



## THE EFFICACY OF PSYCHOANALYSIS <sup>1</sup>

Graciela Brodsky<sup>2</sup>

gbrodsky@lacanian.net

**Abstract:** In this lecture held in Brazil, Graciela Brodsky discusses psychoanalysis efficacy evaluation. She traces the question back to Freud and Lacan and opposes the measurement impositions inspired in evidence-based medicine to what psychoanalysis proposes as efficacy.

**Key words:** Efficacy; evaluation; psychoanalysis efficacy.

**Resumen:** En esta conferencia dictada en Brasil, Graciela Brodsky discute la evaluación de la eficacia del psicoanálisis. Hace un rastreo en los textos de Freud y Lacan de la cuestión contraponiendo las exigencias de medición inspiradas por la medicina basada en la evidencia con lo que el psicoanálisis propone como eficacia.

**Palabras clave:** Eficacia; evaluación; eficacia psicoanalítica.

I am happy to be here with you once again.

The efficacy of psychoanalysis is not a subject that pleases the psychoanalysts. They usually associate it with utility and, consequently, to utilitarianism. According to an early remark on treatment made by Lacan, Freud's precautions against the *furor sanandis* are seen as *slogans* that give support to the psychoanalysts when they refuse to talk about their own practice. Lacan states that the cure is something that will eventually come as a plus.

It is worth highlighting Freud's elegance to handle this issue. In 1932, in "New introductory lectures on psychoanalysis", more precisely in conference 34, he says<sup>3</sup>:

"[...] I have never been a therapeutic enthusiast; there is no danger of my misusing this lecture by indulging in eulogies" on the therapeutic virtues of psychoanalysis. "I would rather say too little than too much. During the period at which I was the only analyst, people [...] used to say to me: 'That's all very nice and clever; but show me a case you have cured by analysis'. This was one of the many formulas which in the course of the time have succeeded one another in performing the function of pushing the uncomfortable novelty aside. Today it is out of date as many others: the analyst, too, has a heap of letters in his file from grateful patients who have been cured"<sup>4</sup>. I do not know if you are as lucky as Freud and have files with letters from cured patients.

"Psychoanalysis", Freud continues, "is really a method of treatment like others". I was delighted to read that! Because this is the point where I came across an

interlocution between Freud and Lacan, when the latter says, “psychoanalysis is not a therapy like the others”. Lacan is talking to Freud. I did not know that!

In that conference 34, Freud says: “Psychoanalysis is really a method of treatment like others. It has its triumphs and its defeats, limits, its difficulties, its limitations, its indications. At one time a complaint was made against analysis that it was not to be taken seriously as a treatment since it did not dare to issue any statistics of its successes. Since then, the Psychoanalytical Institute in Berlin [...] has published a statement of its results during its first ten years. Its therapeutic successes give grounds neither for boasting nor for being ashamed. But statistics of that kind are in general uninformative; the material worked upon is so heterogeneous that only very large numbers would show anything. It is wiser to examine one’s individual experience. And here I should like to add that I do not think our cures can compete with those of Lourdes. There are so many more people who believe in the miracles of the Blessed Virgin than in the existence of the unconscious.”<sup>5</sup>

Seventy years later, in an initiative of Otto Kernberg, its president at that occasion, the International Psychoanalytical Association accomplished a great study named “An open door review of outcome studies in psychoanalysis”. It is a study of 231 pages, full of charts, scales, conceived to attempt a statistical approach of psychoanalysis results. As I was told by a colleague a few days ago, the study was apparently very successful. And the success was due to the fact that the presentation of analytical results in charts, curves, and all those different forms of presentation, allowed the publication of psychoanalytical papers produced by Psychoanalytical American Association in the most important psychiatry Journals in the USA. That is, by disguising the thing, giving it the appearance of a scientific study, psychoanalysis was more easily accepted in the so-called scientific means of promotion.

Despite of the analysts, the issue of efficacy is quite fashionable. Although the subject is found in Freud’s and again in Lacan’s early writings, I believe that the promotion of social efficacy has not been discussed for a long time. The issue emerges, specifically, in 1996/97. That was the moment when studies on efficacy started being produced at a global level.

Let me place the context. Everything begins at the validation of that which is considered a new model: the paradigm of evidence-based Medicine. You probably know that the paradigm of evidence-based Medicine has been prevalent in our days, but that has not been so for a long time.

Evidence-based Medicine aims at replacing the clinical evaluation as a criterion to offer a certain treatment. So it favors that decision making to help patients should be based on the conscious, explicit and sensible use of the best evidence available. The strongest argument for evidence-based Medicine is that it can identify the best evaluated methods of health care and it can make it easier for patients and doctors to make decisions based on more information. These reasons are so good that they lead to the question: how is that different from what serious doctors have always done? That is, deciding to apply the best evaluated methods that lead to the best results.

In an attempt to find out the reason for all that, a rather naïve first reply immediately emerges. This reply states that, behind that new paradigm, there is no concern for the quality of the health care assistance; the health care assistance is in fact a product of financial, market considerations. In other words, there are expectations that health services can have their continuously increasing costs reduced by the choice that offers the best cost-benefit ratio. That would be the best form of treatment chosen from a wide range of options.

This is rather naïve, but it is a fact. Governments or those who support (health insurance) health care – in Latin American countries, the government provides most of funds spent on health care – consider, for economic reasons, the possibility of offering the best cost-benefit ratio to health services.

To show how that movement has begun, I bring up as an example the decision made by the Health Ministry of Australia. The text "Evidence-based Medicine", written by four doctors, three of whom are North Americans, was published in the USA in 1997. In that same year, the Australian Health Ministry decided to restrict payments of medicines, surgeries and treatments that would from then on be strictly dispensed "according to available evidence" – you can notice then the word *evidence* in a governmental decree – "and had proven to be efficient".

The paradigm change that replaces the *magister dixit* by the evidence-based Medicine, which replaces the clinical evaluation by the evidence-based Medicine, is based on a range of possibility conditions that makes it different from any and every medical decision made to the beginning of the nineties: the Internet. The Internet allows comparisons between endless numbers of tests carried out in the most different places of the world. This fact entailed direct consequences in Medicine. For example: the most sounding case of the effect of evidence-based Medicine in the real of the body, in the real of women bodies, was the situation triggered by the Internet diffusion of the news announcing that hormonal therapies had been proven useless. For years women had undergone various forms of hormonal replacement therapies (I do not know exactly when they started). However, those therapies stopped being recommended after the Internet spread researches that demonstrated their inefficacy. That research was not made out of a sample of 500 or 1,500 patients, but out of 20,000, or 30,000 or even 150,000 patients treated in distinct periods of their lives. This research results had direct consequences in women's bodies.

The worldwide reach of the information is a previous request for a paradigm change. However, it is not the only one. Two others are fundamental.

First prerequisite for evidence-based Medicine: in Medicine, the evidence takes a front stage position when the belief becomes opaque. It is a relation of exclusion (either/or): wherever there is belief, there is no need of evidence. They are the faith proofs that evidence has always known. When evidence becomes necessary, that is, whenever the proofs are requested, in a general way, there must be a decline of faith.

The second prerequisite leads to the question: how to make a correct decision when the number of variables is unlimited?

The simplest example of a decision-making supposes the choice between black and white. It is well known that when one has too many doubts to choose between a coin head or tail, there is always a random option, in this case the results are divided between two options, that is, when the probability rate is 50%. Those who have already been in casinos know how difficult it is to make a decision at the roulette where there are 36 different possibilities, 37 in fact, if zero is taken into account, since it is not a neutral figure at the roulette. That is the reason why some players prefer to make their bets in odd or even numbers, or in red or black.

But when the technique allows an unlimited number of variables, making a decision becomes in fact a great problem. We know the mechanisms of decision-making lead all investigations studies in the field of cognitive science.

The decadence of  $S_1$ , that is, the decay that has made master-signifiers unrecognizable to us deprives the subject of science of a shelter. Freud mocked at statistics in his days; we fight statistics in our days. To put it bluntly, statistics is a way to re-introduce the measures, to re-introduce the limit in a field that seems to be unlimited. Re-introducing measures and the limit has a special function regarding the anxiety of the one who has to make a decision.

The new paradigm against the *magister dixit* seems – it is just a question of appearance – to go against the master's arbitrariness. In fact, the new paradigm tries to restore the Other, tries to create through numerical forms the existence of the Other that does not exist. It is fantastic to realize that the Other takes the form of a curve, and to know what is inside and outside the curve. It is a new regulation in these times

when the Other does not exist. That re-invention of the Other has as its main function to annihilate the clinical subjectivity.

When the DSM IV, which all of you should know, is critically read, it is commonly stated that it annihilates the subject. That is correct, but the most important is to understand what has been referred to as subject. I think that the main objective in the DSM IV is to eliminate the clinician's subjectivity, not the patient's subjectivity. This is the problem that involves Medicine when the *magister dixit* is abandoned – because it falls at a global level – and it must be replaced by evidence. We, psychoanalysts, have to admit that we share the subjectivity problematic with the clinician. However it does not come to our minds that statistics can pacify the clinician's subjective division. We have other ways: the counter-transference analysis for example. We could sit and talk, since we share contemporary debates, about the treatment to be given to what is called subjectivity on the agent's or the operator's side.

Another point I would like to bring up is a questioning on the issue of efficacy. I will take it step by step, so I will ask you to be patient

Efficacy is the quality of what is effective. That which is effective produces its effect. It is not possible to conceive efficacy if we do not consider, at the same time, the effect.

I take two definitions that seem to mark a decisive turn on the issue of efficacy. I take them from the dictionaries Lacan consulted, marking the difference between the definition of efficacy definition taken from the *Littré* and from *Le Robert*. Efficacy is defined in the *Littré* as "the quality of that which produces its effect, its *reglum sum*". In *Le Robert*, a more contemporary definition, efficacy is "the quality of that which produces the expected effect".

What changes between the first and the second definition? To start with, the word *sum* disappears. Immediately afterwards the word "expected" effect appears and, consequently, the model as an ideal appears. In the first definition: "that which produces its effect", there is no reference to what is aimed, what is desired to be achieved, how that efficacy can be measured. Efficacy is that which produces its effect, as if efficacy were immanent to the object itself. In the second definition the *telos* appears – what it is for. That is the way that the final cause is introduced in the issue of efficacy, as Jésus Santiago was stating yesterday, in a more restricted meeting, to refer to the fundamentalism of the final cause.

The interesting point in the final cause – one recognizes it is a reference to Aristotle: the formal cause, the material cause, the efficient or efficacious cause (as it appears in certain translations) and the final cause –, which acts since the beginning. Its structure is the same as that in *a-posteriori* (only after). Playing a game with the words, it can be said that: the final cause is at the beginning. A final goal is, idealistically conceived, defined, and procedures, means, methods are soon invented to make that final goal become an effective reality. That is what leads Lacan, in *Seminar IV*, to translate *wirklichkeit* (the accomplishment of something as effective reality) as an efficient cause.

When we think over this issue, we realize it is almost impossible to imagine psychoanalysis deprived of the final cause. Lacan's teaching in psychoanalysis has been long enough to prevent us from discarding the final cause. If you want, we can take familiar references. Freudian drive scheme – the strength, the push, the final goal – is exactly the same as Aristotle's scheme of the final cause. I could say, in case the drive could speak: "I, the drive, speak", that is, we would evoke the famous truth prosopopoeia it does not come to our minds that statistics can pacify the clinician's subjective division, but, the drive just does not speak, precisely because it is acephalous. Nevertheless, if we could lend it some voice, it would say: "I work, I push,

I press to become satisfied". The final cause *to* is inserted in the well-known drive scheme.

If you look over Lacan's paper "The direction of the treatment and the principles of its power" (1958), you will soon notice that it is a text built from the efficient and final cause model. The end of the analysis as an ideal to be reached is constantly working in anticipation along the entire analysis process. The tactics and the strategy are means to reach that end. That was very explored when the Pass procedure was set at different Schools, because to begin an analysis that is supposed to be endless is not quite the same as to begin an analysis whose "perfect" end is defined, even if it is not achieved. The idea that there is an analysis end works as a final cause, as an ideal, and that target has its trace back over the entire analytical course. From the moment the Pass procedure is implemented by Lacan, the analytical course itself is entirely different from that we had when the reference was Freud's "Endless Analysis", in which the final cause seemed as something that could only be reached through exhaustion or death — the privileged form of a final cause.

Transference and interpretation are placed in the "Direction of treatment..." as an efficient cause for the end of the. You know the famous discussion on what leads the direction in order to reach that end, whether it is the transference or the interpretation. However, a small consideration can be made, if we pay attention to the way Lacan tries to fight against the final cause model, which is the Occidental model. You know "The efficacy treaty" by François Julien, which shows how Occidental thought, differently from the Chinese thought, is entirely articulated around the final cause.

We can identify Lacan's combat in the apparently surprising reference he makes in "The direction of treatment" to Clausewitz, a war theorist who wrote "On the war" Clausewitz becomes interested in the war precisely because in it there is not a way to make means and finalities coincide since they are entirely interchangeable: the way a war is won does not say anything on the way one can win another. This is what Mr. Bush proves nowadays. He proves that the strategy that led him to lose a war can lead him to another defeat. That shows man is the single animal that makes the same mistake twice.

And that is also what allows the popular refrain to put war and love at the same level: "All weapons are fair in love and war". One can understand that "all weapons are fair" when the objective to be reached is mutable and the experience does not play any role. It is always necessary to invent a new system. Therefore, when Lacan formulates, in 1958, the analytical treatment in terms of tactics, strategy and politics, his reference is Clausewitz. That is, he attempts to discuss how an action method could be made up just when the situation is a different one at each time. I suggest you read Clausewitz because he says very interesting things. He says, for instance, that in the war, any formalization that involves repetition is the worst danger. The impossibility of creating a model is an undefeatable obstacle for the theory.

That which constitutes analytical efficacy must be sought in that breach between theory and model - as an ideal - and the practice action, in that gap between the model and the means, between the final cause and the efficient cause.

Both definitions – the one which formulates that efficacy is what produces its effect, in contrast to that one which says that efficacy is what produces the expected effect – allow distinguishing analytical efficacy from what I would go as far as calling psychoanalytical efficacy.

I would like to establish that difference: the analytical efficacy is distinct from the efficacy of psychoanalysis. I would like to explain as clearly as possible today, the assumption according to which there is an analytical efficacy independent from a therapeutic efficacy.

The analytical efficacy – separated, at least temporarily, from the therapeutic efficacy, and considering therapeutic as a final cause, as ‘what is expected from’ – can be better understood if we compare the analytical efficacy to the symbolic efficacy.

Lacan talks about the efficacy since his text on the mirror stage, in which he refers to the signal efficacy. You must remember the ethological experience mentioned by Lacan: a picture of a same species animal is shown to an animal. The outcome is the animal is provoked to the “making the court” behavior. It is the image efficacy as a signal. In “The mirror stage”, Lacan talks about the image efficacy for the constitution of the ego as a bodily ego.

This is the counterpoint of what will constitute a decisive moment in Lacan’s teaching: his discovery of the symbolic efficacy. I say “discovery” because the term symbolic efficacy is not a Lacanian terminology. It is borrowed from Lévi-Strauss. It is, more specifically, the title of an article by Lévi-Strauss, “The symbolic efficacy”, in which he basically describes the effects of a *xamã’s* <sup>6</sup> action on the sick person’s body. The myth is the efficient cause in that kind of practice.

If we take that rapidly, one could say that eventually there is nothing new, it is what the doctors have always known: it is possible to interfere on the symptom by using the language. That proves, says Lacan, ironically, in *Television*, that “a practice does not have to be clear to work” In other words: one can act through words without having the slightest idea of what is being done.

The very efficacy of the word led Freud to apply the suggestion at the beginning of his practice. But, when he realized it was not efficient – since not everybody was susceptible to become suggested or because the symptom returned dislocated –, he abandoned suggestion, replacing it by another use of the word. Word efficacy to affect the real is in the fundamentals of hypnosis, magic, spells, prayers and rituals. Words make cry, tremble, laugh, that is, the body responds to words in such a way they are part of human experience.

Lévi-Strauss provoked Lacan’s interest for something else because Lévi-Strauss takes the myths that are entirely void of meaning. That allows him to compare myths from totally different regions, myths that have no cultural connection in common. Lévi-Strauss finds an element in those myths – as he says, a unit – whose structural fundament is comparable to that studied by linguistics. Lacan is not interested in myths because of their meaning, but of their mechanism, their analysis in semantically void units Lévi-Strauss named *mythemes*. That is, Lacan is interested in the myth significant structure.

If we compare Lévi-Strauss to suggestion, such as proposed by Freud – for example, in chapter VII of “Group Psychology” – suggestion is articulated around the Ideal ego. The efficient cause is the Ideal ego, and the effect is an imaginary identification. You know Lacan takes many turns; he follows a peculiar way of reasoning to make the ideal identification compatible with the identification to a unary trace.

Symbolic efficacy is not exactly the same as suggestion. Symbolic efficacy does not have, as its efficient cause, the ideal ego, which is the ideal, therefore, a final cause. Symbolic efficacy introduces a certain dose of determinism, a subject significant cause operation that is not, absolutely, equivalent to an imaginary identification. As you know, we write the subject significant cause operation as:  $\underline{S_1 - S_2}$

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In symbolic efficacy, the cause is significant and the effect is the subject itself.

In an old but still very contemporary seminar, *Cause and consent*, Jacques-Alain Miller spots that moment, in “The instance of the letter in the unconscious”, when Lacan definitively abandons the idea of a final cause. He abandons it “when he makes the signifier not the subject’s final cause, but material cause”. The mechanism dimension and the subject cause operation in the significant system are introduced in

that passage from the identification with an ideal – as a final cause –, to the significant cause operation, as a material cause

It is understood that the significant system –  $S_1$ - $S_2$  – does not need the subject's consent to produce its subject effect. Don't we ask: what for? It is a significant chain automatic effect; there is no objective, no ultimate goal, no reason why. It is something that operates and produces its effect without any reason. So, "The instance of the letter" is the moment when Lacan replaces the final cause by the material cause.

If we understand – I cannot go through all the steps because time is short – what symbolic efficacy is, we can at least understand what it *is not* the analytical efficacy. I say it briefly, because it can be deduced from what I have been saying: the analytical efficacy is not the production of a subject. That helps to understand such a firm and, at the same time, enigmatic answer given by Lacan to Jacques-Alain Miller in the "Clinic section opening". Miller asks: "Do you think that a barred subject, the object (*a*) and the Other can be found in psychosis? And Lacan replies: "There certainly is a barred subject in psychosis, there is an object (*a*) and there is the Other, but I will not demonstrate it now". And he leaves Miller with his question. This is my own attempt to build a reply because in fact the subject cause operation exists as long as there is language. That is the present answer to the question about the existence of a subject in psychosis.

When one says that in the preliminary interviews one tries to produce the subject effect, I believe that is not very well formulated. The subject effect is the symbolic efficacy effect; it is produced because one speaks, or because one is a language subject. What is aimed and evaluated in the preliminary interviews is, better saying, whether the subject can change the position in relation to what the subject him or herself says: whether the subject is able to see him or herself from another perspective, if he or she can become disconcerted. Nevertheless, we have to start from the idea that there is a subject.

We can write the analytical efficacy – since we wrote the symbolic efficacy as:  $S_1$ - $S_2/\$$  - by following the same logic:  $\$/S_1$ , that is, the right side of the analytical discourse.

In the mentioned seminar, Miller says that (actually he says something close to that, which I formulate here according to my convenience) the analytical efficacy is on the side of the fall of the signifier cause. This is just what we name as the  $S_1$  fall.

But watch out: if the subject is a signifier effect, each time there is a fall of master-signifiers, there is also the subject fall. There is a joined evacuation. If the master-signifiers are the subject significant cause, the fall of the master-signifiers drags along the subject itself. This is what made Lacan consider the analysis end as a de-subjective operation. That is what we have commented on for a long time, that is, the disappearance of the subject effect. That also allowed Lacan to talk about the analysis end as subjective destitution: the subject is destitute of its place, that is, of its place as an effect.

I believe that a clinical proof of disappearance, the evacuation of the subject – it all depends on the subject resources that you might want to use because from the sublime to the ridiculous there is only a step – is the *forgetfulness*. I remember we were commenting just yesterday: the complete Little Hans's forgetfulness of everything that occurred in his analysis with Freud, that is, his childish phobia and Freud himself. Another proof is a clinical phenomenon that you, either as patients or as analysts, certainly know. It is true that makes the analysts suffer. The patients come with their symptoms and through analysis some of those symptoms disappear. Maybe the analyst could expect grateful letters, as Freud's colleagues received, but not a single one arrives. It is as if those symptoms had never existed! They complain of other things, as if they were the entire analysis. The analyst sometimes feels tempted

to say: "But listen, do you remember how you have arrived here?" However, all that disappeared

I think the pass is, fundamentally, an effort to recover something of what Freud called a "well succeeded forgetfulness". Freud said that forgetfulness is the mark of repression in the conscious: wherever there is forgetfulness, there is repression. That is, forgetfulness implies the repression action and reinforcement. Well-succeeded forgetfulness would be something that disappears, but not because of repression. That is why Freud says that in neurosis – whose phenomenology is amnesia, the lack of remembering, especially in hysteria – the subject precisely cannot forget. The neurotic are sick because they remember, they are not sick because they forget. This is a clinical example of the subject disappearance or vanishing.

I still have three questions to make.

Why do those privileged signifiers of one's life stop existing? Why do those signifiers fall? That is what the analytical discourse writes: the  $S_1$  signifiers fall and in that fall they drag the subject itself along with them.

Lacan's answer is totally Freudian in the way it is formulated: they fall because libido abandons them. Something uninhabited by libido does not exist, said Freud, trying to explain how the reality can be constituted from the pleasure principle and the reality principle. He says that libidization is what makes something exist. A signifier exists, weighs, hurts as long as it is inhabited by libido. When a signifier is evacuated, when its libidinal cargo is unloaded, that signifier does not mean anything to me, just like Freud did not mean anything else to Little Hans; if the unconscious is not important that is due to the fact that it is no longer efficient

To put it in a nutshell: the very reason of the symbolic efficacy is the drive, or the libido, or the object (*a*), according to the historical terminology you choose.

The libidinal evacuation – as you prefer, we can say it in a different way, the disappearance of enjoyment –, that is, as the libido abandons its positions and evacuates the signifiers, I ask: "where does the subtract libido go to?" The signifier falls because it thrives on the life injection the libido grants it. When the libido abandons it, it falls. But where does the libido go?

Freud thought about that; he spoke about free system energy. Lacan questions it around twenty times: what happens to the drive at the end of analysis? Is it sublimated, does it become humus, does it condensate, does it become a stone? That reminds me of a disturbing poem by Gustav Adolph Becket I used to read when I was a teenager, from which I only remember what I cannot forget:

*When love is finished  
Do you know where it goes?*

That sounded astonishing to me: "if it finishes, how can it go anywhere? How could one thing finish and take a place and the same time?" Lacan wrote about this point in the analytical discourse, and he invites us to ask ourselves about the other categories of efficacy. It is not sure it can be symbolic efficacy. It is analytical efficacy, but we centered the analytical efficacy in the  $S_1$  fall and in the subject disappearance, and now we have this libido, which we do not know where to place. I think we have to formulate the analytical act efficacy at this point. I will leave that to the debate. Maybe we have to talk about the pass efficacy because it is through the pass that we may get to know what happens to such libido liberated from the signifier.

When I spoke here, in Rio, in November 2003, about the reduction principle, I referred exactly to that moment. I can say that I have been speaking for almost one hour to go on speaking about the reduction principle I discussed in 2003.

Regarding that question: "where does the libido go?" I make use of a precious dialogue in a seminar J.-A. Miller presented here in Brazil. He talked about that in a

metaphorical way: it is as if analysis were a fruit you keep eating, and tasting, eventually you come to the seed, the bone. Then, he asked: what would you do with the bone? Someone from the audience said: "we can bury it so that another plant shall come forth". Then Miller answered: "This is the analyst's production" With that seed, the only thing you can do is to plant it so that it can reproduce.

I will advance something about the therapeutic efficacy, the theme I will talk about tomorrow. I have been speaking for about one hour about the analytical efficacy without mentioning the therapeutic efficacy, that is, without referring to "what for?" Maybe the only goal I referred was: "in order that it reproduces" To demonstrate psychoanalysis therapeutic efficacy, the therapeutic efficacy spring as Lacan used to say, it is necessary to ask, and besides that, to make an attempt to answer: the evacuation of the master-signifiers, the subject destitution which comes along it and the consequent libido condensation, did all that have therapeutic effects on the symptom?

If we want to question psychoanalysis therapeutic efficacy, we should ask not only if psychoanalysis is efficient on the symptom, but also if what we call analytical efficacy has therapeutics effects on inhibition, on anxiety, on the passage to act and on the acting-out, on neurosis, on perversion, on psychosis. Besides all that, we should also elicit which means would allow these effects to be achieved: the efficacy of practical transference, the efficacy of our interpretations, the efficacy of an appropriate session cut, the efficacy of waiting, the efficacy of silence. Nevertheless, there is no *canon*.

The inefficacy of interpretation about the transference or, for example, the inefficacy of treatments conducted in the name of knowledge is still to be demonstrated. This certainly also includes the question about the efficacy of the Name-of-the-father, about the castration efficacy and its consequences in that entire clinic where we have the decline of the Name-of-the-father. This deserves a whole chapter, which I shall develop tomorrow.

Thank you.

*Translation by Heloisa Caldas.  
Revision by Beatriz Fernandes Caldas.*

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<sup>1</sup> International Seminar held during the *14th Brazilian Encounter of the Freudian field: To take analysis. Why, when and how*. Rio de Janeiro, the 23rd and 24th of April, 2004. Presented originally in Spanish. Translation into Portuguese: Maria Angela Maia; Edition: Elisa Monteiro and Heloisa Caldas.

<sup>2</sup> Psychoanalyst. General Delegate of the World Association of Psychoanalysis – WAP.

<sup>3</sup> Freud, S. "New introductory lectures on psychoanalysis. Lecture XXXIV: Explanations, Applications and Orientations". *The complete psychological works of Sigmund Freud* Standard Edition. London: The Hogarth Press and the Institute of Psychoanalysis, 1964, vol. XXII, pp. 136-157.

<sup>4</sup> Idem, p. 151.

<sup>5</sup> Idem, p. 152.

<sup>6</sup> T.N. Denomination of native entitled to apply medical treatments through magical methods.