



## Introducing the symptom<sup>1</sup>

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**Abstract:** If our contemporary patients no longer present symptoms or desire for analysis, we need to be more concerned with the preliminary sessions to rectify the problem and introduce an analytical symptom. Rectification is, therefore, the aspect Thomas Svolos discusses thoroughly in this paper giving as much importance to it in Lacanian practice as to interpretation and construction.

**Keywords:** Preliminary sessions; symptom; subjective rectification.

**Resumo:** Si nuestros pacientes contemporáneos no se presentan mas con síntomas o con deseo de análisis, debemos volver nuestros ojos para las sesiones preliminares a fin e rectificar el problema e introducir un síntoma analítico. La rectificación es por tanto el aspecto que Thomas Svolos discute cuidadosamente en este artículo y la considera tan importante en la práctica lacaniana cuanto la interpretación y la construcción.

**Palabras-llaves:** Sesiones preliminares; síntoma; rectificación subjetiva

I want to start this out by talking about rectification. Rectification – incidentally the same word in French, with all the same connotations as best as I can tell – is a briefly utilized concept in Lacan’s work. There are certainly enough of these, but the curious thing about rectification is that Lacan gives it special privilege in “The Direction of the Treatment and the Principles of its Power”, one of his few papers which most explicitly deals with issues of psychoanalytic technique. In “Direction of the Treatment”, Lacan in fact offers a schematic of psychoanalytic treatment, a schematic drawn from his close readings of Freud’s clinical cases, in which a psychoanalysis has three logical stages – rectification of the subject’s relation to reality, then development of the transference, and then interpretation<sup>3</sup>. I want to draw attention to rectification in that – in contrast to the more frequent discussions of the theory of the end of analysis – rectification is precisely a concept introduced by Lacan in reference to the beginning of analysis, and one which, as we shall see, has a special relationship with the symptom – the psychoanalytic symptom here, of course, not the simple phenomenological iterations from psychiatry.

This term refers to a particular technique that Lacan identifies in the Dora case and the Rat Man case. With regard to the former, it is the famed first dialectical reversal in which Freud brings Dora to realize that not only is she not the mere innocent victim propelled into a terrible position by various malevolent forces in the world (the position Lacan further characterized as that of the “beautiful soul” from Hegel’s *Phenomenology*), but, rather, she in fact orchestrated through her “connivance” the very situation about which her complaints resound<sup>4</sup>. With reference to the latter case, it is Freud’s intervention in a quick read of the Rat Man’s psychic reality – based on a series of facts regarding the conditions of the parents’ marriage, the critical role of money and debt, the turning away from one’s true love – an intervention in which Freud repositions the Rat Man’s various “impasses” and difficulties and his very flamboyant obsessions in the context of his relationship to his father and his belief about his father’s disapproval of a desired marriage, an intervention all the more remarkable in that – while it worked within the analysis – it was nonetheless untrue, in that his father was not alive at the time of the presumed statement on his part<sup>5</sup>.

In a previous paper, delivered in fact last year at the APW Conference, I conveyed some thoughts on technique in which I stated – following a distinction first evoked by Jacques-Alain Miller – that while it is the analyst’s work to provide interpretation – to give meaning, as it were, to the varied unconscious formations to evolve in the course of our work – it is our work as analysts to provide a construction, a construction of the fundamental fantasy<sup>6</sup>. Well, to this delineation on technique – on both the level of logic of and agency within the treatment – to this delineation of two different interventions, I believe we need to add another, a third level of intervention, and that is what Lacan articulates as rectification, and which I would also clearly direct as the work of the analyst, a directing which I will elaborate here,

hopefully less on the basis of some prescriptive *savoir*, but rather a Joycean *savoir-faire*, which we might apply in our work. Analysts do not interpret, but we may provide rectification – to initiate the treatment – and construction – to initiate the close of the treatment.

Now, the thing about this rectification is that it evokes nothing less than a “wild” psychoanalytic intervention, the very kind of “brusque” intervention that Freud specifically expressed reservation about<sup>7</sup>. But a careful reading of the texts reveals that these particular technical interventions of Freud’s – while certainly brusque and decisive – have less to do with a building up of meaning, but a certain breaking down of meaning in the form of the solidified ego and object representations inherent in the analysands at the time, a form of destructive or destabilizing intervention in which we can see something of the elucidation of the subjectivity inherent in the cases – a point which I will modify later. This is, of course, most frequently understood in the terms of the means by which this rectification brings out the ways in which the subjectivity of the analysands is implicated – we might even say in a causal sense – in the very situations which were initially presented as external to them. The standard reference here is to schema L, in which we might say the analytic discourse breaks out of a certain imaginary frame of reference, with its focus on ego and object, to the broader symbolic frame of reference, with a redirected emphasis on the unconscious desire in play in the subject and that desire’s reference point, the grand Other – the symbolic framework in which the subject is caught up. Of course, Lacan is quite explicit in this theorization with reference to the Rat Man case, in which his reading of the case demonstrates how the Rat Man’s unconscious desire – read: subjectivity – is linked very carefully to a series of events relating to his parents’ lives, courtship, marriage decisions, and professional decisions – all of which formed the symbolic backdrop, the Other, against which his life was consciously and unconsciously articulated<sup>8</sup>.

Note here that an interesting aspect of this from a technical perspective is Lacan’s valorization of more explicit interventions – which he describes as “mantic” in impact – very early in the treatment, in contrast to the more traditional and austere interventions of scansion and punctuation advanced as critical in the preliminary sessions, those early sessions in which the analyst and potential analysand are exploring the possibility of engaging in an analysis<sup>9</sup>. Are these mantic rectifications valuable in establishing the analysis, reconfiguring the social bond between the analysand and analyst as analytic discourse? I argue that they are, in many cases, and in fact, we have some evidence that Lacan himself employed such precise interventions at times. In Stijn Vanheule’s discussion of clinical work with analysands with neurotic depressive complaints, he discusses several autobiographical accounts of analysands of Lacan’s<sup>10</sup>. In addition to emphasizing the attentive listening of Lacan, the analysands emphasize interventions on Lacan’s part – these mantic utterances – which, like Freud’s, do not represent interpretations per se, but rather an intervention – what I believe we ought to name, theorize, and properly emphasize as rectification – which leads to a shift of these cases out of vague, poorly defined depressive complaints – the facile, naïve, and now ubiquitous depression of the DSM – towards what Vanheule describes as a structuring relationship of the Subject to the Other. I will wish to come back to Vanheule’s paper again.

This theorization of rectification against an imaginary and symbolic backdrop – bringing out the symbolic dimension of subject and Other beyond the imaginary ego and object representations (both with regard to the complaints themselves and with regard to the treatment relationship of analysand to analyst) – is indeed valuable in our clinical work, but Lacan adds another dimension to this. In “Direction of the Treatment,” he states, in reference to rectification, that “Freud begins by introducing the patient to an initial situating of his position in reality, even if this situating leads to a precipitation – I would even go so far as to say a systematization – of symptoms.” Thus, here we see, even back in 1958, a relationship – here more in terms of clinical phenomenology – between rectification and symptoms, one which acknowledges the perhaps the oft-cited clinical experience of psychoanalysis or even sometimes psychotherapy that symptoms can often get worse in the establishment of the treatment. So, we see a link here between rectification and the symptom, which we can read against this opening of the imaginary into the symbolic. What I would like to do, however, is to further read in to this early observation the later developments of Lacan and Jacques-Alain Miller and state that rectification is not that of the subject’s relationship with reality – le réel – as it has been translated into English in terms of the use Lacan made of le réel in the 50’s – but rather to state that rectification concerns the subject’s relationship to the real, that third order which comes to prominence in Lacan’s later work in contrast to that of the symbolic and the imaginary. [So, if the imaginary refers to these ego and object relations, and to the domain of meaning, and the symbolic to – in part – the differentially defined structure of language which – as the Other, provides the signifying universe in which subjects speak, what is this real? Well, put most simply, *to apeiron*, the pre-Socratic term first used by Anaximander and defined variously as boundless, infinite, complex, that-which-can-not-be-handled, or un-measurable<sup>11</sup>. Lacan glosses the real variously as outside language and the symbolic order, as “resist[ing] symbolization absolutely,” and as “impossible” to know, to give meaning to, to reach; but, as something which nonetheless (perhaps in a curious tip of the hat to Anaximander) ex-ists, as a kind of Kantian *noumenal* Thing which must be supposed to exist, and which is the ultimate object of anxiety and that which – through our missed encounters – is the very source of trauma<sup>12</sup>. Of particular relevance for us here is Lacan’s great discovery, the object a. This real – read: inscrutable – object differs from psychoanalytic partial objects in that it is not an object in that traditional sense – an imaginary, discrete, knowable object – the breast, the turd, the gaze, the voice, but rather a real object cause of desire, a real remnant, a remainder left over when the subject, as speaking being, submits to, enters in, what Lacan defines as the “defiles of the signifier,” the symbolic order, a remnant of castration, we might say. It is a further elaboration of Freud’s notion of the primordially lost object, which Lacan renders – and I apologize for compressing quite a bit here – in a series of moments: first and foremost, the loss of life “immortal” and “indestructible” and in no need of organs – the libido itself – which we as living beings lose in being submitted to sexed reproduction, we can’t replicate ourselves indefinitely. Well,

this is what Lacan evokes in a myth – replacing that of the split original being seeking to find its other half, the myth of Aristophanes in the *Symposium*, still quite alive today – a myth of *la lamelle*, the lamella, something like a piece of thin membrane flicked off the egg, an attempt to portray this loss of pure life through a new myth<sup>13</sup>. (Curiously, let me note, is this myth not given a grander melo-dramatic treatment by none other than J. R. R. Tolkien in his grand story, in the very passage from the Age of (Immortal) Elves to the Age of Man, about which it is interesting to note the curiously lifeless and death-like character – and I am not sure how much this is intended – of the immortal Elves themselves, somehow capturing that relationship of libido to the death drive?) Well, in any case, this loss of the real, this is reprised, as it were, in a whole series of other losses, less obscure moments, from birth itself, to the weaning complex (the loss of the breast so important to the Kleinians), to the loss of the turd, and the most critical loss, the loss assumed by the speaking being in taking on – as a kind of original sin – and assuming the mortification of the body resultant from the our entry into language and the symbolic order. Well, this symbolization process is not complete – the mastery of the ego, language, the body, the Other – is always misrecognized – and the symptom offers the particular psychoanalytic point of access to that object a, the remainder or failure of this process. Thus, rectification represents – to reread Lacan’s statement above – the “situating of the analysand’s position” – not in reality, but – “in the real” through the “precipitation of the symptom.” This situating of the analysand’s position in the real is the very reason I chose a work of Francis Bacon for the poster for this Conference, for Bacon’s portraits render nothing less than symptomatic portraiture, portrayal not of an individual in reference to his symbolic backdrop or Other, but rather the subject – in the face of an Other, the backdrop, which scarcely exists – the subject as real and as distorted through the symptom, a subject in which the anamorphosis is no mere folderol in the portrait, as in “The Ambassadors” of Hans Holbein the Younger, but has been generalized to the subject itself.]

To draw a further logical conclusion here: without the precipitation or, perhaps, even the introduction of the symptom, an analysis will not develop, and a transference will not be established, nor the possibility of interpretation. The symptom is the real and necessary condition for analysis to proceed, because without some approach to the real through the treatment itself, it will only continue to appear in its very disguised forms – the analysis must touch on the real.

This distinction here between rectification and other interventions – such as interpretation – thus reflects within technique an important logical or theoretical distinction explored by Miller, the distinction of the symptom from the other unconscious formations (dreams, slips of the tongue, parapraxes, and so forth). In “Sigma(X)” – originally published in the 1987 Acts of the École, now available in Dan Collins’ translation in the aptly named electronic journal “The symptom” – Miller hints at a valuable distinction breaking up the series of unconscious formations, which usually includes the symptom<sup>14</sup>. While the direction of the treatment towards unconscious formations allow us to approach the unconscious as a symbolic Other – a locus to which the formations are addressed, as a site of guarantee of their meaning: the very process we see articulated in interpretation in our clinical work – , the symptom – in contrast – does not allow that. With the symptom, that Other is called into question – as perhaps an imaginary structure – and the subject is left only with the existence, not of the Other, but of the symptom itself. This, we see frequently in clinical work: a patient – in reference to dreams or to slips of the tongue – will associate and interpret and elaborate some meaning or another, some reference to the past, to his history, and to the various symbolic determinants of his reality, often putting together some formulation which seems to support some supposition of the world out there, past or present, in which he finds himself. This is the interpretive work in play establishing imaginary meaning against a symbolic Other, often a fairly stable structure. But, with the symptom, this kind of associative and interpretive work of the analysand is much more hesitant, uncertain, stop and go. Some formulation may be reached, only to be discarded and replaced with another. No meaning of the symptom ever seems stable, and that Other out there is indeed called into question, often to that very point where the Subject feels that his symptom is indeed the only “real” thing out there or that very thing which defines his existence, the kinds of statement often articulated while the analysand is on the couch. And this symptomatic sensation – meaning established, then broken and reformulated, a kind of limitless (to recapitulate Anaximander) return to some enigmatic Thing – this is not solely limited to the consulting room or to elaboration within the clinical context, witness Freud’s own repetitively symptomatic fascination with and repeated examination of Hamlet and, especially, the Moses of Michelangelo, indicative – in his case – of a failed mastery of the application of his Oedipalizing template to these pieces of artwork (Freud failing to heed the warning that it is the artwork that interprets, not Freud himself: another example of what I have elsewhere termed Freud’s slippage from psychoanalysis to Freudianism<sup>15</sup>). Luke Thurston describes this relationship of Freud to art with great elegance in the second chapter of his new monograph, *James Joyce and the Problem of Psychoanalysis*<sup>16</sup>.

Not only is the symptom, then, to be distinguished from the other unconscious formations, but the technical issue relative to the symptom – rectification – must too be distinguished from that relative to the other unconscious formations, which necessitates, I believe, the abandonment of a certain kind of “initial timidity” which Lacan stated often characterized the early stages of treatment for many analysts, and which we can see today – another point to which I want to return. Thus, we can see that the way in which we can situate the symptom against the real – the object a – in contrast to the situation of the other unconscious formations situated against the big Other is linked to a certain kind of technical issue.

I want to turn now to another way of situating the symptom, another way of bringing out its psychoanalytic relevance and its centrality in the Direction of the Treatment. I will reference here the well known matrix which Lacan creates in Seminar X to clarify the relationship among what we may initially describe as forms of psychological suffering – inhibition, symptom, and anxiety, famously linked by Freud in an eponymous work notable among his works for its rather scattered presentation<sup>17</sup>. In an attempt to delineate the three forms, Lacan introduces a matrix – a grid – with two vectors evolving from the upper-left hand corner. Lacan designates the x-axis (from left to right) as indicative of increasing difficulty, and

the y-axis (from top down) as indicative of increasing movement. He will then go on to eventually situate nine forms of suffering as indicated below:

	Difficulty	>	>
Movement	Inhibition	Impediment	Constraint
V	Emotion	Symptom	Passage à l'acte
V	Dismay	Acting out	Anxiety

Now certainly, we might muse over these various forms of psychic suffering and get a sense of how they do indeed have a certain phenomenological relationship as they shade or merge from one to the other, in spite of the rather vague notion of movement and difficulty on first hearing. Lacan's own elaboration of these forms is, in fact, based on interesting etymological relationships of them. It is, however, much more useful in theory and in the clinic to give a certain specification to the diffuse designations given to the axes – movement and difficulty. For if we rename, and here I will follow Lacan and the reading of *Seminar X* of Vanheule cited above, if we rename – as it were, based on a certain reading of Freud's original Drive theory – movement in the terms of the Drive itself, we might reformulate that as the axis of the real, of the extent to which the real is present – in a form of psychic tension – within the particular form of suffering. Thus, in the first column we see the disengaged, seemingly lost suffering of inhibition evolve with a greater tension of the real – affect, in a sense – into the agitation of Dismay. Or, in the far right column, we see the engaged person who feels constrained and seems about to burst, evolve – again with increasing tension – into flat out anxiety. On the x-axis, we will similarly rewrite Difficulty as the extent of the subject's integration into the Other, and here again the nuances and shifts in these various forms of suffering take on a new clarity. For, while inhibition and constraint, say, may represent equally passive states, in the former there is no context or structure for the suffering, while in the other, the analysand might articulate in great details the ways in which he is confined.

With this theoretical backdrop in place, we can then reformulate these seemingly phenomenological distinctions into the more precise way in which each of these forms of suffering articulates a relationship of the subject to the object a, the real, and the Other. They relate as different gradations, as it were, of presence of the real and the symbolic Other. This distinction then has immense clinical consequences. As Lacan makes reference to in the final sessions of *Seminar X* and as further elaborated by Stijn Vanheule, these certain positions of suffering are valuable in allowing us to conceptualize certain technical issues of the preliminary sessions of an analytic treatment. For example, Vanheule comments in particular upon the importance of the three positions of inhibition, emotion, and dismay in the complaints of those seeking help today for what is most often identified as depression. Vanheule then notes that with this group of patients (who he refers to as the neurotically depressed in contrast to the psychotic depressed, or melancholics), our most critical task is to revitalize not just the depressed Subject, but also the depressed Other. This disengagement of the subject and symbolic Other – characterized on the grid by the low degree of Difficulty, or integration of subject and Other – requires certain interventions to increase – as it were – the level of difficulty, interventions such as careful and attentive listening to the signifiers of the analysand's discourse and interventions such as certain – what I think are worth continuing to identify as – mantic interventions which name, which signify, the suffering and are able to raise it to the status of a symptom – move the suffering to the center of the grid. And it is this critical move – which I have above termed rectification, and not interpretation (Vanheule uses the latter term, not identifying a distinction here which I think is most critical) – that sets the analysis in motion.

Now, it is important to note that Lacan himself gives this very technique, rectification, a different term later in his work – hystericization, with particular reference to the work with obsessional neurotics (who are often particularly prone, among neurotics, to a phenomenological situating of their suffering in inhibition) – and hystericization is then promulgated as the key part of establishing the analytic discourse<sup>18</sup>. I think that this is incomplete, for it fails to properly register the fact that the suffering of hysterics is all too often not aligned along the terms of the symptom (Freud's Dora case exemplifies well the fact that a certain technical positioning is often necessary in the case of Hysteria itself). In other words, going back to the matrix, a patient with a hysterical neurotic structure may also present with a form of suffering other than the symptom. In fact, is it not acting out and anxiety and even constraint that are more often the form in which suffering is defined by the hysteric, which leads the analyst to a different set of imperatives early in the treatment – the use of less symbolization, or other interventions – even a bolstering of imaginary structures and establishment of some meaning (is this not the very move of Freud's in the Dora case) – to temper an overwhelming real, or to disengage from the symbolic Other.

Further, I want to hypothesize that it is this very issue of rectification and the progression to analysis in the early sessions that might form another backdrop with which to formulate all the issues associated with the management of what are now referred to as contemporary symptoms: the eating disorders, tattooing, drug use, depression, and other phenomena we see more frequently. Much has been made about the challenges of patients with these forms of suffering to psychoanalysis – post-Freudians looking upon this as a need for a turn away from “classical” psychoanalysis – as with Kernberg and his borderlines<sup>19</sup>, or to the curious work of Fonagy and his colleagues on affect<sup>20</sup> – and within the Lacanian literature, we of course have the theorizing which seems to have largely evolved out of Miller's work in “The Other who does not exist and his ethical committees,” in particular the notion of the decline of vertical identification and the rise of horizontal identification within critical socializing structures and the replacement of the Ideal with the object a as the quilting point, as it were, of social discourse<sup>21</sup>.

Regarding this issue of contemporary symptoms, one interesting thing to note is the evocation in some of these theoretical discussions of a kind of earlier world of psychoanalysis in which these problems did not exist, in which psychoanalysts were confronted with Hysterics and their symptoms, or the occasionally challenging Obsessional. And this very – what I think we may name nostalgic – image further brings to mind other times when psychoanalysis seemed to fail, such as the debates of the 20's and 30's about the inadequacies of psychoanalysis (say, in terms of Negative Therapeutic Reaction in contrast to the Golden Age); or, the debates in the 60's within the IPA about the end of Hysteria, because there were no longer patients with conversion symptoms. This nostalgia, I would argue, is hardly an accurate reflection of the past, for Freud struggled – as is so easily forgotten in such arguments – to get his analysands into analysis, witness his comments in “Analysis terminable and interminable” and his letters about the difficulty he faced in getting patients to stay in analysis early in his career (and even the veritable proliferation of seemingly “contemporary” symptoms in some of his early case reports)<sup>22</sup>. What he was struggling with was in fact what I call rectification. And, while the classical Hysterical conversion phenomenology has indeed become much less prominent (as Gérard Wajcman has so elegantly argued largely because those with Hysteria no longer present to Neurologists, but to Psychiatrists<sup>23</sup>), the fact is that the presence of the symptom – this elusive form of suffering – is not a Thing inherent to the suffering subject itself, but something created, in a sense, through the analytic process by the contribution of the analyst. And, if our contemporary analysands no longer present with symptoms, or desire for analysis, we need to look to preliminary sessions with such patients to rectify the problem.

<sup>1</sup>Prepared for the Sixth Annual Conference of Affiliated Psychoanalytic Workgroups, “Working with the Symptom,” September 24-26, 2004, Omaha, Nebraska.

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<sup>3</sup>J. Lacan, “The Direction of the Treatment and the Principles of its Power,” *Écrits: A Selection*. New York: Norton, 2002.

<sup>4</sup>S. Freud, “Fragment of an Analysis of a Case of Hysteria,” *S.E.* 7:3 (1905).

<sup>5</sup>S. Freud, “Notes upon a Case of Obsessional Neurosis,” *S.E.* 10:151 (1909).

<sup>6</sup>T. Svolos, “Fundamental Fantasy as the Axiom of the Unconscious,” *Journal for Lacanian Studies*. 2:1 (2004).

<sup>7</sup>S. Freud, “Wild Psycho-Analysis,” *S.E.* 11:121 (1910).

<sup>8</sup>J. Lacan, “Direction of the Treatment.” J. Lacan, “The Neurotic’s Individual Myth,” *Psychoanalytic Quarterly*. 48: 405 (1979).

<sup>9</sup>See, for example, B. Fink, *A Clinical Introduction to Lacanian Psychoanalysis: Theory and Technique*. Cambridge: Harvard, 1997. The issue of technique is not addressed in A. Quinet, “The Functions of the Preliminary Interviews,” *Journal of European Psychoanalysis*. 8-9: Winter-Fall 1999.

<sup>10</sup>S. Vanheule, “Neurotic Depressive Trouble: Between the Signifier and the Real,” *Journal for Lacanian Studies*. 2:1 (2004).

<sup>11</sup>K. Freeman, *Ancilla to the Pre-Socratic Philosophers*. Cambridge: Harvard, n.d. See also D. F. Wallace, *Everything and More: A Compact History of Infinity*. New York: Norton, 2003.

<sup>12</sup>J. Lacan, *Seminar I: Freud’s Papers on Technique, 1953-1954*. New York: Norton, 1988. J. Lacan, *Seminar XI: J The Four Fundamental Concepts of Psycho-Analysis*. New York: Norton, 1977.

<sup>13</sup>J. Lacan, “The Position of the Unconscious,” in R. Feldstein *et al.*, eds., *Reading Seminar XI: Lacan’s Four Fundamental Concepts of Psychoanalysis*. Albany: SUNY, 1995.

<sup>14</sup>J.A. Miller, “Sigma(X),” *The Symptom*. 5 (2004): <http://www.lacan.com/newspaper5.htm>.

<sup>15</sup>T. Svolos, “The Past and Future of Psychoanalysis in Psychiatry,” *The Symptom*. 1 (Spring-summer, 2001): <http://www.lacan.com/newspaper.htm>. T. Svolos, “The Specificity of Psychoanalysis Relative to Psychotherapy,” *Psychoanalytical Notebooks*. 10 (June 2003).

<sup>16</sup>L. Thurston, *James Joyce and the Problem of Psychoanalysis*. Cambridge: Cambridge, 2004.

<sup>17</sup>J. Lacan, *Le Séminaire livre X: L’angoisse*. Paris: Seuil, 2004.

<sup>18</sup>J. Lacan, *Le Séminaire livre XVII: L’envers de la psychanalyse*. Paris: Seuil, 1991.

<sup>19</sup>O. Kernberg, *Severe Personality Disorders*. New Haven: Yale, 1986.

<sup>20</sup>P. Fonagy *et al.*, *Affect Regulation, Mentalization, and the Development of the Self*. New York: Other Press, 2002.

<sup>21</sup>J.A. Miller and E. Laurent, “L’Autre qui n’existe pas et ses comités d’éthique,” *La cause freudienne* 35 (1997). See also H. Britton, “Contemporary Symptoms and the Challenge for Psychoanalysis,” *Journal for Lacanian Studies*. 2:1 (2004).

<sup>22</sup>S. Freud, “Analysis Terminable and Interminable,” *S.E.* 23:209 (1937).

<sup>23</sup>G. Wajcman, *Le maître et l’hystérique*. Paris: Navarin, 1982.