

The NLS cartels' Newsletter
La Newsletter des cartels de la NLS

n°7 - July/Juillet 2018

Editorial

The Cartels at the Core of the School

In this issue, you will read, with all of their references, the 4 papers that were presented as Cartel - Flashes during the NLS Congress on "In a State of Transference" ... plus one more paper to break the series, written by Shlomo Lieber from Tel Aviv.

His paper gives an account of a cartel's work that, based on the very last of Lacan's teachings, sets out to find in several clinical cases the "*blunder*" hidden in each one. The work from this cartel therefore orients us towards the next NLS Congress in Tel Aviv.

Enjoy your reading !

Frank Rollier

Les cartels au cœur de l'École

Dans ce numéro, vous pourrez lire, avec toutes leurs références, les 4 textes présentés en tant qu'Éclairs de cartels lors du congrès de la NLS sur « Le transfert dans tous ses états » ... plus un texte qui décomplete cette série, écrit par Shlomo Lieber, de Tel-Aviv.

Il témoigne d'un travail de cartel qui, à partir du tout dernier Lacan, s'est exercé à rechercher dans des cas cliniques la *bévue* spécifique à chacun. Il se situe ainsi pleinement dans l'orientation du prochain congrès de la NLS à Tel-Aviv.

Bonne lecture !

Frank Rollier

Transference listening

Anna De Filippi (Montréal)

In "Recommendation to Physicians Practicing Psychoanalysis" Freud formulates the analyst's floating attention as a technique of immanent listening: "He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone".

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Transference, Symptom and (Triggering) Psychosis

Rik Loose (Dublin)

In Clinic under Transference, J.-A. Miller indicates that the demand addressed to the analyst is a moment in which the symptom takes on a symbolic status in the form of a message from the Other.

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Il peut être également consulté sur le site de la NLS, sous l'onglet Cartels : Catalogue des cartels, et Cartels vers le congrès.

The cartel catalogue

It may also be consulted on the NLS website, under the Cartels tab : cartel catalogue and catalogue towards the congress.

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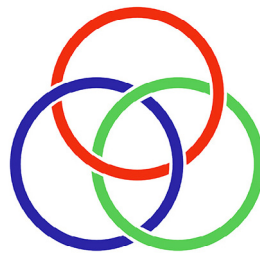
Maquette et mise en page : Lorène Gaydon

Cartel Une-Bévue / One (Un) Case

Shlomo Lieber (Tel-Aviv)

The central theme of the cartel – the presentation of "one (un) case" throughout, came to us as surprise, like a sudden illumination from the very first meeting of the cartel. Right after, the name "one case" connected for us to the phrase une-bévue or one blunder, a term that we met previously in Lilia Mahjoub's argument before the 2017 NLS congress.

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Merci d'en informer les deux secrétaires de la NLS, <pamelaking13@gmail.com> et <thomas.vanrumst@gmail.com> ainsi que le délégué aux cartels <frollier@wanadoo.fr> qui vérifiera les données et les validera.

Transference is the Real of the Clinic

Yaron Gilat (Tel-Aviv)

A 53 years old female patient came to therapy due to panic attacks. The first of which occurred during a theatre play she went to with her husband. She is a religious orthodox Jew, the daughter of Jewish German immigrants who arrived to Palestine prior to WW2.

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The Object of Transference

Jeff Erbe (New-York)

In her argument for the 2018 NLS Congress, Lilia Mahjoub invokes three states of transference: wild, political, and psychoanalytic. She marks the psychoanalytic state as the only one that can subvert the others.

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Le comité de lecture de « 4 + One »
/« 4 + One » reading Committee :
Ruzanna Hakobyan, Michèle Harroch,
Glenn Strubbe, Frank Rollier (plus 1).

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If it is a cartel towards the congress, please click the button under Rubric of the cartel.
Usually the declaration is made by the Plus-one who collects beforehand all the information in advance including names etc and the « Thème particulier de travail » (Specific theme of work) for each member. When the registration is completed, click on « Envoyer » button (Send). Please inform of your registration the two secretaries of the NLS <pamelaking13@gmail.com> and <thomas.vanrumst@gmail.com> and also the Cartel delegate <frollier@wanadoo.fr> who will check if everything is in order.

Transference listening

Anna De Filippi (Montréal)¹

In “Recommendation to Physicians Practicing Psychoanalysis” Freud formulates the analyst’s floating attention as a technique of immanent listening: “He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone”². The same sound waves are emitted, yet, from the position of the analyst, a second technical reflection—towards ‘reconstructing’ the unconscious — is necessary. Freud is clear that this style of listening is not to remain at the level of the imaginary axis or empathy. Rather, “the doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him.”³

In “The Direction of the Treatment and the Principles of Its Power” Lacan develops an ethics of listening in relation to the question of the analyst’s desire. To listen for “what lies beyond discourse” is not akin to physiological auscultation, with a measurable object to be uncovered beneath⁴. Deferring understanding, and an ends-oriented way of thinking, Lacan nonetheless proposes a technique of listening that makes sense. The analysand freely associates, yet, as discursive, “nothing could be less free”⁵. Here the analyst lends his ear.

This technique of listening adjusts to the analysand’s demand as intransitive, that is, without object (at least not a fully sayable one.) The demand is inhered in the very fact that the analysand speaks and is subjected to the signifiers in those who “come to represent the Other for him”⁶. Lacan specifies that it is the analyst who has allowed the analysand to speak in the first place. Listening is the condition and support of this desire to speak. It is not reducible to demand.

The desire to speak as “I” is always to some extent resistance, as the desire to maintain desire; at the same time this desire is the positive transference that “maintains the direction of the analysis”⁷.

In an example from the analysis of the analysand writing here, an overpowering heartbeat was encountered at the beginning of each session. As resistance, it had to be spoken about. Once the heartbeat was spoken about, it could be listened to and interpreted, not in the terms of medical auscultation, but in those of analytic transference.

In J.-A. Miller’s “Interpretation in Reverse” we read that “unconscious desire is its interpretation”⁸. On the side of the analysand, one interprets, and hears, the unconscious by virtue of speaking. There is a spontaneous reflexivity. Yet ‘hearing

1. Member of a Flash Cartel in preparation for the 2018 NLS Congress.

2. Freud S. : Standard Edition of the Complete Works, vol. XII, London, Hogarth Press, 1958, p.115-116.

3. Ibid, p. 118.

4. Lacan J. : *Écrits*, New York, W.W. Norton, 2006, p.515.

5. Ibid., p. 514.

6. Ibid., p. 525.

7. Ibid., p. 531.

8. J.-A. Miller, “Interpretation in Reverse,” in *The Later Lacan: An Introduction*, ed. Véronique Voruz and Bogdan Wolf (New York: SUNY Press, 2007), p. 4.

oneself' is different than 'listening to oneself.' "The subject cannot listen to himself without being divided"⁹. With Miller, Freud's telephone receiver stands in for the position of the analyst within the transference to a subject supposed to know: "when the analyst takes over he does nothing other than what the unconscious does"¹⁰. This is the contingent link, in the discourse of the analyst, between objet a as agent and the Other¹¹. While the unconscious interprets, it also wants to be interpreted, which equally depends on the contingent relation between hearing and listening. The desire of the analyst interprets against the grain of the unconscious' own interpretation—to listen not only to hear—in order to "pass from the wild state the interpretation proves to be in the unconscious to the reasoned [raisonné] state where the analyst strives to bring it"¹². With the unconscious as interpretation, transference in turn presents itself as the supposition of knowledge in the unconscious¹³. To go beyond the pleasure principle, in listening to this spontaneously interpreting unconscious, what must be 'interpreted in reverse' ? The "phrase that is enjoyed."¹⁴

9. J.-A. Miller, "Jacques Lacan and the Voice," in *The Later Lacan*, p. 143.

10. J.-A. Miller, "Interpretation in Reverse", *op. cit.* p. 4.

11. Thank you to Jeff Erbe for his suggestions here, as well as to Renata Teixeira and An Bulkens for their comments.

12. *Ibid.*

13. Cf. P.-G. Guéguen, "Discretion of the Analyst in the Post-Interpretative Era" in *The Later Lacan*, p. 14.

14. J.-A. Miller, "Interpretation in Reverse", *op. cit.* p. 6.

Transference, Symptom and (Triggering) Psychosis

Rik Loose¹ (Dublin)

In *Clinic under Transference*, J.-A. Miller indicates that the demand addressed to the analyst is a moment in which the symptom takes on a symbolic status in the form of a message from the Other. He writes: “The clinic of psychoses gives this “transference neurosis” its surest coordinates..., one can grasp the fact that the beginning of the analysis constitutes a conjunction favorable to the triggering of psychosis”². The clinic of psychosis positions the “transference neurosis”, but that does not mean that it overlaps with it. How are we to read this?

Lacan wonders how the Name-of-the-Father can be summonsed to that place where there is a hole. By a real father, a One-Father, and for this to happen the latter needs but situate itself as the third element in the ego-to-object relationship³. The examples he gives are of the young mother and her baby with the husband arriving with his desire for her as a woman as such confronting her with the not-all enigma of her femininity beyond motherhood. Or the woman who goes to confession confronted with the enigmatic desire of the priest. Or, the girl in love meeting the father of her young man. To these we may add the analysand whose initial problems are not quite analytical symptoms until the moment when (s)he is confronted with the desire of the analyst which can then trigger a psychosis.

Before this, the problems functioned on the imaginary axis of reality. Here, the symptom, according to J.-A. Miller, is identified with his or her life⁴. This does not bring him or her to analysis. There has to be something in the imaginary aspect of the symptom that does not work; a rupture, a moment of panic, which reveals the symptom in its status as real. Miller recognizes a third stage which is when the demand addressed to the analyst is inscribed which restores the symptom to its status as an articulated message from the Other. The subject comes into symbolic opposition to the subject-supposed-to-know through being confronted with the subject-supposed-to-know in reality. The couple subject-imaginary symptom is now interrupted by an appeal to the Other and this can lead to a cascading of the imaginary.

A supervisee presented a case to me of a late middle-age woman with no previous obvious symptomatology. She came regarding burn-out and the recent bereavement of her mother. In retrospect there were discreet signs in childhood (whole-sale identification with being the good daughter, being left in the lurch on several occasions by the mother, total rivalry with her sister, father absent). These signs could only emerge through speech, but it was this very speech on the side of meaning that

1. Member of the ICLO-NLS, of the NLS and of a cartel towards the NLS 2018 Congress.

2. Miller J.-A. : “Clinic under Transference”, *Psychoanalytical Notebooks*, N° 17, p. 10.

3. Lacan J. : “ On a Question preliminary to any possible treatment of psychosis », *Ecrits*, (trans. B. Fink), New York : Norton, 2006, p. 481.

4. Miller J.-A. : *Ibid.*, p. 10.



pushed her towards jouissance (speaking she realised she wasn't the good daughter and reality began to fall apart). In a session speaking about a childhood scene in which pressure was felt on her legs she suddenly stopped and said "I remember something terrible", left the room to vomit. This was the moment her delusion was triggered (the object came to her in the real).

For this not to happen it is important that the analyst, who occupies the place that in Bridge is called the "dummy" (the dead), becomes the partner-Other for the analysand. So what are the implications for the transference when having to face the real, when all of us are delusional (with the exception of the autistic subject)? We need to decide in each singular case whether to incarnate the semblance of the object or to become the partner-Other or to adopt whichever tactic that allows us within the strategy (of the game) to establish a political outcome that is, for once, in our modern times dominated by deregulation and the push-for-jouissance, expedient for the subject.

Transference is the Real of the Clinic

Yaron Gilat¹ (Tel-Aviv)

A 53 years old female patient came to therapy due to panic attacks. The first of which occurred during a theatre play she went to with her husband. She is a religious orthodox Jew, the daughter of Jewish German immigrants who arrived to Palestine prior to WW2.

After four years of therapy she was able to make considerable changes in her life and lifestyle, many of which had to do with giving up religious laws and traditions, such as changing the way she dressed as she started wearing trousers instead of long dresses, taking off her hair covering, watching television in Friday nights and more. Then, one day she conveyed to me that she had been a victim of sexual assault and almost raped when she was about 14 years old. The perpetrator was a physician who wore a white doctor's coat and in her associations he reminded her of Dr. Josef Mengele from Auschwitz. I myself am a physician as well. Then, she reported that her panic attacks gradually decreased until her life became free from them altogether, but in our meetings, and only in our meetings, specifically in their beginning, she continued to suffer from strong, sometimes long, panic attacks. I consider this to be a transference-related phenomenon, which may relate to what Freud termed "transference neurosis".

Freud introduced this term in order to describe transference reactions which appear in relation to the relationship with the analyst. In this condition, the patient's neurotic conflicts are relived in analysis. Freud constituted transference neurosis as an "intermediate region between illness and real life"; an artificial symptomatic illness that expanded in the "playground" of the transference while the patient's other symptoms and external difficulties disappeared.

In his seminar on *Transference*, Lacan claimed that "what the subject is afraid of encountering is precisely a certain sort of desire that would be such as to immediately make the whole signifying system fall back into the nothingness prior to creation²". Lacan suggested that the definition of the psychoanalytic clinic is "the real as unbearable³", which means, J.-A. Miller asserts, that the clinical formations were merely different forms of defenses against the real⁴. The fear Lacan referred to, I believe, is what my patient is experiencing in the transference, and her panic attacks are but a particular clinical formation as defense against the real. Thus, in analysis, the analyst can embody what may be real to the analysand and the transference provides access to the way the subject responds to this real. Following Lacan and Miller's footprints as well as the traces of my patient, I wish to suggest that transference is the real of the clinic and that the analyst's real presence may designate that which is "beyond all possible signification"⁵.

1. Member of the GIEP-NLS and of a cartel « towards the Congress » Transference-work > Work-transference

2. Lacan J. : Seminar *Transference*, Polity Press 2015, p.259-260.

3. Lacan J. : « Ouverture de la Section Clinique », *Ornicar ?*, n°9, Avril 1977.

4. Miller J.-A. : *Clinique ironique*, La Cause Freudienne, n°23, Paris, Seuil, février 1993.

5. Lacan J. : Seminar *Transference*, op.cit., p.312.

The Object of Transference

Jeff Erbe¹ (New-York)

In her argument for the 2018 NLS Congress, Lilia Mahjoub invokes three states of transference: wild, political, and psychoanalytic². She marks the psychoanalytic state as the only one that can subvert the others³. Therefore it is the specificity of the analytic experience that allows us to speak of all three. What can we say about the role of object *a* insofar as it determines which state of transference is at play?

Following Lacan's development in "The Direction of the Treatment and the Principle of Its Power", L. Mahjoub points to the 'strategy' and 'tactics' of dealing with psychoanalytic transference, as paradoxical knot. From 'strategy' we can discern a *positioning* that indicates the analyst's discourse, where the analyst puts "object *a* in the place of semblance (...) to investigate the status of truth as knowledge".⁴ Executing this strategy requires a reduction of the Ego in all its manifestations and refusing to exploit the power one is bestowed through the function of the subject supposed to know. This power is what distinguishes psychoanalytic from wild transference and psychoanalysis from psychotherapy. Moreover the position of object *a* in the analyst's discourse is precisely what subverts knowledge (S2).

Once the 'strategy' is in place, 'tactics' follow. L. Mahjoub cautions that linearity of the signifying articulation is not a sufficient sign of psychoanalytic transference⁵. At this stage, one could merely be trading in wild transference. The analyst enjoys a relative freedom in his tactics, yet in "Presentation on Transference" Lacan emphasizes the importance of harnessing 'pure dialectics': "[for] 'truth' is the name of the ideal movement that this discourse introduces into reality...psychoanalysis is a dialectical experience, and this notion should prevail when raising the question of the nature of transference."⁶ He goes on to demonstrate that psychoanalytic transference is necessary for the dialectical reversals that lead the subject to subvert reality and encounter subjective division.

Wild and political transferences operate within the master, university, hysteric and capitalist discourses. Object *a* is not in the position of the agent as it is in the analyst's discourse. Consequently, S2 is not in the position of truth, so the social bond hinges on universal logic. Singularity is precluded and thus mastery and identification are the hallmarks of these transferences.

1. Member of the Lacanian Compass and *plus-one* of a Flash cartel in preparation for the 2018 NLS Congress.

2. Mahjoub, L.: "In a State of Transference: Wild, Political, and Psychoanalytic", *The Lacanian Review* No.4, 2018.

3. Ibid., p. 164.

4. Lacan, J. *Seminar XX: Encore*, Norton, New York/London, 1998, p. 95.

5. Mahjoub, L., *op. cit.*, p. 166.

6. Lacan, J.: "Presentation on Transference", *Écrits*, Norton, New York/London, 2006, p. 177.



Within the analytic experience, the emergence of wild or political states of transference signals a failure of the analyst (Following Freud, L. Mahjoub notes the analyst is “harmed” in wild transference). Yet in our cultural milieu, such transferences prevail. L. Mahjoub’s argument is a call for psychoanalysts to assert our place in society. The fundamental strategy of the analyst in occupying the position of object *a* taps the *not-all* logic, producing the demand that constitutes our psychoanalytic cause. Then with Lacan we can say, “I have succeeded in doing what in the field of ordinary commerce people would like to be able to do with such ease: out of supply [*offre*] I have created demand⁷”.

7. Lacan, J.: “The Direction of the Treatment and the Principle of Its Power”, *Écrits*, Norton, New York/London, 2006, p. 515.

Cartel Une-Bévue / One (Un) Case

Shlomo Lieber¹ (Tel-Aviv)

The central theme of the cartel – the presentation of “one (un) case” throughout, came to us as surprise, like a sudden illumination from the very first meeting of the cartel. Right after, the name “one case” connected for us to the phrase *une-bévue* or *one blunder*, a term that we met previously in Lilia Mahjoub’s argument before the 2017 NLS congress.

Nevertheless, we were far from genuinely knowing what we were seeking in this unanticipated connection – our formulations tended to change throughout our discourse and throughout the *what* is that was discovered in each case. However, the choice of “one case” enabled a compass-navigated-tracking of the case in light of the central theme of the cartel, while addressing the personal and specific questions that cropped up from this theme for each participant in the cartel deriving from the case he chose. Our topic hypothesizes a relation of some sort between “one case” and “une- bévue”. What premise do we have for such a comparison?

Une-bévue is the manner in which Lacan translates the Freudian unconscious *Unbewusste*. Lacan moves from the ‘Un’, which in German as in English means ‘not’, to the ‘one’ (*un* in French), to “the one of the split, of the stroke”, i.e. he shifts the notion of *negation* to *lack*. This enables Lacan to progress beyond the Freudian unconscious, with the help of the concept of *sinthome* which is situated in relation to the real. However, as Lilia Mahjoub comments in the argument mentioned previously, Lacan adds that the unconscious “takes part in the ambiguity between the real and the imaginary”.

The *blunder*, therefore, is forever a blunder in relation to the real, and the symptom is none other than an expression of this blunder or

this failure. However, at the same time the symptom will be the answer to this blunder, an attempt to correct or rehabilitate it in relation to the real; a real that will always remain in lack. Here the symbolic with its chains of signifiers and the imaginary with its deceptive displays play a central role. They create meanings and visions, always remaining unadoptable to the real itself. In there the hole is established which is the real unconscious, the “true hole”.

So already we stand at the threshold to “Joyce the Syntome”. In a nutshell I’ll say that Lacan places in Joyce’s case one basic and constitutive “mistake” or “fault” in the intricacies of the Borromean knot. The result, in Joyce’s particular case, is that the circle of the imaginary “slides” and the “imaginary relationship has no locus”. For these lacking relations there is a particular answer in Joyce: The *Ego* which comes to correct this mistake and compensate for it. But Joyce, despite his uniqueness and together with it, is the most extreme embodiment of the symptom itself; the archetype of the symptom. Lacan says: “It is in so far as the unconscious is knotted to the *sinthome*, which is what is singular to each individual, that we may say that Joyce... identifies with the individual”. Lacan names L.O.M, which is homophonic with *L’homme*, the basic structure that Joyce exemplifies.

Returning to our cartel – like Diogenes we also tried to unearth this L.O.M, this “man” in each case. We fumbled to find the one blunder, the fatal one, sometimes heroic and crying out, but most of the time hidden, subdued within the case itself. We searched for the shadows of the one of the hole which pulsates and for the house of cards that creates its recesses. We looked for a piece of human jouissance.

1. Member of the GIEP- NLS (Israel) and member of the NLS.