The homogenous group in the clinical practice of new symptoms Some notes on the Lacanian psychoanalytic perspective

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> *It can be enough to have appear the term logic of* others *for the minimum disparity that it manifests itself as for truth for all depends by the rigour of each, and also that truth, if only reached by some, can generate, if not confirm, the error in the others. Furthermore, if in this race towards truth one is alone, if approaching truth one is not all, no one can take from it if not through others.*
>
> J. Lacan, *Logical time*

Abstract

The topics presented in this paper aim to answer three questions. The first: what is it that justifies the changes of contemporary psychopathological forms? The second: why resort to the group when treating anorexia and bulimia? The third: when working with patients with eating disorders, which are the factors that make group work therapeutic?

The theoretic approach that will be adopted regarding the subject in contemporary clinical practice is that of psychoanalysis of Lacanian orientation. Particular focus shall be placed on work carried out by the psychoanalyst Massimo Recalcati over the last fifteen years.

Key-words: Lacanian Psychoanalytic Perspective – New symptoms – Homogeneous Group – Social Discourse.

Introduction: "the collective is the subject of the individual"

As Lacan writes in the referred to epigraph, for the subject the relation *ad se ipsum* isn't possible without the relation *ad alterum*. This thesis is along the lines of what Freud thought[1], for which mental aspects are already always social and «the collective is nothing but the subject of the individual» (Lacan, 1945).

In the field of psychoanalysis, one can observe that these times of historical and social change are all the more often accompanied by a change in psychopathological forms. Amongst these "new symptoms", we can for example consider anorexia: before it was associated with young adolescents and with the bourgeoisie, whereas now it is spreading in an epidemic like manner concerning all the more often childhood and it tends to become chronic in adulthood.

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The paper develops three main points that are structured in consecutive manner: firstly there will be a brief outline on some aspects of the theory of the subject in J. Lacan (paragraphs 1-2-3); continuing with the Lacanian perspective on new symptomatic issues regarding present day social questions (paragraphs 4-5-6); and lastly I will delineate the essential coordinates of psychotherapeutic strategies that are used in the preliminary treatment of the "new symptoms" (paragraphs 7-8-9-10).

The privileged vertex of observation is closely bound to a dimension which is at the same time clinical and social-historical. Naturally, the intersection between these two fields, which are crucial *tout court* for both the psychotherapist and the subject, cannot be fully developed in this paper, thus, in this piece of work I propose a "simple" overview of the anthropological phenomena to which clinical practice and research aim to answer.

1. The subject of the act of word

«After the Freudian experience, the notion of subject needs to be looked over again» (Lacan, 1957-1958). With these words, the psychoanalyst Jacques Lacan underlined the importance of Freud's contribution concerning the subject. «Freud's work is an attempt of a somewhat pact between the being of man and nature. This pact is certainly searched for elsewhere, by a relationship of nativism, because in Freud's work, man is always somewhat experimented by the fact he is a subject of word, in as much as the ego of the act of the word. How can this be denied, seeing as in analysis it isn't otherwise experimented?» (Lacan, 1957-1958).

The experience of psychoanalytic healing does in fact highlight the symbolic dimension that inhabits the subject's heart. For psychoanalysis, the subject in question doesn't however coincide with the subject of knowledge and isn't equivalent to «the concept of *percipiens* of that *perceptum* that is the world» (Lacan, 1957-1958). Lacan introduces the concept of subject in order to revitalize Freud's concept of the unconscious, he underlines how Freud elaborates the notion of the unconscious to clarify the nature of those reasons that stretch beyond the particular field of the conscious ego, which delineate the symbolic woven story of the existent pathway belonging to each and everybody.

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It challenges the idea of autonomous reason, that Lacan gives value to by distinguishing the ego in as much as imaginary function (*le moi*) from the subject in as much as symbolic function (*le je*).

Lacan's "return to Freud" is marked by an aphorism: "the unconscious is structured like language". For Lacan (1958) «What is at issue is to re-find – in the laws that govern this other scene (*ein anderer Schauplatz*), which Freud, on the subject of dreams, designates as the scene of the unconscious – the effects that are discovered at the level of the chain of materially unstable elements that constitutes language». The initial phases of his teaching in fact concentrate on the logical-linguistic structure of the unconscious, seeing as «Freud scrupulously notes the manner in which dream text verbalizes itself, and it's always and uniquely from this verbalization, from a kind of written dream text, that Freud sees it conceivable to analyse a dream» (Lacan, 1957-1958).

Lacan's reference to structural linguistics endeavours to dissipate two historically fundamental misunderstandings concerning Freudian unconscious, which isn't but a reservoir of archaic pulsations or a not yet conscious instance, still to be absorbed by the ego's power of synthesis. However, psychoanalysis doesn't try to rebuild the «code of the *langue*» (de Saussure, 1916) as in the case of linguistics, nor does it intend to classify the semantic or narrative units tied to the world of passions, but moreover, it concerns deciphering a point of discontinuity in experience endowed with meaning.

Therefore, the object of psychoanalysis is a stumbling point in the flow of the subject's life, it's a flaw, which with certain repetitiveness, surfaces beyond meaning. Lacan names the symbolic place that is opened up by this flaw truth, inasmuch as it is a question that interrogates the subject and as an interrogative it is composed of discrete elements, like those of a message[4]. The referent of this question-message is a desire, a concept that in the latter work of Lacan is modified into enjoyment.

2. The unconscious and ethics of the subject

In Lacan's work, the symptom (Cfr. Soler 1992, pp. 39-56) is considered in its statute of message, metaphor and enjoyment, and the algorithms[5] elaborated are needed to extract those laws through which the symptom can be deciphered, and even all the other "making up of the unconscious". It is about dreams, wit, parapraxis or Freudian slip. Differently to these, the symptom has a different temporal statute, that is, it re-manifests itself with repetitive character throughout the subject's life.

In the diachrony of *parole* the phenomenon of repetition pursues the laws of the unconscious (synchrony of the *langue*) and it finds its gravitational field in a corporeal truth not completely metabolizable in the symbolic universe. Lacan defined "enjoyment" the cause of such repetition. Enjoyment is not pleasure, but rather it expresses the satisfaction in displeasure, it's a subjective paradox,

whereby patients tell their symptoms: "I can't live with it, but can't live without it". It is in this paradox that psychoanalysis grasps the subject.

Lacan's contribution to psychoanalysis can be summarized in his identifying two irreducible registers of the subjective experience: signifier and enjoyment[6]. Therefore, if at the beginning of his teachings Lacan believed to signify all aspects of experience, throughout the different scansions of the development of his theoretic work, he goes on to conceptualize, through the notion of "discourse" a neo-structure which contemplates the articulation of significant elements with an element that even though not significant, is within a symbolic circuit, even orienting its functioning economy. That is the Lacanian invention: the object *a*. The object *a* that *ex-siste* beyond the word, it grasps the truth of enjoyment and becomes object causing desire, «the unique passion which orients and attracts the subject's desire» (Recalcati 2005a, p. 82).

Although object *a* is what al«ways hinders the symbolization from being exhaustive, it configures itself as the docile face of enjoyment. It is enjoyment because its role is assigned, when and where it should be, by the signifier» (Miller 1999, p. 89).

Lacan reaches these formulations over a period of thirty years. The question that he attempts to answer aims at the heart of the subject: How is it possible to intervene, through a symbolic practice as is psychoanalysis, on a mode of enjoyment which is beyond the symbolic[7]? In dealing with this question Lacan tries to combine the two strong concepts that were dominant in contemporary philosophical thought, that being linguistic-structural and phenomenological-existential matrix. Clinical practice inspired by Lacan's teachings doesn't deliver the subject's ethic aspect to structural determinism, but it preserves its particular position, and as much, the subject can choose his/her aperture to *ex-istence*.

«If there isn't choice, why authorize the subject to put his position at stake in the analytic experience? In my opinion, the analyst doesn't receive clinical cases: we are the ones that make the transformation, through our elaboration of knowledge, into clinical cases. The psychoanalyst, when receiving cases, receives ethical cases. […] The ethics concern the ex-istence, that is, the unthinkable dimension in which the subjective position is decided, choice» (Miller 1983, p. 275).

3. The Other and social discourse

In psychoanalytic line of thought the relation of the subject *ad se ipsum* isn't possible without the relation *ad alterum*. It's actually thanks to the Other that the subject is able to regain his symbolic dimension: «the Other is the locus where the speaker and the listener constitute themselves […]. The Other must first of all be considered a locus, the locus in which speech is constituted» (Lacan 1955-1956).

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How does the Other originate in our existence? In psychoanalysis, but also in studies on attachment theory, and in infant research[8], references are made to the primary care and attention that the child receives through caregivers: in this period a relationship with the Other begins to form that doesn't just give satisfaction to the needs of the child, but the attention and care given are a sign of love. The primitive cries and smiles are also given significance. It is in this early stage of life that that the relationship with the Other begins to form, that at first gives the feeling of what is lived simply as a sensation. The Other translates into words, into signifiers, the real that is felt in each existence. This is where is begins, but then it continues throughout life, because during our growth and our encounters with what is new, there is always the necessity to give meaning to what is taking place. On this anthropological pathway, we entrust the Other, that initially is embodied by parents, that would channel it through education, with time it is extended to all those that are able to convey values, a cultural and spiritual tradition. Thus, the subject is epigenetically structured by the relationship which is established with the Other, and with the culture of the time (social discourse).

The things patients say during a session are indicative of their subjective position concerning the Other, an Other that we also see as being represented by the social discourse. We can therefore note, how in the field of psychotherapeutic intervention, even if we are within a confined space, that being the consultation room, there is an aperture not only to psychopathological phenomena, but also on their intersection with the dominant social discourse. The labyrinth of symptomatic vicissitudes indicates the particular modality with which the subject fits into social relationships.

4. The Name of the Father and classic neurotic symptoms

In the outline given, culture represents the social dimension of psychic events, and individual subjectivity in turn reveals the psychic dimension of social and surrounding events. Therefore, in human lived experience, there is a structural node between the subject and history, a node with a symbolic function that in Lacanian psychoanalytic field is called "Name of the Father".

The Name of the Father doesn't coincide with the real father, but moreover, it corresponds to paternal function. In Jacques Lacan's teachings, the Name of the Father is a psychic element that allows the subject to reach the symbolic function, a signifier of experience. The Name of the Father is the condition of possibility, so that the subject can become a subject of experience, of human experience[9].

The paternal function inserts the subject into an invisible symbolic intertwinement that in humanizing the desire establishes a somewhat inner-worldly project.[10] In the aperture to existence, satisfying *drives* aren't ever just an *instinctual* outburst, seeing as man's experience of satisfaction, from birth,

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are structurally tied to the presence of the Other. The Name of the Father considers a drive, intended as «one of those [concepts] lying on the frontier between the mental and the physical» (S. Freud 1905), by including in the logical reasoning Subject-Other, which inhabits the core of libidinal satisfaction.

During the period in which Freud was discovering and inventing psychoanalysis, the unconscious wish was an irreducible drive towards satisfaction[11] and in order for the subject to participate and share common values, he needed to renounce to a part of his enjoyment.[12] The function of interdiction and drive renunciation that is part of the Oedipus complex, answered to the standard needs of social relationships. All of this was the source of that uneasiness that put in conflict subject against civilization:[13] during the first part of the 1900's, the symptoms which led people to seek help, were the metaphoric form of an unacceptable desire, for the subject's ethics.

In fact, the classic neurotic symptoms represent a rift in identifying a social role, they slip in as a flaw in the presently smooth life of the subject, and they disrupt it from within. The symptoms that Freud[14] deciphers, are sentences written down by an unacceptable passion that resurfaces amongst the uncertainties of the "fierce co-action" to adjust ones life to the needs of society.[15]

5. The evaporation of the Name of Father and new symptoms

In contemporary times symptomatic onsets are no longer channelling the unconscious current of desire, closing that subjective division that tormented the classic neurotic individual, amidst the dilemma of how to put into words the hidden truths of his symptoms. New clinical paradigms are no longer the representatives of a discrepancy between subjective desire and the demands of society; they aren't an indication of that question which places the subject in impasse in regards to the Other.[16]

The clinical practice of new symptoms is a "clinical practice of the empty" (Recalcati, 2002), where we can observe a hypertrophic use of the mask. A mask doesn't express a difficulty in identification, it forms if anything, an excess of identities that doesn't allow an opening towards otherness. Today's symptom is the hypertrophy of the Ego, which excluded the possibility of a dialectic relationship between one's own desire and the Other: there isn't any kind of symbolic space for the particular dimension of desire, that is rather alienated in narcissistic saturation. Whilst, clinical practice concerning neurosis focuses on repression[17] and symptoms are a sign of "lack to being" or rather an enunciation that cannot be embedded in a series of enunciates (Cfr. Licitra Rosa 1999, pp. 84-123), the clinical practice of the empty is marked by a breaking up of the link with the Symbolic, it therefore rejects any question regarding desire or the Other.

The new symptoms (panic attacks, anorexia, bulimia and new forms of dependencies) are no longer the metaphor of a repressed meaning, but they more often than not represent a move towards action, bypassing mediation of the symbol, showing a somewhat mortal enjoyment, without logical reasoning with the Other. The "psychotic base" (Recalcati 2000, pp. 133-156) of contemporary clinical practice concerns this weakness concerning enjoyment (outcome of the evaporation of the Name of the Father function)[18] that is in line with the reappearance of the subject's bodily symptoms. «Anorexia, bulimia, addiction and panic attacks show the variety of these comebacks, and their common reason: word is outclassed by enjoyment as a body event» (Recalcati 2004, p.49). Contemporary symptoms are marked by libidinal excess that discards the function of word.

Anorexia or addictions open up a psychopathological scenario that excludes reference to the Other, and they configure themselves as an attempt to close off inter-subjective relationships. In fact, anorexia is the dramatic refusal of the Other, which is put into action. Drug use and addiction is resorting to an object that allows enjoyment, without the presence of other subjects. Panic attacks and depression are another indication of this deep wavering and staggering in the subject's basic being and interpersonal relationships: panic enables life to surface outside of any kind of representation or limit, whilst, depression highlights the emptying desire, which structurally is configured as the desire of the Other's desire (Cfr. Zuccardi Merli, 2005). There is a switch from dialectics of desire to nihilism of the Other. This self-segregating tendency is a particular aspect that spreads out to other levels of living nowadays: the desperate need to buy objects-gadgets comes to mind (now a unique aim of desire) (Cfr. Manzetti 2001-2002, pp. 102-104) or *tout court*, the search for enjoyment for the sake of it.

6. Contemporary social discourse and psychoanalytic discourse

Starting from the teachings of Lacan, Jacques Alain Miller chose to name the current functioning regime of civilization, "époque in which the Other doesn't exist".[19] In contemporary times, the relationship with the Other is marked by a decline of the Name of the Father, a decline which leaves the subject without symbolic reference points. The dawn of the (Oedipean) structuring function of the Ideal, has left space to an imperative that pushes towards excess. In contemporary times the only Ideal is in fact the (anti-Ideal), cynical, pushed towards enjoyment. Between Freud and ourselves, there is the turning point of social and cultural change that has also been a transformation of social messages: from that which is forbidden concerning desires there has been a move towards enjoyment in an ever more striking manner.

In Miller's formulas, the structure of this phenomenon is expressed as "I < a", the Ideal has lost its value when compared to enjoyment. In recent work, Miller

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observes though that this formula not only points out the aspect of contemporary social discourse, but also the result of psychoanalytic discourse (Miller 2004, pp. 17-34). However, whilst psychoanalysis separates the Ideal from object *a*, symbolizing that enjoyment[20] inherent to the identification of the Ideal, contemporary discourse on civilization uses the same separation bringing about however an idealization of the de-idealization and encouraging evermore striking consume of the object, which isn't ever one's own *a* object. Consumerist discourse deceives the masses into finding their *a* object, to then hypnotically[21] feed the infinite circuit of consume, from one object to the next. The relationship with the particularity of one's own desire is absorbed and depersonalized in consumer objects, which reduce the subject to an element of the masses.

If the symbolic value of the Ideal no longer organizes the subject's lifestyle, we can see how a subjective drift in which the existential journey of each and everyone is reduced to an enjoyment modality, a consumer modality of life. The eclipse of Ideals also favours narcissist personalities: «it's always the more difficult, with a lack of common ideals, to take any interest in that or those nearby, thus there are more narcissist personalities and this modifies clinical practice» (Laurent 1997, p. 49).

By watching the evaporation of that function from which the sense of human experience stems, in which terms can we interfere in someone's practice and carrying out of enjoyment? «They are questions of public order that regularly appear, because fundamentally nobody can say no to a mode of life that declares enjoyment, claimed as such» (Laurent 1997, p. 50).

This is how the discomfort of contemporary civilization is reflected onto clinical discomfort, a discomfort which psychoanalysis is asked to answer to in the closed space (only in appearance) of a room.[22]

7. A preliminary question on the treatment of the new symptoms: "the holophrastic inclination"

In psychoanalysis, attention is focused on two sides of the subject's experience: drive and inter-subjectivity (Miller 2002, pp. 137-139). Speaking of drives is the same as specifying the subject's mode of enjoyment, which is the symptoms' compulsion to repetition that opposes itself to a possible sublimation. However, when the subject's relationship with the Other is observed, the vicissitudes of the identifications that guided the patient in his life are considered.

Thus, the psychotherapeutic change regards on the one side the possibility to *sublimate* that enjoyment that resisted logical reasoning with sense (for example, a bulimic patient who goes from the solitude of vomiting to singing in a choir)[23] and on the other the subject's *separation* from the identifications that were the source of sufferance in the relationship with the Other.

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The clinical practice of new symptoms no longer greatly focuses on love and the dialectics of desire, but on *anti* love and on the autism of enjoyment: enjoyment cancels the encounter dimension with the Other, and the love object becomes an enjoyment object. The contemporary psychotherapeutic challenge confronts itself with that dimension of subjective experience that is situated beyond significance, a point of experience that word can't saturate. In Lacan's works, this sphere is the "real".

It is necessary to distinguish this definition of real from reality: the Lacanian real, is what isn't working, what isn't functioning, the real indicates the subjective dimension that doesn't take into account adaption to reality. The real orientates the subject's drives and defines the relationship with enjoyment. However, enjoyment can't be considered in an inter-subjective logical reasoning, it doesn't take the Other into account because it belongs to a non-shareable and non-civilized dimension. Enjoyment is the anti-love of libidinal satisfaction.

Furthermore, enjoyment, mustn't be intended solely as pleasure, as it is if anything a mix of pleasure and pain. Lacan, designates with the term enjoyment (*jouissance*) a «self-destructive satisfaction, malign, an irresistible libidinal drive towards something that causes the subject sufferance that gives him enjoyment» (Cosenza 2003, p. 29). In reference to clinical practice, this self-destructive drive, Freud's death drive, is for example traceable in the drug addict's relationship with drugs and the bulimic individual's relationship with food.

Contemporary clinical practice considers all the more the problem of treating enjoyment, or rather, what is refractory to the dimension of word, and what the patient points out as being "my strongest points". If this aspect in the clinical practice of neurosis is what the symptomatic cipher of subjective sufferance, in the clinical practice of the empty, the symptom isn't the metaphor of the subject of unconscious, but rather a regime of enjoyment to be renewed and protected.

During a first session of therapy, a bulimic patient may ask for help, to go back to being anorexic, because in her opinion bulimia is just a hindrance of anorexic functioning: "my behaviour is that of a bulimic person, but my head is like that of an anorexic".[24] Through this declaration we can see how there is an absence of questioning the symptom, which rather, presents itself as a mask accountable of an identity. However, behind this mask there could be nothing whatsoever; hidden away there could be the absence of an actual entrance into the field of the Other. In these cases, it is the skill of the clinician that will question the psychic structure which is concealed behind this phenomenon. «Or rather: is that which returns within the order of the repressed or the forcluded? This is the main distinction that is needed to establish when there is the return of the real in the anorexic-bulimic subject's economy» (Recalcati 1998, p. 39).

The crucial point in diagnosis is to establish the difference between neurosis and psychosis, starting from a symptom that remains just a sign and doesn't reveal any kind of repressed meaning. Recalcati and his research group

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developed a perspective in which anorexia and bulimia are in fact an indication of the "subject's position" and not of a neurotic or psychotic structure. It's the work that is carried out in preliminary meetings that clarify the diagnosis of structure, and from there the symptom will be questioned in its metaphoric valency (neurosis) or it'll be guaranteed in as much as temporary to the forclusive absence of the Name of the Father (psychosis).

«In the clinical practice of anorexia-bulimia cases, the phenomenon tends to cover with its serial univocity the differential aspect of its structure» (Recalcati 1998, p. 45). The new symptoms are a phenomenal indication of a solidified identity in «a holophrastic short circuit that doesn't interlock sense in a significant logic, but rather, abolishes it, it becomes transfixed» (Recalcati 1998, p. 46).

The concept of "holophrase" borrowed from linguistics and used by Jacques Lacan[25] - is a word with the equivalent significance of the whole sentence.[26] Thus, Lacan «levels out the holophrase to the solidification of the couple of signifiers S1 S2. We now remember that, the signifier cannot designate itself, but it is designated by another signifier. Between signifier and signified with which the first signifier is designated, there is a non-coincidence, a flaw, an interval, that allows for metaphor, that is, that each signifier can get into the place of the other and produce certain significance. At the same time, this establishes the desire of the Other, as this desire can as such be questioned by the subject» (Stevens 1983, pp. 89-90).

«The holophrastic inclination of the discourse» (Recalcati 1997, p.216) produces a freezing effect on the dialectic between Subject and Other, whereby, the symptom doesn't become the metaphor of a repressed truth, but the guardian of the Ego that is doing without the Other. This is why, differently to classic neurosis, the patient just asks to "adjust" the functioning of his Ego, without wanting to know about the inter-subjective implications that are concealed in his symptom. The clinical practice of the empty implies an a priori exclusion of the Other.

In contemporary times the epidemical spreading of certain psychopathological symptoms induces us to diagnose a new relational scenario. In classic neurosis the Other regards the repressed truth of the symptom, for which the subject turns to the therapist, since the therapist represents the incarnation of otherness, placing him in the position of "subject assuming knowing": "I'm speaking to you, because you're able to grasp the truth that escapes me". In clinical practice of the empty, on the other hand, the patient doesn't present himself as a subject divided by his own symptom, as the subject is alienated in a somewhat identification with the symptom – "I'm anorexic, or "I'm depressed"- that isn't questioned in its metaphoric aspect, but only in its behavioural facet, not symbolic. With the new symptoms, a request for help is basically refractory to the dimension of word, it is structured on an alexithymian basis,[27] from which

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the precariousness of the transferral bond, that is the sense which is given that is directed to the Other, to the Subject-Assuming-Knowing.

As far as anorexia is concerned, the symptom «doesn't allow space for the question, because it is already configured as an answer by the subject in concern to what the Other wants from him: the Other wants him to eat, and the subject answers this question with a stiff no! » (Recalcati 1999, p. 145).

The anti-metaphor characteristic of the question opens up the issue of the preliminary treatment of the question, up until when the patient is able to recognize the enigma (the symptom-message) that could involve him in an untold question concerning his own truth. The preliminary time span of the treatment consists of a diagnostic aspect from which to gain the coordinates for the direction to take in treatment,[28] but it is also a process of "rectification" of the relation of the Subject with the Other.

8. On the threshold of the Other

In classic psychoanalytic treatment, the preliminary time needed helps to produce a "subjective rectification",[29] that is, the subject's responsibility side concerning the discourse that he is the bearer of. This phase is crucial for the subject to recognize the part that he plays in maintaining the sufferance that he complains about, and for which he is seeking help. The preliminary rectification consists in transforming the initial question, so as to open up an array of questions on the subject's ethical implications in the cause of his suffering.

This switch, bases its presupposition in the subject's tendency to face the Other with the question that he is. In the case of new symptoms however, the conditions of possibility that bring the subject to treatment pose «the question of a preliminary to preliminary classically intended» (Lolli 2004, p. 11). The monolithic aspect of enjoyment that isn't conditioned by an inter-subjective bond «seems to introduce the necessity to think […] of an initial threshold to cross, so that the subject can access the following phases of treatment. It's the threshold of *first treatment* of enjoyment which reopens the subject to a minimum, slightly outlined, dialectic with the Other» (*Ibidem*).

The problem with contemporary clinical practice is that the symptom no longer has anything to say, it's only a sign that doesn't hint to any kind of sense, and if anything it is completely levelled out onto the dimension of carrying out.[30] The holophrastic dimension of new symptoms enforces to preliminarily use a rectification of the Other rather than the subject. Only in this manner, will the subject be able to release himself from the anti-dialectic position. The holophrastic aspect of the clinical practice of the empty originates as an answer, as a barrier in regard to an Other that suffocates him with the satisfaction of needs, however, leaving the dimension of the sign of love intact, that sign that is particular to "motherly" care and attention. Here, this is an Other that doesn't allow the particularity of the subject, it absorbs it all, and "subdues it". This

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saturation of the relational field - holophrization in Lacanian terms prevents the subject from tracing the singular aspect of his own desire, and as such this remains under the control of the Other.

So what does rectifying the Other mean? «It means, as an analyst, to incarnate an Other, different from that of the real, that the subject has encountered in his life history, and that presents himself as an Other incapable of functioning with a lack. Firstly, it's about saying "yes" to the subject, therefore, incarnating an Other that knows how to not exclude, not cancel, not refuse, not silence, not fill up, not suffocate, not torment» (Lolli 2004, p.31). At this point, new conditions of a new possible bond with the Other could open up.

In the clinical practice of the empty «our clinical work necessarily begins as preliminary work on the request» (Recalcati 2005b, p. 84). It is important for the preliminary work not to coincide with a work regarding the answer; the risk would be of placing oneself in the same position of the Other, that with his knowing doesn't give space to the subject's particular words.

The typical work of the answer is represented by prescriptions of behavioural kind, which intend to give the subject a knowing in regards to dealing with the symptom. The Other, that can appear in these cases - even if moved by the desire to help- it is an Other that takes on the aspects of an intruder, and that inevitably lead to a rigidness concerning the subject's holophrastic identification. It is in collusion with the symptom, even if it is unaware. The administration of an educational and behavioural project would be for example, an occasion to present the anorexic subject's basic distress that is of being devoured, of being completely absorbed by the knowing and will of the Other.

9. The homogenous group as a preliminary

Thus, how do you deal with the holophrastic identification that characterizes the new symptoms? One of the most efficacious tactics that was elaborated on over the last fifteen years[31] contemplates the use of the group, in particular the small mono-symptomatic group. The choice of forming homogenous groups per pathology is in fact only a therapeutic expedient that proposes to allow the subject to go from an anonymous like identification which is offered by a "fashionable symptom" (anorexia-bulimia, panic attacks, depression, new forms of addiction) to the particular extraction of one's actual differences.

Therefore, on the one side the rectification of the Other implies a rectification of the offer – the therapist's position isn't that of someone who is a food and diet expert, but an expert in listening - and on the other the eclipse of the inter-subjective dimension is dealt with through the small mono-symptomatic group.[32]

As Recalcati highlighted, the efficacious aspects within the specific group condition are due to six "process variables".[33] The carrying out of treatment that founds «the analytic productivity of this groupal set out» (Recalcati 2005b, p. 89) requires:

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a) *Setting up the table of the Other*. This is an important first step, above all with eating disorders: when a young anorexic patient had lunch with her parents she ate at the same table, but with a separate table cloth, that separated the space. Thanks to the feeling of belonging that is activated in the group, it becomes a way of getting around «the mortifying solitude of symptomatic enjoyment» (Recalcati 2005b, p. 89).

b) *Knotting the death drive*. The minimal level of sociality which the group offers can deviate and contain the destructive effects of the death drive, «the group "knot" can intervene between the subject and the object of her damned passion» (Recalcati 2005b, p. 91): other than food or drugs, there can also be space for words.

c) *Reactivation of the signified alienation* (Recalcati 2005b, p. 91). The dimension of words imposes a loss for the subject, a word can't say everything about his being; in order to participate in the bond with the others, and the subject needs to undergo the law of the signifier, that doesn't completely capture the signified.

d) *Metonomy Vs identification*. «The multiple dimension of word within the small group» can produce a slip into a discourse in which «the word of one participant is grasped and used in the words of another participant, from the resonance of giving it sense that it is able to promote» (Recalcati 2005b, p. 92). This phenomenon is situated in countertendency when compared to the holophrastic freezing of discourse.

e) *Extraction Vs Identification*. The small group is initially made up of the illusion of a reciprocity which is guaranteed by the homogeneity of the symptom: this is an "imaginary community" that however supports the bond. The logic of mono-symptomatic groups of analytic focus, intends however, to «break the homogeneity of anonymous identification to the symptom so as to extract the name of the subject» (Recalcati 2005b, p. 94). The analyst's desire is situated here similarly to the factor that keeps open "the lack of the Other", it allows the decline of the totalizing power of generic identification.

f) *Dramatization of transference* (Recalcati 2005b, p. 95). Within group dynamism, the subject may come across possible situations capable of activating "phantasmal repetition" that moves his symptom, and the other members of the group take part in a "collective psico-dramatation" which can give rise to untold significance.

As Recalcati observes, the group in itself isn't therapeutic if not conducted by the analyst's desire. The analyst becomes therefore, a "guide that follows", not like the Other that holds power over the determination of the subject's truth. The desire of the analyst supports the enigma of an enunciation that bestrides the enunciate, it is a desire that aims beyond the word – that is the *a* object- but always starting from the word: the real is delimited with the symbolic. Thus,

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psychoanalysis remains within the discourse of civilization, even though its object is that which remains in exile compared to civilization.

From this perspective the small mono-symptomatic group becomes a preliminary strategy for treating the homogeneity of new symptoms, with the scope of offering the subject an occasion to rebuild the conditions of possibility for the dialectic of word.

10. From the preliminary meetings to the treatment of the anti-love: an existential challenge

After the preliminary period, the subject can effectively begin the treatment: he will face the comebacks of a route that contains his relationship with the real. Right up until the end of the analysis, the real remains similar to a forbidden zone, there's always more, that is also the most intimate part of the subject. During psychoanalytic treatment, the subject learns to deal (and manage) this unspeakable fulcrum, doing without, however, his symptomatic constructions. During the session, the patient allows his discourse to flow, and the therapist's punctuation[34] and cuts, smoothen the direction of a treatment in which «the word connects the visible trace to the invisible, to the absent thing, to the desired or feared thing, like a fragile bridge of luck thrown out into the emptiness» (I. Calvino 1988, p. 85). Psychoanalysis launches the challenge again, the aperture of the symbolic for that real that finds space in the subjective emptiness of contemporary clinical practice.

The new (or change) concerns the subject's possibility of putting once again in historical context his life, of interrupting what has occurred till that point, closing off an existential dimension that can latch onto the desire of the Other.

We can somewhat place psychoanalytic work, in so far as symbolic practice, alongside poetry, and define it «as a challenge. The challenge of saying what is 'impossible to say', the challenge of saying the real. Using symbolic tools, in as much as the humane is inhabited by what is outer-symbolic» (Lolli 2004, p. 14).

The existential choice takes place therefore on the basis of an "impossible to say" and leads to an authentic relationship with the Other, as the base of its inconsistency, that is thus, the Other to close up on the subject to the point of becoming One, does the radical otherness of the subject emerge.

Notes

[1]«In the individual's psychic life, other people ordinarily must be considered as either models, objects, helpers or opponents. Thus, from the beginning, individual psychology is simultaneously social psychology – in this extended but legitimate sense» (Freud S. 1921, pp. 67-143).

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[2]This contribution, published for the first time is the result of a personal elaboration that took place within *Cartel* in "Group and Institutions" at the Lacanian School of Psychoanalysis (May 2006-September 2007). I would like to address a special thank you to the members of *Cartel*; especially to Emanuela Mogliani, Fabiana Radicati, Patrizio Romano and Sergio Sabbatini (the latter being in the role of "more one").- I would like to specifically add that: *Cartel* is a small work group considered by Jacques Lacan as the "basic organ" of his School. This small group proposes to carry out group work with each and everybody's particular elaborations.

[3]Recalcati is a psychoanalyst and author of numerous publications in which he has worked on the application of mono-symptomatic groups concerning the treatment of anorexia-bulimia. In his work, the theoretical and practical references are of the teachings of Lacan, anti-dogmatic, and open to possible dialogue with other schools of thought. This is how, for example, he ends the introduction of his most recent book *The homogenous and its reverse:* «An invisible dialogue between Lacan and Bion flows between the practice of psychoanalysis and theoretic thought and makes up the most doctrinal basis of this work. Although here, it hasn't been fully formalised, this dialogue is becoming all the more an indispensable reference point of my work with groups».

[4]For further reading: Miller J.A. (1999), see References.

[5]For further reading see References: Nancy, Jean-Luc, and Lacoue-Labarthe Philippe (1973); Miller J.-A. (1978). Paradigms of Jouissance, transl. by Jorge Jauregui in lacanian ink 17 (Fall 2000), pp. 8-47; Miller J.-A. (1980-1984); Miller J.-A. (1997).

[6]For further reading: Miller J.A (1999), see References.

[7]«The problem of a case is like symbolic practice, like that of psychoanalysis, it can interfere and modify a drive as with bulimia. Thus, the difficulty of a case is measuring the action of the symbolic in modifying, in treating the push of the drive» (Recalcati 2002, p.142 - Translator's translation).

[8]This leads us to think of John Bowlby's pioneering studies, and more recently of research carried out by Peter Fonagy and Daniel Stern.

[9]The paradigmatic concerning this, the lesson on psychotic psychopathology: the eclipse of the significance of existence highlights what makes us human in the moment of its dissolution. For further reading on these topics: Benedetti G., 1992, see References.

[10]In Lacan's reading of Freud's work, the Oedipus complex is the myth where the psychic operators introduce the subject to a world that is traversed and restructured by the symbolic. Lacan (1957-1958) distinguishes "three periods" that is, three logical scansions that take place in subsequent chronological order. The first period, in a precocious phase of development, the child feels that he is everything for his mother; she is what satisfies him completely. The entrance onto the scene of the Name of the Father marks the separation of the dyad

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mother-child, creating the subsequent step from this imaginary dialectic to the second Oedipal period: paternal interdiction. Paternal function carries out a double manoeuvre of interdiction (symbolic castration), applying both to the mother and the child: this latter, can't satisfy itself completely in the child, that in turn is released from phallic identification. The law which is channelled by the Name of the Father, isn't just an interdiction of enjoyment, in fact the decline of the Oedipus complex opens up to the child a dimension which is beyond the sacrifice of his enjoyment. In the third phase, defined by Lacan as the "fertile" phase, the father's function consists in supplying the subject with a model in which to identify, but this time at symbolic level. The father compensates the child's sacrificial drive with a symbolic gift: an ideal that structures the knotting between law and desire for the subject. Freud considered this concept as the "Ego Ideal". The intervention of the Name of the Father is thus necessary up until when the subject finds a place in a symbolic apparatus. These are the double characteristics of paternal function from the point of view of the law: on the one side interdiction and on the other enablement to desire.

[11]In Freud's *Beyond the pleasure principle* (1920), he highlighted the tendency towards malign enjoyment unassimilable to a homeostatic principle, that characterizes human beings, defining it the death drive.

[12]In Freudian theory, the life drive (*Éros*) is differentiated from the death drive (*Thanatos*). The latter, is impermeable to any dialectics with the Other, even if it is able to find a mode of "blending" with *Éros*.

[13]In *Civilization and its discontent* (1929), Freud questions the possibility of forming a community that is able to not be overwhelmed by the dissipative force of the death drive.

[14]We should remember how, although Freud's works focus on the clinical aspects of neurosis, with the famous "case of president Schreber", Freud, left us an enlightening paper on the *impasse* of psychosis.

[15]In his novel *A pale-blue woman's handwriting*, Franz Werfel points out the dramas and contradictions of Viennese society concerning the historical period which we are referring to.

[16]These observations are all the more frequent in institutional environments.

[17]Repression highlights the symbolic-linguistic character of neurotic symptoms, which is the value of the enigmatic aspect for the subject.

[18]In this regard, Lacan speaks of "evaporation of the father" (Cfr. Lacan J. 1968).

[19]In Lacanian theory, the constant point of reference on these topics has been Miller J.-A., Laurent E. (1996-1997).

[20] It is an enjoyment which tends to saturate the subject's lack-of-being.

[21]For this association between the "Ideal, the group and hypnosis", further reading: chapter 8 of Freud S. (1921).

[22]In Italy, thoughts on the new forms of symptoms and the idea of an institution of psychoanalysis applied to therapeutics, led to the opening (by

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initiative of M. Recalcati) of *JONAS Onlus. Centre of psychoanalytic clinical practice for new symptoms*, in January 2003.

[23]Spoken dialogue with M. Recalcati during supervision.

[24]Clinical fragment referred to by F. Lolli at the *Conference on "Anorexia and Bulimia*", organized by the *JONAS* Pescara office (18th November 2003).

[25]«I shall even formulate that, when there isn't an interval between S1 and S2, when the first couple of signifiers is solidified, it holophrases, we have a whole series of cases, even though in each case, the subject doesn't occupy the same place» (Lacan J., 1964 - Translator's translation).

[26]Developmental psychology also highlights a "holophrastic" phase in language acquisition.

[27]Approximately thirty years ago, in the field of psychosomatic research, Sifneos (1973) spoke of Alexithymia for the first time. The construction of the word alexithymic (alexithymia: *a*=lack, *lexis*=word, *thymòs*=emotion) it is a cognitive and affective configuration characterized by: difficulty in identifying and describing emotions; a difficulty in distinguishing feelings from physical sensations; an incapacity to fantasize and poor or absent dreamlike activity, an expressive manner that reflects a style of though externally oriented. This latter factor, had been already observed by Marty and de M'Uzan in 1963, that came up with the term *pensée operatoire* (operative thought) to describe a communicative style that is characterized by detailed aspects of events, without any reference to the emotional sides. Cfr. Sifneos P.E. (1973). The prevalence of «alexithymic characteristics in psychosomatic patients» (pp. 255-262);

[28]The distinction between neurosis and psychosis is a crucial point because, as Lacan reminds us concerning the manoeuvre of transference in the treatment of psychosis, «using the technique that was by him established» - here Lacan (1957) is referring to «outside the experience to which it was applied is as stupid as to toil at the oars when the ship is on the sand».

[29]Further reading: Lacan J. (1958), see References.

[30]«In this predominance of putting into action rather than symbolization, the clinical practice of new symptoms seems to unveil its constitutively psychotic dimension; which doesn't at all mean to carry out a diagnostic reduction of contemporary symptoms to the structure of psychosis according to a mechanistic schema, on the other hand, it concerns understanding that the clinical practice in regards to repression - thus, the symptom as an unconscious formation – can't in itself integrate the new clinical practice, which is precisely, a practice marked by the breaking up of the symbolic symptomatic character and a return to enjoyment in the real» (Recalcati, 2004 - Translator's translation).

[31]This reference is relative to psychoanalytic practice developed by M. Recalcati during the years of his scientific direction of *A.B.A.* (*Association for studies and research on anorexia, bulimia, eating disorders and obesity*) and subsequently with the foundation of *JONAS Onlus. Centre of psychoanalytic clinical practice for new symptoms.*

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[32]It is important to remember that in order for a subject to be placed within a homogenous group, a diagnosis regarding psychosis must be excluded. For further reading on the principles of this epistemological and clinical perspective I recommend works by Galimberti F. 2004, pp. 55-64.

[33]I am referring here to the psychotherapeutic process. For further reading on the meaning of "process research" in psychotherapeutic field, I recommend the classic work by Greenberg L.S., Pinsof W.M. (eds) (1986). *The psychotherapeutic process*: a research handbook. Guildford, New York. For a review on research in psychotherapy: Dazzi N. Lingiardi V., Colli A. (eds) (2006). *La ricerca in psicoterapia*. *Modelli e strumenti*. Cortina, Milano.

[34]For further broadening on interpretative practice in Lacanian oriented psychoanalysis: Miller J.-A.1995a, pp. 9-16, see References.

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