kinds of clinical practice, *The DSM-IV* states that it is proud of having become *the Manual* on which clinical treatment and research in American psychology and psychiatry are now based. Indeed, it describes itself as the research tool on which the future of diagnostic assessments will be established. This is quite a different kind of *Manual* than the early *ICDs* and *DSMs*. The *International Classification of Diseases* started out as simple statistic-gathering tools sponsored chiefly by the United States Army and the American Veteran’s Administration as a way to develop a descriptive nomenclature which would allow the Military to track and pay for the mental maladies connected with soldiers who had served in military forces.<sup>13</sup> Announcing

that it came of age with *The DSM-III* and *III-R*, *The DSM-IV* gives its own history, proclaiming that it has arrived at the point of authoritative reference that guarantees a field of diagnosis which serves, not only the field of mental health care, but also that of family physicians, the school system, the courts, governmental agencies, university research, and so on.

Yet, both *The DSM-III-R* and *The DSM-IV* still admit that “for most of the...disorders, however, the etiology is unknown. Many theories have been advanced and buttressed by evidence...attempting to explain how these disorders come about. The approach taken in the *DSM-III-R* is atheoretical,” say the authors, “with regard to etiology or pathophysiological process.... The major justification for the generally atheoretical approach taken in *DSM III* and...*III-R* with regard to etiology is

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that the inclusion of etiologic theories would be an obstacle to use of the manual by clinicians of varying theoretical orientations, since it would not be possible to present all reasonable etiologic theories for each disorder” (*DSM-III-R*, p. xxiii). To correct this error, say the authors of the *DSM-IV*, they have opted for “descriptive” definitions based on identifiable behavioral signs or symptoms.... For this reason, in *DSM-III-R* there is no diagnostic class of ‘neuroses,’ as there was in *DSM-II*” (*DSM-III-R*, p. xxiv). The *DSM-III-R* authors do not mind if clinicians come up with their own theories of etiology, the psychiatrists say, but stress that they are, nonetheless, presenting an entirely new format whose “criteria enhance interjudge [*sic*] diagnostic reliability. It should be understood, however, that for most of the categories the diagnostic criteria are based on clinical judgment, and have not yet been fully validated by data about such important correlates as clinical course, outcome, family history, and treatment response” (*DSM-II-R*, p. xxiv). Having revised the diagnostic criteria to form an index of symptoms of which a certain number, but no single one, is required to make the diagnosis, the psychiatrists speak of a *polythetic* format, in contrast to a *monothetic* format, in which each of several criteria must be present for the diagnosis to be made. The *polythetic* format, they say, is likely to enhance diagnostic reliability (p. xxiv). Finally, in the *DSM-IV-R*, the psychiatrists say that they decide disorders based on a vote taken among their members.

By naming ever smaller orders of deviation from a norm—the norm being implicit in Piagetian developmental theory whose empirical sample, Lacan quipped, was based on Piaget’s observation of his own four children who developed *normally*—, *The DSM-IV* offers a further positivistic index of symptoms, described as “further organizational strategies”: Diagnostic hierarchies, multiaxial evaluation systems: (Axis I, Clinical disorders and other conditions that may be the focus of clinical attention; Axis II, Personality disorders and mental retardation; Axis III, Medical conditions; Axis IV, Psychosocial and environmental problems; Axis V, Global assessment functioning—*DSM-IV*, p. 25). *The DSM-III-R* had already proclaimed that mental disorders were contained in the *ICD* (*International Classification of Diseases*) which the *Diagnostic*

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*Statistics Manuals* replaced, while “physical” referred to those disorders listed outside the *ICD*. *The DSM-IV* states a change of position, informing its readers that its “differential diagnoses” will, henceforth, rest on decision trees as coded in Appendix B, “Criteria sets and axes provided

for further study.” The aim of this section is to provide a “common language for researchers and clinicians,” the goal of this *Manual* being to provide a key to assessing mental disorders through a mutual understanding that will be, not just national, but international as well (p. 703).

To this end, several conditions that are culture specific, or perhaps, even, culturally universal, even if interpreted differently from culture to culture, are listed: “Caffeine withdrawal,” “premenstrual dysphoric disorder,” and so on. These “disorders” are described by their *positive* and associated features and assumed to be “impairment[s] in cognitive functioning” (*DSM-IV*, p. 704). Lacan’s theory of cause (or etiology) of a symptom could not be more disparate from the *DSM-IV* rationale. Starting with the topological (the breast, the voice, the gaze, and so on) as constituting an Ur-lining of subjective perception of the world, whose referent is the *real* of loss, Lacan placed a concrete void—a literal place—at the beginning of knowledge which he, then, described in the terms of mathematical set theory, Frege’s number theory, the topological logic of the cross cap, the mobius strip, and so on. His goal was to demonstrate by logical theory that one cannot think at all except in reference to a negativity, or a negative function. Such a theory differs 180° from the positive facts or features of the *DSM* manuals, features which are added up, counted, and measured statistically in reference to a statistical grid based on a concept of the whole. Even though this pool is derived from Piagetian developmental theory, now become the basis for cognitive theory, a scientific, empirical basis for a “differential diagnosis” is assumed. “Individuals whose [behavioral] presentation meets these research criteria would be diagnosed as having **COGNITIVE DISORDER NOT OTHERWISE SPECIFIED....UNDIFFERENTIATED SOMATAFORM DISORDER** (P. 709). Whether one says cognitive theory or “self” theory based on the concept of a pre-given inner system of knowledge, be

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it biological or psychological, one has grasped nothing of the logic of “mentality” put forth by Lacan in which every person is a *sinthome* of his or her desire as it elaborates an ideological knot in support of its own beliefs. Lacan’s *sinthomes* concern gender studies in so far as the Lacanian symbolic differential derives from interpretations of the phallus and castration concerns ways of being and desiring: The sexual difference can be understood normatively (i.e., it is accepted as the social masquerade of a given historical moment’s resolution of the Oedipal complex), neurotically (it is denied in obsession and hysteria), perversely (as an epistemological valorization of a kind of double satisfaction, Lacan argued, insofar as sexual pleasure itself depends upon perversion), or psychotically (the sexual difference being foreclosed).

The *DSM-IV* takes the stance that it has finally succeeded in filling a need that has been clear throughout the history of medicine, the emphasis having shifted from “mental disorder” to medical disorder. A classification of mental disorders has always been required, they stress, but the problem of how to organize such a classification has prevented doctors from arriving at a solution. “In the past, phenomenology, etiology and the course [taken] as defining features” (*DSM-IV*, p. xvi) have been used as organizational principles. It is obvious that the 1994 *DSM-IV* document represents a giant leap in enlightenment and clinical responsibility since 1840 when one category was repeated over and over when any person’s symptoms presented a departure from the social norm: That category was “idiocy/insanity” (p. xvii). By the time *The DSM-I* was published, influenced by [Adolph] Meyer’s psychobiological view of mental disorders,” the numbers of categories of mental illness presented in the *International Classification of Diseases*

manuals were reduced and a trend toward reducing the statistics-gathering nature of the old *ICD* manuals was re-oriented. By the time *The DSM-III Manual* was published, the *naming* of diagnostic criteria by which one might judge a disorder had become the equivalent of the criteria by which a given professional might judge a disorder. Giving a name to an enigmatic symptom greatly helped insurance companies claim a scientific basis for knowing how to pay (or not) for treatment. This “greatly facili-

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tated empirical research, as well,” *DSM-IV* authors claimed (p. xvii).

The *Bible* places **the word** “in the beginning.” Identifications, expressed in and represented by language, structure meaning on all levels, Lacan argued: Moreover, the particularity of meanings that typify each person’s associational thoughts are woven out of the narcissistic identifications he called imaginary. In this way he redefined Freud’s concept of complexes as the imagoes one introjects from the outside world. As symbolic representations or conventions, they solder language to create the concept of reality in vogue in a given social order, even to the point that such reality—the Other/other—structures written and unwritten laws that govern behavior. The very latest Lacan argued that *lalangue*, the sonority and *dits maternels* of primordial sayings, and drives push knowledge forward. Furthermore, the cause underlying the impetus to represent oneself in language is not only the early experiences of the loss of objects an infant tries to retrieve through the “demand” by which Lacan defined “drive” early on, but also as the interpretation of the phallic signifier in reference to which one interprets sexual difference as a lack of being the other sex. This lack creates a gap which must, in turn, be filled with identifications that close it up as an open space. Lacan clarifies his meaning here in chapter one, “On *jouissance*” from *Seminar XX* where he puts forth the theory that no two partners are ever at the same place within the space of a sexual embrace. The partner of each is a third term—his or her own Other—, not the other person. The logic of this is not dissimilar from the logic of alienation and separation which keep an object from directly, easily, readily fulfilling the want (§) that is temporal desire (cf. note x). In *Encore* Lacan writes:

Sexual *jouissance* has the privilege of being specific by an impasse. In this space of *jouissance*, to take something that is limited or closed constitutes a locus, and to speak of it constitutes a topology. In a text soon to be published..., I believe I demonstrate the strict equivalence between topology and structure.... Namely, what is regulated by law-is a geometry. A geometry implies

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the heterogeneity of locus, namely that there is a locus of the Other, of one sex as Other.... I will posit here the term ‘compactness.’ Nothing is more compact than a fault, assuming that the intersection of everything that is enclosed therein is accepted as existing over an infinite number of sets.... That which covers or poses as an obstacle to the supposed sexual relationship.... The institution of a locus, which is not that of a homogeneous space.... The limit is that which is defined as greater than one point and less than another [like the unbridgeable space between Achilles and the tortoise in Zeno’s paradox.]<sup>14</sup>

The crucial difference in explaining what constitutes the cause of symptoms (or suffering)—even as residing in the transference relations one has—also comes from the four different structurations of desire that govern one’s mentality by four possible epistemological stances. Such structure is, furthermore, asymmetrical as to biological sexual difference and bears the radical particularities of the real of fixations, traumas, and repetitions that make each individual unlike any other. These components of the unconscious make actual knots in language and the body, thereby giving radically concrete and specific meaning to the symptoms that disturb any person. A symptom is unique—a *sinthome* bearing on the Father’s Name, the mother’s unconscious desire—even if symptoms (or disorders) share certain similarities of pattern. Cure is only effected, Lacan taught, at the level of the particularity of each person’s life experiences; one by one.

The *DSM-IV*, besides admitting its theoretical eclecticism, also proudly reports that it has surpassed the naming of disorders such as psychosis, neurosis, and so on—and the many subcategories placed under these headings in the old *ICD* manuals—, to the use of cognitive concepts such as distress, dyscontrol, disadvantage, disability, inflexibility, irrationality, syndrome, pattern, etiology, statistical deviation, all of which suppose some natural join of body to mind by developmental means (p. xxi). There is a strong difference between the *DSM-III* and the *IV* in tone, then. Manual *III* is firmly apologetic

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for having no theory of cause, describing itself as atheoretical, the authors insisting they do not want to offend any of the hundred of theories in vogue. The politics of the *DSM-III* is a liberal humanism, a positivistic pragmatism. Any combination of symptoms and behaviors can be added up any way a “licensed” practioner sees it. The implication is that the goal is to make the clinician feel secure and happy in his or her practice, diagnosis, and research. Nowhere in these manuals does one find interest in the truth of a diagnosis, or worry over whether the correctness of a theory makes a difference as to whether a patient is cured or not, or even awareness that the patient is suffering.

The closest the *DSM* manuals come to saying what an axis of differential distinction might be between symptoms lies in the descriptions of “positive” criteria that are visible and measurable. If the diagnosis is depression, observable in certain kinds of *malaise*, then those symptoms become the criteria to be evaluated, as against the current reality paradigm of an assumed healthy norm. No treatment prescriptions are made. The diagnostic differentials offer some possibility as to cause, but leave it up to the researchers/clinicians to choose what they prefer. Typically one finds diagnostic causes listed in the *DSM-III-R* as heredity; psychological influences; environmental effects; and so on. But the *DSM-IV* has dispensed with such categories at the point where a “differential diagnosis” is made. Rather, at this juncture, they distinguish one disorder from another by cross-referencing within their multiaxial system and by cross-referencing to their ten appendices. Thus, an “obsessive-compulsive disorder” is not “hypochondriasis” unless the disorder focuses on bodily symptoms, and is not “paraphilias” unless engaged in excessively. The diagnostic criteria are vague behavioral quantifications of “recurrent obsessions or compulsions,” characterized as “suppressing thoughts,” and the like.

No theory is given as the basis on which to assess what an axis is, how it comes to be, what proves it. Instead, we are given the credentials of the group who has established the axes.

We are not told how they produce a differential whose source can be studied formally in reference to a logical theory. The criteria of the axes could, then, be considered as the effects of a

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cause. Paradoxically, the point at which the *DSM-IV* has arrived is approximately the point where Lacan began his career as a psychiatrist-psychoanalyst-philosopher in the 1920s and 1930s. He was in search of a differential logic underlying the various symptoms he saw in the psychiatric and psychoanalytic clinic. It is not surprising that clinicians whose diagnoses are based on the *DSM-IV* assume Lacan's expansion of Freud's terms into desiring structures—neurosis, psychosis, and perversion—refer to pathological categories to be evaluated, by contrast to their supposed norm of health and reality. Without understanding that Lacan provided a logic of desire, drive, and jouissance underlying different epistemological guises, the *DSM* norm will necessarily belong to the spheres of duplicity and hypocrisy, marked by the illusions of a master discourse. Yet, *DSM* adherents believe their cognitive science will lead us into the 21<sup>st</sup> century, even though these same theories return us to the problem of not having a precise logic by which to formalize what science or, even, knowledge are. Indeed, both words, “cognitive” and ‘scientist,” come from Latin words meaning “knowing.”

The twist in these contemporary definitions of “knowledge” is this: While cognition describes Piagetian developmental biological categories out of which knowledge is supposed to arise, the idea such practitioners have of science is that it refers to an empirical and observational method of proof whose means are quantitative measurement. The implicit supposition behind the *DSM* approach is that “dis-ease” or suffering is caused by organic disturbance (Darwin coupled with Piaget). Although the early *DSMs* coupled Darwinian and Piagetian assumptions with Freud's developmental stages—oral, anal and genital—, as well as with other of his diagnostic categories, the *DSM-IV* has dropped Freud as an authoritative reference. And even when the cause cited is not physiological, the symptom in question, if not attributed to physiology, is thought to have a biological cause that will be discovered in the future as a chemical imbalance or a genetic problem. The disorder can, thus, be treated as a cognitive problem. The proof of such argumentation is circular, relying on a conflation of disorder with developmental sequences where the line between biology and psychology is indeterminate.

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What is to be gained, if anything, by using Lacan's references? I would propose that one may well come to understand why disorder is a descriptive behavioral category—language that stands outside and observes—, but can never produce a logical differential axis on the basis of which an analyst might arrive at scientific understanding of the cause of the effects we call symptoms. By rethinking Freud's categories of pathology as structures of desire, Lacan taught that each person's interpretation of the sexual difference culminates in an intrication of identifications with desire and language whose referents are the phallic signifier which marks the biological difference as a third thing—an enigma to be interpreted—and castration, which Lacan defines here as the perception of not being all One sex. Only in psychosis is castration (mentally) foreclosed. These four ways of structuring knowledge within desire produce four different epistemological bases to subjectivity and, consequently, four different ways of relating to the

object (*a*) of condensed *jouissance* which Lacan placed at the intersection between the two, calling it an absolute, an excess of qualitative libido joined to quantitative representations.

If Lacan's argument, once studied and understood, is not itself persuasive, what reasons might one offer in evidentiary proof that Lacan's clinic is an advance over the *DSM* system, in understanding why symptoms cause suffering? My argument here will be two-fold: First, I shall offer several reasons why Lacan's way of psychoanalysis offers a quantum leap out of the impasses posed by any theory which bases itself on positive facts and empirically verifiable quantities. In theories such as those offered by the psychiatric/psychoanalytic diagnoses in the *DSM-IV*, the "fact" is equated with a standard or norm which has been verified by having accounted for the statistical deviations (or negatively verifiable data), ascertained in reference to the standard or norm which has been chosen as the fixed point of the control. This method is said to offer proof of the correctness of a diagnosis, particularly since doubts have been catered for by use of the "negatively verifiable" caveat which makes an equivalence between "variables" and a descriptive concept of an excluded middle that admits, at least, that some data do not fit. The *DSM-IV* has adopted the term

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"Not Otherwise Specified" for erratic or enigmatic "behaviors" that fall outside the range of predictable patterns or syndromes.

In conclusion, I would place the *DSM* empirical discourse of science on Lacan's imaginary axis because such a method works from induction, from inferring a cause based on the study of effects. The realm of cause and effect, in other words, reduces causes to their effects insofar as they are visible or quantitatively measurable. The logic behind such a manoeuvre is not so different from Descartes's equating thought with being when he could find no referent on the basis of which to distinguish them one from the other. It is in this sense that the *DSM-IV* says un-apologetically (although the tone of apology is maintained in the *DSM-III-R*) that the behaviors it categorizes as criteria can be taken as their own causes. Having named and categorized them, moreover, on a multi-axial grid, they appear to have a basis in a logical coding system the psychiatrists consider scientific; that is, medical and biological. Clinicians, in turn, feel enabled to categorize a patient's symptoms. The axial grids to which the disorders are referred have, indeed, given empiricism a new set of "facts" in terms of which to do empirical, statistical research. Now, the *DSM-IV* does not say explicitly that it has reduced effect to cause. But it has.

By an imaginary axis, I do not mean an invention of the imagination or the intuitive creative intellect producing fantasy, fiction, poetry, or Idealist philosophy. Lacan's category of the imaginary was elaborated slowly over a period of decades, as were his three other principle categories or orders—the symbolic, the real, and the symptom (*sinthome*). By imaginary, Lacan meant many different things in his teaching. He started out conceptualizing this order by rethinking Freud's notion of complexes for an article on "The Family" which was commissioned by Henri Wallon, a cultural anthropologist. In the late 1930s, Lacan had already arrived at the conclusion that meaning is appended to images he also called imagoes, forms or *Gestalts*. "Complexes," Lacan argued, were actually matrices of thoughts, feelings, and visible artifacts. Moreover, so powerful is the image in the *formation* of the matrices Freud called complexes, that Lacan placed the imaginary in the forefront of what comes from the outside world in shaping being as signifying, for meaning, in other words.<sup>15</sup>



But Lacan's picture of the imaginary changed over the years. He went from thinking of the fragmented image of the *corps morcellé* as primary in the formation of the identifications that make up a composite of identity, first for a baby, to understanding the imaginary as a virtual real, as an identification with mental pictures or scenes that take on the fixed character of the traumata, conflict and, organicism that mark the presence of the real. The imaginary re-presents or covers over the real with such force that the *semblance* or the mask seems to be the reality. The *picture* of das *Ding* seems to *be* the thing. In this sense, the later Lacan called the imaginary the body; that is, a collection of words and images by which one describes one's being in concrete, precise, and subject-particular interpretations of one's flesh.

In 1964 in *Seminar XI*, Lacan constructed the topological world from the visual world, much as he had begun in *Les complexes familiaux*. Indeed, such a way of thinking is not far from object-relations concepts of the imaginary body as experienced by the infant in pieces. But in 1966 Lacan reversed this picture, placing visual structure in the place of that which leads to topological understanding of how body and mind function in the world.<sup>16</sup> The consequence is this: Topology shows or demonstrates. Lacan called this "fact" the matheme of *monstration*. The picture or painting that presents the structure of the visual world is not the same as the visible image itself. Rather, the structure of the visual world, of *monstration*, as opposed to Euclid's *demonstration*, is the showing or *monstration* of the object as such, declinable in the particular details of the unary traits derived from experience of the breast, the feces, the voice, and the gaze, the gaze being the matrix of the other three.<sup>17</sup>

"Against Descartes's quattrocentric perspective, Lacan advances that what cannot be said or seen shows itself". Lacanian analyst, Gerard Wacjman, clarifies: *Monstration* is not a metaphor, neither is it signified nor figured. Indeed, it is real. Topology presents structure, the site where the subject will arise as effect of "the foundations of his or her position" (fundamentally in the gaze) (p. 148 in the French text). The imaginary axis, as Lacan first portrayed it, works by a structure

of twoness only because a third term—the gaze—has permitted two persons to see each other as different one from the other. In mentality, individuals generally conceptualize themselves as One in a referential identification to another. Thus, in the *DSM* manuals, the universal (imaginary) aspects of behavior are sought to explain a disorder, not what is particular and different from all others with a similar "pattern."

At the level of structural formation, the other (Freud's ego ideal) constitutes the Ideal ego as a symbolic set of desiderata which try to validate themselves in the world in the eyes of others. At the level where the first other holding an infant before a literal mirror, or in the mirror of the eyes of the world around, is usually the mother, the third term is her gaze and those of others who hold the infant, who takes on a symbolic set of "self" fictions derived from the messages communicated by primordial gazes. Indeed, the propensity to project one's internal pictures onto the analyst's view (or screen) is what Freud called the transference relation that allows psychoanalysis to learn something of the unconscious when the analyst's view (or screen) deroutes the Ideal the analysand wants him or her to receive. Indeed, it has been recently suggested that "appearance"—the *semblant*—comes even before the Borromean structure.<sup>18</sup>

Thus, the field of the gaze, in Lacanian theory, is not to be confused with the eye. The gaze plays between ideals and judgments coming from the outside world and, thus, is implicitly put forth as a demand for a response to that dialectic.

If, then, empirical science can be logically situated on the axis of the imaginary insofar as the imaginary is an agreed upon set of fictions that circulate between one's Ideal sense of one's being and worth as measured in the eyes of others (ego ideals) who validate or repudiate it, at least it has an imaginary structuration insofar as the criterion or norm against which a supposedly "objective" set of data is measured is the set of data a given researcher takes as the (ideal) standard. In the *DSM*, The clinician's desire (unconscious intentionality) is not, however, factored in as a variable of the diagnosis, anymore than are the individual and cultural variations that go against a standardized concept of a behavioral disorder. Although the *DSM-IV* starts

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with the disclaimer that cultural variations will reveal differences from society to society, they state their own goal as that of providing a source book which will reduce "meaningless differences in wording between the two systems" (in this particular case, the *ICD* and *DSM* manuals [pp. xx-xxi]). Their goal is to constitute a unified science of positive facts, in other words, words being nothing more than the clothes for facts that supposedly underlie language. This is quite a different concept from Lacan's claim that Aristotle could never get out of the binds of propositional logic which kept him from finding the true axis that would create a difference between a particular and universal because he could not peel grammar off structure.<sup>19</sup>

In other words, in the *DSM* system, disorders are caused by behaviors that language subsequently describes and language itself is thought to have nothing to do with causing the behaviors. Rather, the behaviors are caused by heredity, environment, and physiology. We are not far from the kinds of explanations of the cause of symptoms advanced by Jean-Martin Charcot. Yet, such a positivistic system of thought is imaginary, drawn along a tautological linear line of cause and effect between two fixed points. Lacan offers, by contrast, his inscriptions (*écriture*)—*a*,  $\$$  of the signifier; A [or O];  $\Phi$ —that constitute a support "that goes beyond speech, without going beyond language's actual effects. Its value lies in centering the symbolic, on the condition of knowing how to use it; for what? To retain a congruous truth—not the truth that claims to be whole, but that of the half-telling (*mi-dire*), the truth that is borne out by guarding against going as far as avowal, which would be the worst, the truth that becomes guarded starting right with the cause of desire" (*Seminar XX*, p. 93).

From a *DSM-IV* perspective, behavior comes from at least three dimensions—heredity, environment and physiology—each thought to share in causing the behavior. Researchers insist that biologists will isolate precise causes in the future. There is no half-truth of the meaning of desire, no third term effect of sexual difference to be interpreted ( $\Phi$ ), no gaze of the patient's family, no scopic field of ideals and judgments of the Other within which the patient suffers. There is only the goal of offering a sourcebook to clinicians so they can control the

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anxiety caused them and their patients by reducing the symptoms to a nomenclature of "I have's." This is a very medical solution which proposes to prove and validate itself by verifying its own conclusions based on the interpretation in vogue of the symptoms seen in the clinic. Experiments

done on this unwieldy nomenclature are said to be, in turn, verifiable within the patient population that presents itself. *DSM* manuals note, for example, that eating disorders increased in such and such a decade. Every clinician is encouraged to attribute his or her theory of cause based on the presenting “facts.” No one need worry about a psychoanalytic logic behind the eating disorder that would offer the possibility of cure based on a precise understanding of *cause* that might explain the effect—the eating “disorder”—as a symptom. Indeed, Lacan’s theory of eating disorders is that the subject’s demand for (the mother’s) love becomes confused with the need for physical survival. One’s life is literally put on the line in this game of life or death.

Lacan relied on Freud’s discovery of a negative principle at the heart of knowledge—an unconscious part of the mind—governing conscious thought and behavior. In the first two periods of his teaching, Lacan offered a new theory of cause in explanation of the effects the *DSM-IV* calls behaviors. Lacan’s break with the sciences that base their proof on inductive and positivistic reasoning, stems from his having started his career as a psychiatrist at Ste. Anne Hospital in Paris. As Chief-of-Staff of the Psychiatry Department there, he worked principally with psychotic patients and with Grégoire de Clerambault who treated the legally insane. Indeed, Lacan faced the same problem as the American Veteran’s Administration did when it put together the *ICD* manuals which sought to classify military problems by figuring out what the military man’s malady or disease was. The same problem plagued Charcot and Freud: How do you differentiate psychosis from neurosis and neurosis from a supposed norm? What constellations of symptoms or behaviors will establish a clinic as scientific on the basis of opposing one thing to another? And if such a clinic were possible, what, then, would cause the symptoms? Lacan turned to Freud, not only because his own German was impeccable and he was, thus, able to read Freud in precise detail, but because he had

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figured out the answer to a problem Freud, as well as other mental-health researchers, had never quit trying to solve.

Lacan had found what caused psychosis. This was the topic of his doctoral thesis in 1932. Bringing together his own clinical work with Freud’s work on narcissism, Lacan went on to a second level of understanding psychosis in his third Seminar (1955-56) and, then, to a third refinement in his Seminar of 1975-76.<sup>20</sup> Having discovered one common feature present in all cases of psychosis he saw personally, as well as in his work with others, Lacan arrived at the premise that what is usually considered irrational or abnormal—and often labeled psychotic—is rational, normal, and logical if analyzed within the framework of its own structuration. I would go so far as to argue that the rest of Lacan’s work—his categorizations of the causes of neurosis, perversion and autism—was possible because his first findings led him to work in an inverse direction from other theories of knowledge—medical, philosophical, theological, linguistic; theories that start with the concept of a norm or standard, in reference to which everything outside the logical coherence or unity of that theory is dismissable as abnormal, irrational, messy, and so on.

Lacan had discovered one “fact” within the widest variety of cases: That in psychosis the foreclosure of a third term or a signifier (or representation) for the difference between the sexes is absent as an imaginary limit or border which interfaces with the symbolic world of language and law, with the “no” or signifier of the Father’s Name which introduces a lack into imaginary illusions of wholeness, thus making most individuals aware of their dependence on others and on

the Otherness of the world outside. The combination of separations or losses that structure such lack makes holes and gaps in the consistency of one's imaginary Ideal image of who one is based on the image by which one generally presents oneself within the realms of the social and sexual. Given Lacan's find, one might propose that Freud intuited the resolution of the Oedipal dilemma by an exit from complete identification within the family novel as the necessity of finding a substitute partner if one is to avoid the profound mental suffering caused by too much sameness. Lévi-Strauss also stressed the universal pattern

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of a social efficacy that occurred in marriage exchange; exogamy out of one tribe into another.

Lacan discovered that the absence in certain persons of a signification for this third term of difference and distance—assumed by most individuals as an abstraction—can not be inferred from behavior, or even attributed to developmental abnormalities. Thus, his theorization of the cause of psychosis has nothing to do with biological abnormality or environmental deficiency. Around the same time he hypothesized the cause of psychosis, he also rewrote the Oedipal complex as the signified of the signifier of the Father's name ( $\Phi$ ): The-Name-of-the-Father ([Other])/[phallus] becomes the reference on whose basis the psychoses, the neuroses, perversion, and the normative masquerade are structured. This third-term effect of a signifier for difference *qua* difference became the basis on which Lacan, over a period of decades, defined the formal logic of a differential effect—whose cause is the intervention of the Father's Name as an intermediary between the real of Oneness between the infant and the primordial mother. The third term establishes order over the immediate chaos of the real and orients the confusing and ambiguous scenes of the imaginary. Lacan hypothesized that when an infant learns this differential effect he called castration, the enfant passes from identifying with being One with the mother to accepting the lack-of-being all One sex. Lacan symbolized this “castration” as a negativized phallus ( $-\phi$ ) that recognizes a lack-in-being ( $\S$ ). This find gave him the basis for deducing a third category of truth-functionality where being is, paradoxically, usually established on the basis of loss and lack. Lacan added the logic of this contradiction to the two other categories—truth and falsity—so cherished by Symbolic Logic.

Moreover, his third category, characterized by the paradoxical possibility of the true being taken as false—That is, ‘How does one gain being by losing identification with a totality?’—was the basis on which he established a truth-functional logic to paradox and contradiction. Not only did he delineate a difference between the positivized phallus ( $\Phi$ ) he had equated with language and the Father's Name as an interdictionary “no” to Oneness between the mother and infant,

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he also valorized the interpretation of this intervention as the founding of the negativized phallus ( $-\phi$ ). This matheme marks a gap between the image and the word, enabling him to situate it between the symbolic and imaginary orders as the third jouissance Lacan added in 1974. This third jouissance—making meaning or sense—also validated his earlier claim in “The signification of the phallus” (1958) that the phallus plays its role as a simulacrum of what it is (not).<sup>21</sup>

In Lacan's work, the imaginary ego differs from the symbolic subject, although they intersect. Each is minutely constructed by the particular assumption of the unary traits that make

up the thought that supports one's sense of being. Lacan called this the "letter of the subject which functions by a logic of: 'I am' ← 'I think' " (J. Holland, p. 61). Being and thinking are collapsed into one. This interrelation includes the real of unspeakable traumata of the biological organism, written upon, as it is, by language. Images, on the other hand, tend to cover up the real of trauma and sexuality, while also taking their meaning from the symbolic associations to which they are joined. These three orders are knotted ( $\Sigma$ ) together by the most profound realization of the Father's Name signifier as that which gives one a *place* in the universe. These Borromean units are written out of the *a*;  $\S$  of the signifier; A [ $\emptyset$ ]; and the  $\Phi$ , such that they interchain in thousands of associational constellations that constitute mind and memory in a dynamic, non-linear fashion.

The fourth order of the knot elaborates each person's ideology of what the signifier for difference means, thereby raising the Father's Name signifier to the order of the symptom. In psychosis, the Father's Name has been foreclosed. Thus, this subject suffers from an excess of indifferentiation—from too great a lack of distance from the objects that cause desire—and can not constitute desire out of lack. Imaginary identifications constitute a minimally consistent ego which suffers from a poverty of master signifiers that are experienced as real. Thus, other persons must serve the psychotic as alternating egos, as potential prosthetic imaginary masks which compensate him or her for an "as if" imaginary mode he or she never developed. And, indeed, a psychotic rupture between the real and symbolic

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can be caused if an unwelcome challenge from the symbolic order—a malevolent third term—disrupts the fragile alliance between the symbolic and real by which the psychotic subject maintains a certain stability.

In neurosis, the signifier for sexual (or gender) difference is experienced as a confusion between identification as being principally a woman or a man. The unconscious logic of the hysteric pivots around the question of whether she is a woman or a man; a preoccupation with dead desire speaks the obsessional's too great proximity to his mother. In perversion, insofar as the sexual difference has been repudiated, the scene or fetish function as substitutes for phallic nomination, while the phallus itself knows that desire is its cause. In neurosis, on the other hand, the phallic difference is verified by the double-negative truth-function of denial: "If I say it is not so, that is because it is so, because if it were not so, I would not need to say it is not so." This is the famous logic of paradox Lacan attributed to neurotics. Within the logic of the "norm," which Lacan characterized as an acceptance of the castration or accepting to identify oneself in gender as identifying as one sex or the other, one finds the sexual masquerade around the sexual difference, couched in terms of pleasing the Other's current set of cultural expectations and definitions of reality. The "norm" does not mean normal, then, but a repression qua acceptance of the idea that the sexual difference veils a non-rapport that makes of the social itself a realm of exchanges which support the lack in the sexual non-rapport(s) by guaranteeing the existence of society on the basis of exchange out of the Family Novel.

Lacan's teaching is often adduced as an argument for its own validity. That works quite well if one is within a clinical setting where his approach can be tested by clinicians and verified by patients as to its provability. Lacan's teaching also forms a coherent logic within the confines of its own development out of continental linguistics, philosophy, and psychoanalysis during the 20th century. But in the USA, in the land where Logical Positivism has developed a love-affair

with medicine, both offering solutions to the mysteries of etiology by naming a feature and, then, reducing the cause to its name, **Lacan needs to be proved.**

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Lacan's Borromean unit—the topological knot that shows how truth can function negatively, not just in terms of the truth versus falsity criteria of symbolic logic—is the structure of structure. In *R.S.I.* he describes the knot as its own writing.<sup>22</sup> His point is this. One may have thousands of Borromean units strung together, but if the central knot—that which organizes the unit into three kinds of sense in the first place—does not cohere, the other three units collapse into one round of string. Distinctions between word/image/drive/affect coalesce in chaos. Thus, Lacan equated the knot with the Father's Name as a symptom of the necessity of a law of that.

The Borromean unit give a logic to five mathemes, then, the central one being the only positivizable feature to come out of Lacan's work: the object *a* **at the center** which causes desire. It denotes what one seeks in fantasy. It is absolute, indivisible, and non-dialectical. Its particularity for each subject denotes that around which all quests turn. Even though it is not a particular thing or the thing-in-itself, it constitutes a logical consistency of imaginary jouissance that is irreducible to the organ that *seems* to produce it. More basically, the object *a* appears as a unary trait of the real that produces jouissance, cutting the imaginary realm of lure, semblance, and consistency, as well as the symbolic field of statement and equivocation. At the limit, these objects stand as a bridge between the primordial objects that cause desire and the drives, perhaps ascertainable only in *ein Glanz auf der Nase* (Freud). Surrounding this object—both the irreducible remainder left over from representations that anesthetize jouissance and the jouissance that escapes alienation—are the three jouissances of which Lacan said in *Seminar XX* that jouissance was the only *substance* to which he would attribute any essence.

These are the jouissances of one's beliefs as referred to some ideological concept of reality ( $\Phi$ ) that connects the real to the symbolic by an honored Father's Name signifier; the jouissance (*jouis-sens*) of pouring meaning into the gap of dissonance between the image and the word ( $-\phi$ ) that connects the symbolic to the imaginary; and the jouissance that arises when images become semblances that temporarily fill up the space between the real of biological demands and the mental suppo-

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sitions one has about what will fill a void place in knowledge itself ( $\emptyset$ ), a place located between the imaginary and the real.

Moreover, these three jouissances correspond to three castrations, the first being that of taking one's being in reference to a third term—a Father's Name signifier—which can also be the name of a woman, a mother's brother, a mythical god, a totemic animal, and so on: ( $\Phi$ ). The second castration is that of the cut between the imaginary meaning of an image and the language that does not quite correspond ( $-\phi$ ) to it, except in neurosis, a malady of imaginary preponderance by which a subject tries to force a correspondence that is not One. The third castration is that of the lack in the Other ( $\emptyset$ ) that sends people in quest of meaning, both in the knowledge they deploy and in the traits they seek in love and sexual fulfillment with one another.

This is another way of saying that at the point where one finds a positivity in Lacan—that of the essence of enjoyment encircling an object which is extimate, neither inside or outside, but

to be inferred as a consistency that fills a gap—one also finds corresponding castrations, or truth-functional negativities. Once again, we have stumbled upon that which enables us to say that Lacan has given us a new epistemology and a new ontology which supercede Symbolic Logic and Logical Positivism by introducing loss and negativity as the first positivizable facts, and in reference to which all language refers in a desperate chase to make fit that which will never fit. At the interface of these would-be correspondent categories—imaginary harmonizable unities—one finds the element that holds together the orders and at the same time makes them disharmonious: The Name of the Father that quells one’s anxiety, anchoring his or her experience in the real to a hook in the symbolic. In other words, sublimation of the Father’s Name in the real is what Lacan called the knot as the *sinthome* or guarantee of unity, consistency, reality, and so on. And the identificatory fervor with which such sublimations are upheld, lead to wars—great and small—on a daily basis.

The clinical examples of developmental disorder given in the *DSM-IV*, for example, equate an imaginary interpretation with knowledge:  $I = S_2$ . There is no idea that there has been a failure in the process of separation from the first objects that

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caused desire, for example, except in object-relations theories which are increasingly replaced by cognitive thought or “self” psychology. Treatment prognosis is quite different if one knows the analysand needs to separate the images of things from things (or situations) themselves by paying increased attention to the function of “no.” “No” is not meant here in the sense of a super-egoistic barrier, but as that which allows the exchange and reciprocity that come from the differential Father’s Name signifier of the symbolic order and which creates the difference and distance on which any true intimacy, respect, and “well-being” are based.

In the field of literature, as well, genres would take on different meanings if they were seen as corresponding to the real of being (identificatory traits) in language and in images, rather than as a mimesis of some pre-ordained life of nature, or some pre-given standard by which to delineate good from bad, right from wrong, and so on, whether it be a matter of judging art or behavior.

## Endnotes

<sup>1</sup> Jacques-Alain Miller, “Semblants et sinthomes,” Presentation of the theme of the VIIth Congress of the Word Association of Psychoanalysis, *La Cause freudienne*, 69, p. 130.

<sup>2</sup> Alan Sokal and Jean Bricmont. *Intellectual Impostures: Postmodern Philosophers’ Abuse of Science* (New York: Profile Books, 1998).

<sup>3</sup> Jacques-Alain Miller, “To Interpret the Cause: From Freud to Lacan,” *Newsletter of the Freudian Field*, vol. 3 (Spring/Fall 1989): 30-50, cf. pp. 46.50.

<sup>4</sup> Jacques Lacan, “*Temps et Effects de Temps en Analyse*,” *Scilicet: Tu peux savoir* (Paris: Seuil, 1976), p. 95.

<sup>5</sup> Pierre Skriabine, “*Le point hors ligne*,” *ORNICAR?: Revue du Champ Freudien*, no. 49 (Summer 1998): 128-131, cf. p. 129.

<sup>6</sup> Jacques Lacan, *The Seminar, Book III (1955-1956): The Psychoses*, ed. by Jacques-Alain Miller, trans. with notes by Russell Grigg (New York: W.W. Norton, 1993), p. 320; cf. also, “On a question preliminary to any possible treatment of psychosis” (1957-1958), trans. and ed. by Alan Sheridan, *Écrits: A Selection* (New York: W.W. Norton, 1977), p. 465.

<sup>7</sup> Jacques Lacan, “The Agency of the Letter in the Unconscious or Reason Since Freud” (1957), trans. by Bruce Fink, *Écrits* (New York: W.W. Norton, 2006); For clarification of Lacan’s teaching regarding the signifier, signified, the proper name, the letter, and other concepts, cf. John Holland, “*Le Nom Propre et la Nomination: Russell et Gardiner avec Lacan*” (September 1998), *Mémoire pour l’obtention du DEA ‘Concepts et Clinique’*; cf. Jacques Lacan, *Le séminaire, livre IX (1961-1962)*:

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*L’identification*, Unedited Seminar.

<sup>8</sup> Jacques Lacan, “The Subversion of the Subject and the Dialectic of Desire in the Freudian Unconscious” (1960), trans. by Bruce Fink (New York: W.W. Norton, 2006), pp. 692-693.

<sup>9</sup> Jacques Lacan, *The Seminar, Book XI (1964): The Four Fundamental Concepts of Psycho-Analysis*, ed. by Jacques-Alain Miller, trans. by Alan Sheridan (New York: W.W. Norton, 1977), cf. esp. chapters 16 & 17.

<sup>10</sup> See the discussions of Lacan and mathematics and Lacan and logic as developed in *Umbra: Identity/Identification*, no. 1 (1998). Andrew L. Lewis, “Absolute Difference: The Trace of the Concept,” cf. pp. 56-62; Kirsten Hyldgaard, “Sex as Fantasy and Sex as Symptom,” cf. pp. 46-51.

<sup>11</sup> Rudolf Carnap, “Scientific Empiricism: Unity of Science, Unity of Science Movement” (1942), *Dictionary of Philosophy*, ed. by Dagobert D. Runes (Ames, Iowa: Littlefield, Adams & Co., 1958), pp. 285-286.

<sup>12</sup> The American Psychiatric Association, *The Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition* (Washington, DC: The American Psychiatric Association, 1994).

<sup>13</sup> The American Psychiatric Association, *The Diagnostic and Statistical Manual of Mental Disorders—Third Edition* (Washington, DC: The American Psychiatric Association, 1980); cf. also *The Diagnostic and Statistical Manual of Mental Disorders-Revised Edition-III* (Washington, DC: The American Psychiatric Association, 1987).

<sup>14</sup> Elliot S. Valenstein, *Blaming the Brain: The Truth About Drugs and Mental Health* (New York: The Free Press, A division of Simon & Schuster, 1998). Dr. Valenstein says that the *DSM-II* and the World Health Organization’s *ICD-I* “were both published in 1968, but it wasn’t long before these manuals were widely criticized. The criteria were found to be ambiguous, and several studies made it clear that diagnostic labels were often being used arbitrarily. The criteria for diagnosing schizophrenia, for example, varied between institutions and between countries” (p. 157). “The *DSM-IV* and the *ICD-10* manuals were both published in 1994. All of the diagnostic and statistical manuals have been a theoretical and basically descriptive in nature. The authors were frank to admit that the cause of mental disorders, except for those involving obvious brain damage, were not known.... The large group of specialized consultants working on the later *DSM* editions split different symptoms into distinct disorders, which often simply reflected the specialized interests of the consultants, rather than any compelling scientific rationale” (p. 158).

<sup>15</sup> Jacques Lacan, *The Seminar of Jacques Lacan: Encore, Book XX: On Feminine Sexuality, The Limits of Love and Knowledge*, ed. by Jacques-Alain Miller, trans. with notes by Bruce Fink (New York: W.W. Norton, 1998), pp. 8-9.

<sup>16</sup> Jacques Lacan, *Les complexes familiaux dans la formation de l’individu: Essai d’analyse d’une fonction en psychologie* (Paris: Navarin, 1984). This text was written for volume VIII of the *Encyclopédie française* consecrated to “mental life.” It appeared in the second part, section A: “*La famille*” (1938).



<sup>17</sup> Jacques Lacan, *Le Séminaire, livre XIII: L'objet de la psychanalyse* (1966-1967),

Unedited Seminar.

<sup>18</sup> Under the direction of Jacques-Alain Miller, P. Fari and Hervé Damase, eds., *Scilicet: Semblants et sinthome*, VIIe congrès de l'Association mondiale de psychanalyse (Paris: Ecole de la cause freudienne, 2009).

<sup>19</sup> Gerard Wacjman, "Painting" (1986), trans. by Jack Stone; excerpt taken from *L'oeil* (etc.), *Critical Essays on Jacques Lacan*, ed. by Ellie Ragland in the *Twayne World Author Series* (New York: MacMillan, 1999), pp. 142-148; cf. p. 149 in "Tableau," *L'Oeil*, no. 2, [dossier: "Pensée des sciences, pensée des arts plastiques," Académie royale des Beaux-Arts, Bruxelles, 1987.

<sup>20</sup> Geneviève Morel, *La différence des sexes*, Course given in 1996-1997 in the Exchange between The University of Paris and The University of Lille; cf. the section on "Aristote: L'universel et la contradiction," p. 171.

<sup>21</sup> Jacques Lacan, *De la psychose paranoïaque dans ses rapports avec la personnalité* (1932) (Paris: Seuil, 1980); Cf. also *Le séminaire, livre XXIII: Le sinthome* (1975-1976), ed. by Jacques-Alain Miller (Paris: Seuil, 1999).

<sup>22</sup> Jacques Lacan, "La troisième jouissance (1974), *Lettres de l'école freudienne*," no. 16 (1975): 178-203; Cf. also "The Signification of the Phallus" (1958), *Ecrits* trans. by Bruce Fink (New York: W.W. Norton, 2006).