

Against dissolution: some reflections on a clinical observation¹

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How is it possible to find reference points in a society in which they seem absent – a society that deems to restore these in the Real by means of spasmodic fits of ferocious enragement? Indeed, if psychoanalysis should become a cultural endeavour – like the drying up of the Zuydersee – it needs then to keep some anchoring points, even if menaced by shadows, whether in a gradually declining world or even within the psychoanalytic institution itself. To hold the flame of Freudian inspiration up high, Lacan had to rescue the Father figure from a “matrocentric” post-Freudian oblivion. As for the clinical trace, the Father’s vanishing status may also be noticed in the current social effects, which Freud had foreseen in his text on *Civilisation and its Discontents*.

*A character that answers the unanswerable, a hole in the talking being’s structure – Héctor Pérez (2003) uses these words to describe the *Urvater* – the distribution of goods arises with the prohibition of incest and the exchange of women; simultaneously, jouissance becomes forbidden and is exchanged.*

Likewise, Paul Verhaeghe (2000) clearly distinguishes – following Lacan’s guidelines – *authority* as an effect of the incidence of the Symbolic, from *pure power* to which the subject is exposed, when the former staggers. His exact and detailed analysis stumbles with the paradox of our times: the Freudian solution – summoning a paternal personage – has long since become insufficient, or at least does neither confront nor adjust to the transformations we meet daily with².

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A resident in surgery meets me at the door to the ward and requests a *Liaison*-consultation regarding a 60 years old woman, admitted – due to a pneumothorax. This condition was produced by a knife injury, her daughter having stabbed her in the back. The physician was surprised to see the woman cry so often, and asked her whether she agreed to be interviewed by a “specialist” about this. Indeed she accepted.

She starts weeping at different moments during the interview – but stops immediately whenever I utter just a few words.

She has other offspring but lives with her younger daughter, 32 years old, and the latter’s children, aged 12 and 10. When her daughter was 9 years old she separated from her husband and never saw him again. She states that she *does not know whether he is alive or dead*. The same sentence is valid for the fathers of both grandchildren.

Her daughter – she continues – was always *rebellious and aggressive*. It is already a long time since she started to insult and hit her; recently, however, the intensity of these attacks has increased, as she has started jabbing her mother on her bare arms with the tip of a knife. The mother begged her not to do this, but to no avail. She even suggested to her daughter that she should see *a therapist – Doctor don’t you think she needs treatment?* Likewise, these suggestions remained ineffective.

Nevertheless, she is ready to *endure anything*, as her final objective is to care for her grandchildren, though she is afraid her daughter might not allow this. The latter goes off to work – *she behaves like a man* – so the grandmother brings them to school and fetches them back home. The elder son does not go to school alone – *he is twelve but seems much younger* – he does indeed attend a *special school for disabled children*.

The police interviewed her. During her admission, someone came to see her – she answered all his questions, but, as she was half asleep she did not realise who he was or what it was about – afterwards, she

was told that he was a judge. She thinks that her daughter and the grandchildren are still at the police station. However, she is determined not to press any charges against her.

During one of my interviews with the patient, a psychologist (acting as a social worker) from the Institute of Minors where the children are currently placed, introduces herself and partakes in the interview. The woman narrates the events that led to her admittance. Her daughter had asked her to wake her up at an appointed time the following day; she assured her that she would do so, something which only triggered a cascade of reproaches: the daughter immediately blamed her mother for all her misery and misfortunes. She forced her to kneel down and resumed her recent habit of jabbing the tip of a knife into her mother's arms; she then plunged the knife into her mother's back. The 12 years old daughter rushed in, saw her bleeding grandmother and started to scream; the boy remained in his room. The daughter handed her mother a towel to cover up the wound and hurried downstairs; the doorman instantly phoned the police.

The social worker alleges that the children *are doing well*. Nonetheless, the boy refuses to eat or to speak. The patient declares not to be surprised at all: she considers him *weaker than his sister*. Again, the social worker proposes to take both of them to see the grandmother the following day. Meanwhile, the children's mother has been committed to the police section at the city's psychiatric asylum.

The woman asks the social worker to try to find out the whereabouts of the children's fathers. She has no data but their names. She goes on to insist on the difficulties caused by the boy, and compares him repeatedly (and disadvantageously) with the girl – whom she evidently prefers.

After the weekend, the grandchildren appear at the Hospital, accompanied by the psychologist in charge of the boy and a further employee at the home. The woman has been discharged from the

surgical ward; she is much calmer, and does not weep like she did previously. The boy explains that he *won't eat what he doesn't like*, and immediately shows this by emptying a small package of biscuits while the girl complains about a *disgusting* anti-cough syrup she has been given to drink. No one mentions the imprisoned mother. The psychologist voices her concern about the boy's insufficient adjustment to the home, as he is observed to be withdrawn and introverted; moreover, he only mentions the events he has gone through indirectly. And yet she claims to have tested his intelligence, finding out he has an *unexpectedly high IQ*: he certainly does not merit the special school he has been attending until now.

The grandmother remembers she must report to the police department to regain access to her apartment.

During a conference I attended years ago, on 'Institutional-Clinical Discussions', the case history of a boy – allegedly with *learning and/or behaviour disorders* – was presented. The lecturer showed some of the drawings of the little patient. She stopped to consider one of these in particular: it showed an upright male figure, who was crossed out with a huge X. Her interpretation was that the child aimed at portraying *the absence of a father image*.

A more differentiated reference – as this interpretation could be criticised as being too schematical, even hasty – might be found in Lacan's Seminar IV, *The Object Relation*, when he discusses little Hans's action of crossing out the drawing of a giraffe in order to make a signifier out of it. Likewise, Lacan also explains that the signifier's efficiency only begins when a hunter erases his footprints³.

In the case history above, the efforts of the patient's grandson to preserve and sustain such a guarantee are palpable – and in a way that is different to the devaluation provided by the grandmother.

The hospital is often a screen that indicates the movements in the social fabric, which in turn sustains and threatens us, impels and

expels us, according to the chance articulation of the factors by which are woven the constellation of each individual. Sometimes – in reference to the question with which we began – it is possible for us to intervene and point to some stabilising references, but every so often we are not able to do so. Nonetheless, we can at least hope that our position within analytic discourse may provide some elements to interpret and guide our efforts. Mythical construction still is one of the most heuristic tools in the course of this endeavour. In the celebrated epilogue to the Schreber case, Freud ascertains that the *mythopoeitic* impulse is long from being exhausted, and he even reserves a significant fraction of it to be inserted into the roots of his method. A metaphorical expression, no doubt; and yet, this may hardly surprise whoever has already noticed the cleft that separates psychoanalysis from biology, behavioural observation or any other aspect of established Science. In an uncertain future, should clinical practice not be the point of departure as well as the end point, the place where all the cards of analysis can be played, even if the game runs contrary to sociological findings?

¹ The title of this paper is a paraphrasis of Brecht's poem, "*Against Seduction*" (1927). Italics in the text stand for verbatim sentences of patients, of other professionals in the Hospital, and for bibliographic citations.

² In this context we should mention the book by Markos Zafiroopoulos (2002), a steadfast refutation of the mentioned hypothesis. The author traces its origins back to Durkheim (*paternal decadence*); however, he adds that not only have ensuing sociological and anthropological studies quickly discarded the issue as invalid; the clinic – judging by the manner in which Freud is said to have held his patient's fathers in high esteem – has done this too. Furthermore, the supplementary overtones in Lacan's use of this concept – e.g. his reference to Claudel as well as the background of his alleged affiliation to *Action Française* – only cast serious doubts upon the idea.

Ultimately, Freud's *Vatersehnsucht* (longing for the father) and Claudel's *père humilié* (the humiliated father) might be nothing but counter-transferential accidents, to which so many analysts would have fallen prey to, unprotected by a sound and thorough critical reflection.

Nonetheless, doesn't the dissolution of paternal authority keep at least a fantasmatic legitimacy within the psychoanalytic field, even against the observations of social sciences?

³ The following year Lacan (1998) develops the same subject from a different perspective, out of which we cite the following paragraph – indeed, it could effortlessly apply to the violent exchanges between mother and daughter in our clinical example: *violence is essential in aggression... it is not the word, it is precisely and exactly the opposite. Within inter-human relation, either violence or word can be produced. If violence is to be distinguished, in its essence, from word, the question may rise as to what extent violence as such... can be repressed, since we have asserted as a principle that only what has gained access to the structure of the word – i.e., a signifying articulation – can be repressed. Whatever pertains to the order of aggression and is taken by the mechanism of repression, if able to be analysed and interpreted, must then lie hidden in the imaginary relationship by means of the murder of the other.*

Works Cited

- Brecht, B. (1927), *Hauspostille*, Rowohlt, Frankfurt, 1969, p. 117
- Lacan, J. (1998), *Le Séminaire*, Livre IV, *La Relation d'Objet*, Seuil, Paris, p. 459-60
- Pérez, H. (2003), *El discurso capitalibánista (The Capitalibánist discourse)*, *Psicoanálisis y el Hospital*. (Psychoanalysis and the Hospital), No. 23, Ediciones del Seminario, Buenos Aires, p. 217-222
- Verhaeghe, P. (2000), *Social bond and Authority: everyone is the same in front of the Law of difference*. *Journal for the Psychoanalysis of Culture and Society*, vol. 5, nr.1, The Ohio State University, p. 91-96.
- Zafiroopoulos, M., (2003), *Lacan y las Ciencias Sociales: la declinación del padre, 1938-1953 (Lacan and Social Sciences: The decline of the father, 1938-1953)*, Nueva Visión, Buenos Aires, (*passim*).