

## Transference is the Real of the Clinic

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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 creation<sup>2</sup>". Lacan suggested that the definition of the psychoanalytic clinic is "the real as unbearable<sup>3</sup>", which means, J.-A. Miller asserts, that the clinical formations were merely different forms of defenses against the real<sup>4</sup>. 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"<sup>5</sup>.

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.