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Language and Vulnerability – A Lacanian Analysis of Respect

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10 *Abstract*

11 Lacan's original approach to language expands the reaches of psychoanalysis. Not limited to a set of
12 technical instructions that guide “treatments of the soul”, lacanian psychoanalysis can be seen as a
13 theoretical toolbox whose utility is multidisciplinary. This paper contends that, by establishing a
14 connection between (i) the idea that subjects are produced by language and bear the mark of the
15 unconscious; and (ii) an approach to the production of symptoms that acknowledges the importance
16 of their sense, lacanian theories enlighten contemporary discussions on vulnerability. We claim that
17 Lacan's description of psychoanalysis as an apparatus that respects the person and (foremost) their
18 symptoms generates evidence of the existence of a kind of recognition that takes into account the
19 vulnerability of a given subject without assigning them to a fixed position of victim.

20 **1 Introduction**

21 By referring to contemporary French psychoanalysts interested in the thematics of symptoms,
22 the present work examines how psychoanalytical theories on the relationship between language and
23 subjectivity allow for a broader understanding of the concept of vulnerability. A lacanian perspective
24 on respect and its importance to the development of psychoanalytical treatment stems from this
25 discussion on vulnerability.

26 **2 Article type : Original Research**

27 **3 Manuscript**

28 **Language and Reality**

29 In Clarice Lispector's *The passion according to G.H.*, at the end of an introspective quest that
30 culminates in a Kafkaesque encounter with a cockroach, the main character finally understands what
31 language is: “Reality is the raw material, language is the way I go in search of it - and the way I do
32 not find it.”¹. G.H. is a Brazilian middle-class woman who sets out to simply clean a room in her

33 house but finds herself exploring the very origins of human communication. In doing so, she seems
34 to comprehend language as that which allows one to seize the raw material that comes from an
35 external reality (as opposed to psychic reality, in Freud's definition). In other words, G.H is able to
36 experience the discontinuity between the available sensory information (the sense data) and what is
37 captured and organized by our psychic apparatus. G.H's experience allows her to understand that this
38 *capture* cannot happen without language.

39 As human beings, our very subjectivity is defined by language. As Emile Benveniste puts it, a
40 separation between man on one side and the use of language on the other is not possible: even though
41 we are inclined to imagine a primordial time when a man discovered another one and between the
42 two of them language was worked out little by little, this is not what happened:

43 “We can never get back to man separated from language and we shall never see him inventing
44 it. We shall never get back to man reduced to himself and exercising his wits to conceive of
45 the existence of another. It is a speaking man whom we find in the world, a man speaking to
46 another man, and language provides the very definition of manⁱⁱ.”

47 Benveniste insists on the idea that language is much more than an instrument that allows men
48 and women to communicate. The main characteristics that defines language – its immaterial nature,
49 its symbolic functioning, its articulated arrangement and the fact that it has content – set it apart from
50 any instrument created by man: “to speak of an instrument is to put man and nature in opposition.
51 The pick, the arrow, and the wheel are not in nature. They are fabrications. Language is in the nature
52 of man, and he did not fabricate it” (Benveniste 1963).

53 This understanding of language as a given that simultaneously precedes and produces the
54 subject proposed by Benveniste is also a main point in Lacan's description of human beings as
55 subjects of language that are subjects to language. Throughout his work, Lacan will develop the
56 notion of a subject who is able to talk because he/she is talked - that is, because he/she is inscribed in
57 *language as a preexisting structure*. This is a fundamental shift in the understanding of the
58 relationship between human beings and language : once seen as the actor responsible for the
59 performing of acts of speech, the subject becomes, in lacanian theory, the *product* of such acts.

60 In “Position of the Unconscious”, Lacan develops this idea of a subject subordinated to
61 language through the affirmation that “the effect of language is to introduce the cause into the
62 subject”ⁱⁱⁱ. For Lacan, the subject is not what he imagines himself to be. We produce an image – an

63 imaginary or specular illusion – of ourselves that protects us against the chaotic movement of our
64 drives. This organized image, known as ego, differs from the subject: the lacanian subject is *the*
65 *subject of the unconscious*, and is produced by the signifiers of language. The effect of language over
66 the subject thus means that “he ([the subject] is not the cause of himself; he bears within himself the
67 worm of the cause that splits him. *For his cause is the signifier, without which there would be no*
68 *subject in the real*. But this subject is what the signifier represents, and the latter cannot represent
69 anything except to another signifier: to which the subject who listens is thus reduced.”(Lacan, 1960)

70 The signifier allows the subject to occupy a place among all other beings, but does not
71 encompass the totality of what a subject is. The subject is what the signifier represents; as the famous
72 aphorism goes, the signifier is characterized by the fact that it represents a subject to another signifier
73 (and to another, and to another, in an endless signifying chain, as Lacan will describe it).

74 **The meaning of symptoms**

75 This understanding of the role played by language in the very constitution of a subject has
76 important implications for the clinical work derived from lacanian theory. One of them is the
77 appreciation of the importance of symptoms to the analytical cure. In his first Seminar, Lacan posits
78 that the symptom initially appears to us as “a trace which will continue not to be understood (*qui*
79 *restera toujours incomprise*) until the analysis has got quite a long way and we have discovered its
80 meaning (*son sens*)”. This means that, in psychoanalytical theory, the symptom is not simply seen as
81 a manifestation associated to a disease. It is not the indication of a disturbance in the (healthy)
82 condition of a person. Rather, it should be understood as a formation of the unconscious that the
83 analyst should not strive to quickly extinguish since it was carefully (albeit unconsciously) produced
84 by the subject – not unlikely a work of art.

85 We think of Freud's comparison of symptoms to cultural outputs, and to outputs produced by
86 artists. In 1917, for instance, he mentions the importance of distinguishing the symptoms from the
87 disease of his neurotic patients, and reminds us “that doing away with the symptoms is not
88 necessarily curing the disease. Of course, the only tangible thing left over after the removal of the
89 symptoms is the *capacity to build new symptoms*”^{iv}. This creative capacity may translate into the
90 artist's ability of “turning away from reality” and transferring interests and libido to the elaboration of
91 imaginary wishes. It also works as evidence that symptoms are not to be simply eradicated, but rather
92 taken as an indication that there is work to be done. It is in this sense that Lacan describes the

93 symptom as a trace in his early works: as a mark left by the presence of something that once was at a
94 given place, like footsteps that reveal that someone has stood at a given spot.

95 What interests us regarding this way of looking at the symptom is the consequences to our
96 approach of the psychoanalytical treatment. What does it mean, to *treat* someone, without getting rid
97 of the symptom but focusing on its *meaning* instead?

98 French psychoanalyst Sidi Askofaré examines this matter on an article about what he sees as
99 “the revolution of symptom”^v– that is, as the action (by the symptom) of going round in an orbit. The
100 symptom is found at the very beginning of a treatment as the reason why one seeks consultation with
101 an analyst. It is also there at the very end of the analysis, albeit transformed. The trajectory it
102 describes is not one of mere repetition nor of an eternal recurrence of events, but rather a revolution
103 that conjoins a return to and a metamorphosis of events. In the unpublished Seminar from 1976,
104 *L’insu que sait de l’une-bévue s’aile à mourre*, Lacan wonders if, in the end, it would be possible to
105 understand psychoanalysis as synonym to identifying with one's symptom. Not understanding the
106 meaning of the symptom or having it revealed by the analyst, but, as Askofaré puts it, *taking*
107 *ownership* of the meaning of this symptom: “what is expected from the act of the analyst is that it
108 brings the analysant to take ownership of (*assumer*) the meaning (sexual, phallic or castration) of his
109 symptoms”.

110 Askofaré insists on the fact that this ability to assume or undertake the meaning of a symptom
111 radically differs from the mere *understanding* or *treatment* of said symptom. In analysis, what
112 happens to a subject is closer to an ethical experience that Lacan associates with the idea of *respect*.

113 **Respect, Recognition, Vulnerability**

114 In his very first Seminar, from 1953 to 1954, Lacan studies Freud's articles about
115 psychoanalytical technique. In a lesson concerning the concepts of resistance and defenses, he
116 examines the criticism regarding Freud's supposed “authoritarianism” in relation to his patients –
117 some of Lacan's students describe Freud's handling of the resistance as an act of *conquering* said
118 resistances. Consequently, Freud is seen by these students as someone who is moved by a “strong
119 will for domination”.

120 But Lacan does not agree with his students' interpretation of Freud's technique. He posits that
121 “if anything constitutes the originality of the analytic treatment, it is rather to have perceived at the

122 beginning, right from the start, *the problematical relation of the subject to himself*. The real find, the
123 discovery, in the sense I explained to you at the beginning of the year, is *to have conjoined this*
124 *relation with the meaning of the symptoms*^{vi}.” (Lacan 1953-1954). This means that, rather than acting
125 dominantly, the psychoanalyst works from a position of a certain vulnerability.

126 Indeed, when Lacan mentions “the problematical relation of the subject to himself”, he is
127 referring to the Freudian notion of *Nebenmensch*, “the fellow human being”. In Freud's work, the
128 (helpful) person capable of removing the distress of the child through a “specific action” also creates
129 – via the same action – dependency and vulnerability. According to Freud,

130 “Let us suppose that the object which furnishes the perception resembles the subject— a
131 fellow human-being (*nebenmensch*). If so, the theoretical interest taken in it is also explained
132 by the fact that such an object was simultaneously the subject’s first satisfying object and
133 further his first hostile object, as well as his sole helping power. For this reason it is in relation
134 to a fellow human-being that a human being learns to recognize^{vii}”(Freud, 1895).

135 In other words, it is by being vulnerable and by being exposed to the power and the hostility
136 of another fellow human being that one develops his or her abilities of recognition. A moment of
137 crisis and a critical environment are indeed the very conditions to the development of human's
138 capacity to recognize others. This has a technical consequence that shall bring us back to the lacanian
139 definition of the analyst as someone who gives up knowledge in the same way he/she gives up of
140 his/her ideals.

141 In fact, Freud described in 1890 a menacing aspect inherent to all situations where *help* is
142 involved^{viii}. Since the forces that work toward helping a subject necessarily impact the “autocratic
143 nature of the personalities of the subjects”, a common reaction in patients is to avoid asking for help
144 of any kind (psychological, medical or on a social context). The very idea of *being helped* elicits
145 defenses. Consequently, the efficacy of psychoanalytical practice must rely on the fact that it differs
146 from a psychological *aid*. It has to avoid what we could describe, from a lacanian perspective, as the
147 imaginary trap (*le piège imaginaire*) of intersubjectivity. Rather, it should adhere to an unconditional
148 recognition of the symptom of the subject, as well as of the “problematical relationship of the subject
149 to himself” that the symptom imposes.

150 This unconditional recognition means questioning one's relationship to knowledge. The
151 analyst behaves as a *nebenmensch*, a fellow human who cannot know what the analysant needs. One

152 cannot, as an analyst, assume a position where prescribing attitudes or behaviors is a possibility.
153 Rather, one must give up one's knowledge regarding his/her patients and the illusion of power that
154 comes with it. By doing so, we rend ourselves more vulnerable. But we also move closer to the
155 meaning of the symptoms.

156 We understand that this is the only way to keep psychoanalysis from either being dissolved
157 into some sort of sentimental psychologisation that fails to take into account the *submission to*
158 *language* described by Lacan; or into a medical way of thinking that tries to answer to normative
159 ideals regarding treatments. One could this describe this position concerning psychoanalysis as a
160 *certain style*, neither *intimate*, nor *extimate* (as Lacan puts it), but *proximate*. As a *practice*,
161 psychoanalysis remains *vulnerable*, situated between two spots, fragile.

162 In other words, the originality of the analytic treatment is to oppose something very simple to
163 both an inquisitive style of the analysis of resistances and the mere eradication of symptoms:
164 *respect* for the human being and for his or her symptoms. As Lacan puts it:

165 “It is the subject's refusal of this meaning [of the symptom] that poses a problem for him. This
166 meaning must not be revealed to him, it must be *assumed* by him. In this respect,
167 psychoanalysis is a technique which *respects* the person – in the sense in which we
168 understand it today, having realized that it had its price – not only respects it, but cannot
169 function without respecting it”^{ix}

170 From this perspective, *respect* means an idea of care for the other or for oneself that unties
171 itself from a monolithic representation of who this other or this self *should be*. The lacanian
172 understanding of respect allows for an idea of recognition that relies on a more variable (or less
173 fixed) conception of the self.

174 These theoretical developments invite us to rethink what is at stake in the relationship
175 between recognition and vulnerability. French psychoanalyst Jean Allouch argues that the
176 psychoanalyst establishes a relationship to “variety as such”(le *divers comme tel*) which implies
177 refraining from assigning a subject to a predefined clinical entity – or to a predefined name. In
178 Allouch's words, this means that “oriented by variety, the psychoanalyst is bond to welcome anyone,
179 and to do so by restraining from any identificatory action or thought”^x. This means assuming a
180 delicate position where one is perpetually thinking the subject without references to a knowledge of
181 preexisting categories. And this ability to recognize variety without reducing it to rigid categories
182 stems from this respectful attitude towards language, in the sense suggested by Lacan.

183

184 **4 Conflict of Interest**

185 *The authors declare that the research was conducted in the absence of any commercial or financial*
186 *relationships that could be construed as a potential conflict of interest.*

187 **5 Author Contributions**

188 LL and BS are equal contributors to this paper (co-first authors). All authors read and approved the
189 final manuscript.

190 **6 References**

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207 **Footnotes**

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