Notes Towards a Phenomenological Reading of Lacan

by **Ryan Kemp**

Abstract

Phenomenological psychotherapy, while critiquing psychoanalytic theories, has always sought to draw on and be inspired by these (and other) approaches. To read psychoanalysis through the lens of existential-phenomenology opens, deepens and perhaps even rehabilitates this body of work. In this paper, the work of the French psychoanalyst Jacques Lacan is explored through a phenomenological reading of his early work. Aspects of his developmental theory, as well as certain of his theoretical innovations, are related to psychopathology and treatment and are explored and understood in phenomenological terms. Emphasis is placed on psychotherapeutic experience and understandings. The paper argues that there is much of value in Lacan's work and that it is more existentially rich than is often acknowledged.

Introduction

Jacques Lacan's work has since its inception been the target of much attack and even more perplexity, Lacan's own personality arguably contributing to much of this confusion and rejection (Gurewich, 1996; Plottel, 1985). The lack of translations and the density of the theory have kept Lacanian ideas from the English-speaking world until very recently (Moss, 1990). Thus Lacan's rich insights into the human condition have been largely ignored or gone unnoticed. Consequently, this paper's aim is to explicate the theory of Jacques Lacan through a phenomenologically orientated lens of psychotherapy. Accordingly, the paper attempts to give an outline mainly of his early theories and to demonstrate how it is possible to ground this theory in lived-experience, and in particular that unusual experiential encounter commonly called 'psychotherapy'.

While reference will be made to a variety of sources below, the following were the main sources of my understanding of Lacanian theory, and would also serve as an ideal launching pad for those wishing to explore Lacan's work in more detail. Good general introductions include Boothby (1991), Fink (1997), Gurewich (1996), Plottel (1985), Ragland-Sullivan (1987) and Thompson (1985), while more complex interpretations are provided by Eigen (1981), Fink (1995), Forrester (1987a, 1987b), Moss (1989, 1990) and Schneiderman (1993).

It would be possible to trace Lacan's intellectual influences to phenomenological sources (Boothby, 1991). In this regard, Lacan was profoundly influenced by Heidegger, whom he met and invited to Paris, and later translated into French Heidegger's article *Logos* (Roudinesco, 1997). The intellectual scene in Paris was particularly heavily existential and phenomenological, and this tradition was in many ways more mainstream than psychoanalysis at the time (ibid.). However, this tracing can be followed elsewhere (Boothby, 1991; Thompson, 1985), and instead we seek to discover in the theory itself aspects of lived experience which can be reclaimed as phenomenologically accurate.

Lacan builds his theories around a developmental sequence which is close to Freud, but which is innovatively informed by linguistics, structural anthropology and Hegelian philosophy (Fink, 1995). The exploration here will centre on reading the early theory of Lacan and will not explore his later ideas of 'mathemes' or the 'four discourses' of Seminar XX. We will begin by exploring the development of subjectivity, followed by Lacan's theory of Orders, of desire and the unconscious, and finally moving towards an understanding of psychopathology and treatment.

The Developing Subject

Lacan argues that the child is born pre-mature with very few instinctual responses, 'at sea' in its own helplessness (Fink, 1995; Ragland-Sullivan, 1987). It lacks motor-control and co-ordination, and thus experiences itself as a dis-unity of elements (parts). Coupled with this is its limited sensory experience (due to pre-mature birth), grounded mainly in vision and sound. Thus the child has limited capacities to perceive the world. These are, according to Lacan, restricted to: the gaze, the word, excrement and the breast (part-objects). Despite sensory awareness, the child is completely dependent in relation to feeding and protection on its caretakers - usually the mother. Mother is often written as (m)other to signify that the mother is the first other whom the infant encounters.

The infant's primordial experience of these part-objects forms the nucleus of the primordial ego (Ragland-Sullivan, 1987). This period lasts until approximately six months, which then heralds the start of the mirror stage. The child during this stage is completely dependent on the mother in every respect. The mirror stage entails an enhancement of psycho-motor and perceptual abilities in the child. Because it experiences itself as a dis-unity, it sees in the (m)other the unity it can potentially be. Thus the infant begins to 'mirror' the (m)other and the mother also to 'mirror' the infant. Lacan uses the "mirror" as a metaphor to describe how the child identifies with the image it sees (as if it saw itself in a mirror), and this image thus generates a false sense of unity. It is interesting to note that Merleau-Ponty (1964) replied to Lacan (1977), and that Romanyshyn (2001) in turn replied to Merleau-Ponty, both from the perspective of phenomenology. In summary, the primordial ego, as essentially split and dis-unified, mis-recognises itself as unified, in the mirror that is the other.

There is, despite the difficulties of the physical dis-co-ordination, a sense purity of primordial experience during this early period (Fink, 1995), which is prior to the eventual *alienation* and *castration* which will follow. Thus there remains in the subject a deeply buried sense of nostalgia for this early period of experience. This nostalgia is often encountered in long-term psychotherapy, where it appears as 'regression' or in what is traditionally seen (in object relations theory) as part-object images. For example, patients often dream of encountering dismembered parts of their and others' bodies, coupled with feelings of peace or alarm. The affect is often a clue to whether this is a feeling of loss of subjectivity or a necessary moment of healing requiring a return to pre-subjective relating.

The identification with the mirrored other thus disrupts the primordial experience of chaos - a result of pre-mature birth and helplessness - and replaces it with a false (mis-recognised) unity, based on the other. Thus the other becomes vital for all future senses of cohesion and stability. The primordial ego is thus composed of part-objects, yet falsely believing itself to be whole, and is intrinsically narcissistic - caught up in its own image. Therefore the ego is a mis-recognised unity, narcissistic - built on part-objects and mirror-image identifications. The Lacanian subject is thus conceived as being primordially split, yet defended against with a narcissistic ego based in the mirror of the other. The subject eventually comes to acquire and experience this structure of the ego as a 'lack', that is a feeling of incompleteness. Narcissism is 'lack' and it is an inescapable aspect of being human.

'Lack', however, also arises from the separation from the mother, which Lacan calls *castration* (Fink, 1995). The child during the mirror phase is still very dependent, and 'fused' with the mother, until approximately 18 months, which then sees the beginning of the Oedipal drama. During this period the child begins to separate from the (m)other, begins to acquire language, and notices the presence of the father. Thus there is a distinct interrelation involved in the traumatic separation that both the father and language herald. This ties together father, as well as culture and the law that he represents, and language with its own laws and cultural aspects (Boothby, 1991). The experience of the trauma of separation is a metaphoric '*castration* of the subject'. This does not entail a loss of a literal penis, as much as a loss of the *real* mother or the loss of their symbiotic unity.

The loss of the symbiotic union leads to the primordial desire to recapture this illusionary state of 'oneness' that the subject had once shared with the mother. With the realisation that this state is lost, the subject becomes 'as good as castrated'. Desire then becomes sublimated into other avenues, but these never satisfy, as the *real* cause of desire, forever lost,

cannot be re-found. This 'lost object of desire' is forever sought. Desire is central to Lacan's theory of subjectivity. Desire, being Lacan's interpretation of Freud's wish fulfilment, seeks constant expression and knows no boundaries.

> Desire, a function central to all human experience, is the desire for nothing nameable. And at the same time this desire lies at the very origin of every variety of animation. (Lacan, 1991, p. 223)

As the subject is *castrated*, the mother then too becomes symbolised as '*castrated*' - not because of her lack of a literal penis, but because she symbolises 'the lack' that the child experiences in the trauma of the separation from her. She, and all women, are therefore always connected to loss, lack and castration.

The entry of language itself also causes a loss - a loss of primordial experience (Boothby, 1991; Fink, 1995; Ragland-Sullivan, 1987). Once the child has acquired an ability to symbolise experience, through words, it is able to use this to replace experience with words as a form of repression. Language, however, can never capture a full sense of lived-experience, and thus, as the child proceeds to acquire and use language more fully, the more fully it is *alienated* from this primal experience of itself and the world. Language thus entails not just the loss of the mother, but also the increasing loss of primal experience. Lacan terms this loss *alienation*.

The challenge is now to describe the consequences of the above sequence in more phenomenologically accurate terms. The Lacanian developmental sequence is not meant to describe a pathological sequence, although it is inherent in Lacan's conception that mankind is doomed to a state that is forever *split*, *alienated*, *castrated*, narcissistic and destined to seek completion in the other, through desire. This is for Lacan an enterprise, which can never be completed, as desire can never be satiated.

While inherently pessimistic, this description goes a long way towards allowing for an understanding of the 'insecurity' and 'vulnerability', which seems to underlie the experience of almost all patients, and even very well functioning individuals. This insecurity is often covered over (or defended against) by an inauthentic sense of competency, by a narcissistic sense of self. This is not to say that all patients, or all mankind, are narcissistic in the psychiatric sense. But rather that a pervading sense of unease, insecurity and anxiety appears to be present in even well functioning individuals. This insecurity is, however, covered over by a false, imaginary sense of worthfulness. This 'narcissism' is also apparent in most serious character disorders, of the self-pathological kind (Brooke, 1994), such as borderline and schizoid disorders, not to mention narcissistic disorders themselves, as well as in many forms of schizophrenia, grandiose delusions being a common symptom in psychotic disorders.

The inherent nature, or pervasiveness, of this narcissistic structure to the ego, also accounts for the need in subjects to seek 'others' to bolster their sense of self. Just as Narcissus required his reflected image - so individuals require 'others' to be that image, because it was this image of the other that was the foundation of their sense of self. In many ways the psychotherapist becomes a 'polymorphous other' which the patient engages with in typical ways. The resolution of these typically individual engagements is obviously what is at the heart of any therapy working with the 'transference'. Psychotherapy works exactly because the therapist is 'an other' with whom the patient is compelled to engage.

The Orders of Experience

While it is not possible to give a full account of the Lacanian 'orders', the *imaginary*, the *symbolic* and the *real*, it is essential to have some understanding of these in any unpacking of Lacan's theories. The subject may be defined as the knotting together of these orders (Fink, 1995; Ragland-Sullivan, 1987), where one order cannot appear alone, but always with at least one other order at play as well. The orders may perhaps be described as foundational 'modes of engagement' with the world, or lenses through which the world is experienced. The subject is founded in relation to these orders and is thus always engaging and relating to the world via them.

The *imaginary* is grounded in primitive and primordial experience, which occurs prior to and during the mirror stage. In this period, the primordial ego is formed in connection to pre-mature birth, limited perceptual faculties and the vicissitudes of the *real* mother. These founding experiences are essentially imagistic in nature. The primordial ego is thus composed of and constituted by images - principally the image of the other - and is therefore fundamentally *imaginary*. Much of the theory developed by Melanie Klein and the post-Kleinians would describe *imaginary* functioning and is in many ways analogous to paranoid-schizoid functioning (Ragland-Sullivan, 1985). It should thus be apparent that behaviour on the *imaginary* plane, tied as it is to the ego, is also intrinsically narcissistic.

The s*ymbolic* order enters experience with the acquisition of language and resultant repression. There is a direct and irrevocable connection between *symbolic* capacity and language capacity, although paradoxically the ability to use language does not ensure a *symbolic* capacity (Segal, 1954). Lacan spent much of his endeavour expanding and describing the *symbolic* order, and to some extent, at least initially, saw liberation for the subject in a full submission or adoption of the *symbolic* order (Fink, 1997). The *symbolic* is also intrinsically related to cultural laws and history, all of which are subtly embedded in language, myth and social convention.

The order of the *real* embraces all that falls outside the *imaginary* and *symbolic* orders. It does not refer to any sort of objective reality or to the Freudian reality principle. It is rather that realm of experience, which is not caught or encompassed by the *imaginary* or the *symbolic*. Being unable to metabolise experience, the *real* can indeed be traumatic. However, humans are compelled to add *imaginary* and/or s*ymbolic* colour to all r*eal* occurrences. Ellie Ragland-Sullivan (1987, p. 188) puts it thus:

> The Real itself is unmoveable and complete. But man's interpretations of the Real are moveable. The latter combine language with "self"-experience. The resulting interpretations [thus] compose "reality", but not the real.

Accordingly, there is no "reality" or world that is not a subjective reality or a life-world, and human existence is intrinsically an interpretive being-in-the-world. This conception of the subject betrays Lacan's, often unacknowledged, Heideggerian heritage (Boothby, 1991). Once the subject has entered the *symbolic* register, contact with the *real* is no longer 'purely' possible. All experience is thereafter sifted through *imaginary* and *symbolic* filters. Any encounter with the *real* that cannot be interpreted or filtered becomes a trauma (Gurewich, 1996). It is thus, strictly speaking, not possible to refer to the *real* as 'a lens' through which experience is filtered. In fact, the subject seeks never to encounter the *real*, but on occasion falls prey nonetheless. At that point, the experience is completely 'unfiltered', terrifying and traumatic. It could be seen, if we may stretch the lens metaphor, as a lens which screens out nothing, as a non-lens.

We must now explore how these "orders" manifest themselves phenomenologically. To the practising psychotherapist they manifest most obviously in so-called "transference-reactions" and in the style of speech employed by the patient. It is now well established that certain patients (often called schizoid, borderline, psychotic and so forth) manifest a gross inability to communicate and receive communications in contrast to other patients (mostly described as neurotic). These more disturbed patients, described accurately by Brooke (1994) as suffering from self-pathology, often have difficulty in separating symbol and symbolised. Hanna Segal (1954) refers to this as 'symbolic equation'. In this form of communication there is a collapsing, a fusing, of symbol with that which is *real* (the object). Thus, in the transference, the therapist is not like the patient's mother, but *is* the patient's mother. *Imaginary* functioning and communicating is thus in ascendance, in control. Such patients find interpretations made by the therapist as useless, traumatic or punitive. These s*ymbolic* communications cannot be understood or properly integrated. These patients appear, however, to respond to the *real* presence of the therapist, or to the *real* containment of the therapy room (Khan, 1978).

It should be noted that only severely psychotic patients have no access to the s*ymbolic* register. And even well integrated patients may retreat to *imaginary* functioning at certain times. The utility of Lacan's theory is in being able to detect the shifts in reaction and speech, which suggest a shift to another order or mode of engagement.

The concept of the *real,* allows a better understanding of the different vicissitudes of reaction, effect and trauma which occur to people when experiencing similar *real* events. The *real* of events occurs not in isolation, but within the context of existing *imaginary* and *symbolic* matrices existing for individual subjects. For example, the effect of a missed therapy session would be experienced as more or less traumatic depending on the *real* effect of that event. Similarly, events such as incest, rape or violence impact on individuals differently, and, from the Lacanian perspective, this would be understood to be the result of the subject's capacity to *symbolically* metabolise these various encounters with the *real*. If the subject cannot metabolise these events, then various defensive manoeuvres, or fantasies, are adopted to cope with the trauma.

The Unconscious Structured Like a Language

Commentators often try to summarise Lacan's theories into his famous phrase that "the unconscious is structured like a language" (Boothby, 1991). While this may be Lacan's most long-standing concern, it is not his most original insight, and, as Lacan (1977)

himself points out, this was Freud's great discovery. What Lacan discovered was that the laws which Freud claimed ruled the unconscious, namely condensation and displacement, were identical to the linguistic laws of metaphor and metonymy respectively. Thus symptoms, or dream images, are over-determined nodal points that simultaneously point in many directions. So too are words, which alone have no meaning, but only derive meaning in relation to other words, both within a particular sentence, and within a particular language. Words, or signifiers, become the essential element in the language system for Lacan, just as symptoms or dream images were for Freud in the unconscious.

It should be pointed out that in Lacanian terms 'signifier' refers to more than a word or sign, and is a unit which connects other units in the signifying chain. The present interpretation, both of Freud and Lacan, is that signifiers are not merely connected in a linear chain, but in a matrix with many possible connections. The unconscious is thus interpreted to be a complex matrix of possible connections between signifiers, connected along a variety of axes. All these connections operate simultaneously both consciously and unconsciously to orientate us within the signifier matrix. The connections in the matrix exist along phonemic lines (words sounding similar), along semantic lines (words having similar meanings), along affective lines (connecting similar emotional states) and along the axes of the other senses (vision, touch, smell, taste and possibly balance). To illustrate this concept practically, let us imagine a patient who continues to use the word "robot". Through the working of psychotherapy it eventually becomes apparent that, within the signifier matrix, this word is associated with "living in a automated, robot-like way, being not in control of life", with loss, death and danger. Also apparent is that the patient's mother was killed "when she jumped the 'robot-ic' traffic lights" and was involved in a motor vehicle accident. This loss had long-standing effects on the patient, which left him "alone and isolated". To some degree his inability to succeed at work, with his rejection of technological innovation, is also connected to the dangerous signifier "robot".

It is not possible here to do full justice to Lacan's treatment of language. Lacan, it may be argued, never succeeded in unlocking the unconscious as language. Indeed his later excursions into set theory and what he described as "mathemes" appears to be an attempt on his part to create a language, not unlike that attempted by Bion, to describe both the functioning of language and the unconscious.

Demanding to be Needed and Desired

Lacanian theory attempts to overcome neo-Freudian 'drive theory', with an appeal to an interpretation centred on need, demand and desire (Ragland-Sullivan, 1987). In terms of the Lacanian orders, need is *real*, demand *imaginary*, and desire *symbolic* (Forrester, 1987a). John Forrester points out that Lacan criticised

> those versions of psychoanalytic theory which equate Freud's concept of drives with biologically determined need, arguing instead that the true realm of psychoanalytic action is the world of desire, which is created by language transforming need into desire in answer to the unsatisfiable demands of the (m)other. (p. 73)

This is interpreted to mean that, although need may have an origin which is biologically *real*, the 'true' work of therapy revolves around desire created out of the intersubjective context. Desire, which has its origins in the other, mediated by the *symbolic*, and which arises in relation to the therapist (as transference), is what is worked through in a successful psychotherapy.

Lacan describes desire as arising from *castration*, *lack* and *alienation*, which is the residue of the mirror stage and Oedipal separation. The subject attempts to overcome lack and castration by desiring to fill a 'hole' or 'gap' left by the now separated mother. But this desiring also has its origins in the traumatic creation of the narcissistic ego.

> Desire is a relation of being to lack. This lack is the lack of being properly speaking. It isn't the lack of this or that, but lack of being whereby the being exists. (Lacan, 1991, p. 223)

Lacan is here alluding to that which simultaneously creates the ego and desire - traumatic separation from the mother. The human being exists because of the separation - but a primordial 'non-dual Being-ness' is lost. The subject does not come into being until there is the traumatic separation (Fink, 1995).

Lacan argues that desire is "a function central to all human experience, is the desire for nothing nameable. And at the same time this desire lies at the very origin of every variety of animation" (1991, p. 223). Desire can never be captured or contained, and forever weaves beyond analytical grasp. Desires 'slide' from one signifier to the next in a never-ending signifying chain. However, it is the project of psychotherapy to

attempt to name this desire, however long and arduous this attempt may be. "That the subject should come to recognise and to name his desire, that is the efficacious action of analysis" (Lacan, 1991, pp. 228-229). That the subject should come to name his desire for psychotherapy to be successful! But it should be stated that a Lacanian conception of "cure", true to its psychoanalytic foundation, sees this 'naming' as occurring in relation to the therapist - that is, it is the naming of transference desire.

The Lacanian Conception of Psychopathology and Psychotherapy

Having discussed the foundational concepts which Lacan introduced, let us now apply these concepts to human suffering and our attempts to alleviate it through psychotherapy. To begin with, it should be apparent that Lacan's concept of the subject as split, castrated, alienated, narcissistic and 'desiring that which will never satisfy', indicates that he sees all humanity as suffering in their subjectivity. Indeed, it is a vision of humanity which is less than optimistic. As we shall be culminating our dialogue of ideas in this section, it would be prudent to outline how psychopathology is understood in phenomenological terms, and to see whether a parallel with Lacanian ideas can be sustained.

Taking our lead from Heidegger, Binswanger, Boss and van den Berg, we may describe human existence, *Dasein*, as the world disclosing possibility of being. Existence is a being-in-the-world. In this regard, individuals are partially free to take up various possible ways of inhabiting (or not inhabiting) the world. Psychopathology is thus seen as the truncation or avoidance of possible world engagements. Psychotherapy serves, through the authentic presence of the psychotherapist, to engage the patient in new possible ways of inhabiting and being in the world. The word (as speech, language and dialogue) exists in this encounter not merely as a way to connect the participants, "but rather it is the constitution of our being together in a shared world" (Kruger, 1984, p. 233). It is, in fact, impossible to imagine a shared existence (*mit-sein*) without language. It constitutes both a great amount of our world-relatedness and the means to our healing this relation. But ultimately it is 'the world' that heals. As Kruger makes clear, it "is not the words that heal, but the world that is called into presence by the word. For the client, such a world has always been a possible world but has never been appropriated" (1984, p. 233).

Before proceeding to dialogue these different approaches, it is appropriate to sketch a brief outline of a Lacanian approach to psychopathology. Severe pathology, such as psychosis or self-pathologies, would be seen as a fixation in, or regressive return to, *real-imaginary* functioning and relating - this being a form of relating which is non-*symbolic*. The psychotic relates to words, ideas and thoughts 'as if' they were real. Words become literal 'things', thoughts become actual 'voices in the head' and ideas become 'the truth'. Healing would thus be the development of an authentic *symbolic* function, thus the creation of repression, and a transformation of *imaginary* relating into more *symbolic* relating.

Less severe pathology, or neurotic pathology, would be seen as an excessive use of repression or the defensive use of the *symbolic*. Thus healing resides in realising the use of repression, and hence a realisation of the freedom inherent in the possible use of language. The *symbolic* is thus re-claimed, or re-appropriated, made more free and becomes usable in a variety of ways, which are closer to 'play' than adherence. The neurotic may be seen as a subject who 'adheres' to the strictures of the 'symbolic law', rather than living them metaphorically. This leaves little room for ambiguity, paradox or mystery.

Lacanian psychotherapy is essentially the 'languaging of the unconscious'. It is healing through speech and relating with an other, who must be present otherwise speech is not possible - a true "talking cure" - and is thus an alteration *of* speech and relating (Lacan, 1977). The analysis is over when a full entry into the *symbolic* is attained and when the subject relates to the therapist, through the transference, about himself. As the Lacanian analyst Stuart Schneiderman puts it, the "patient ought to reach a point where he articulates the signifiers that inscribe him in the real and determine his destiny" (1993, p. 6). The signifiers, housed, as it were, in the unconscious, determine the relating to other signifiers. It is only by adding more signifiers to the matrix that the power of particular connections is undone. Speech adds signifiers to the matrix, speech grounded in a relating, which is safe, containing and supportive. Thus the signifiers added to the matrix are related, along the affective axis, to safety and 'love'. Thus the effects of signifiers, which may be related to fear, hatred, or loss, for example, are now reduced in intensity by their new association to love and safety.

Desire, central to subjective action, needs to reach towards being made *symbolic* to free the subject from the tyranny of repetition. It is in the talking and enactment, through transference, that the subject discovers his true desires. Desire, which is ultimately unconscious, cannot, however, emerge merely by an act of will. It comes to the surface often only through

action and interaction, and appears in psychotherapy as transference. Here it meets not with literal satisfaction, but with interpretation. It meets with speech through a relating. This relating is not just to the therapist as other, but a relating to the unconscious as Other as well. As Lacanian analyst Bruce Fink (1995) observes, there is almost a moral aspect to the type of subjectivity which analysis seeks to bring forth. It is morally obligated to the Other, as *symbolic* and as unconscious. Lacan re-interprets Freud's dictum "*Wo Es war, soll Ich werden*" - commonly interpreted as "Where id was, let ego be" - as "I must come to be where foreign forces - the Other as language and the Other as desire - once dominated" (Fink, 1995, p. 68). Psychotherapy thus becomes a reclamation of being, which pays equal homage to the mysteries of others, language, 'the world' and the self.

It is here that we start to see the emergence of common themes. For the phenomenologist, it is encountering 'the world' which is paramount, while for Lacan it is the Other, remembering that for Lacan 'the Other' has multiple signification. But whether 'world' or 'Other', the patient is drawn away from their difficulties being somehow located inside themselves. These sufferings are constituted in the world/Other and are ultimately healed *by* the world/Other. While for Lacan language was the primary constituent force of the Other, and is certainly important for phenomenologists, there is a major difference of emphasis. For existential-phenomenologists language brings individuals together and constitutes this togetherness (Kruger, 1984). But language also mirrors the metaphorical nature of psychological experience (Romanyshyn, 2001), and healing occurs through languaging of distress, through story telling and through realising the metaphorical, imaginative nature of existence. Language is therefore a *via regina*, a medium towards an end. It would seem for Lacan, however, that language has been idealised beyond medium, and has been elevated to almost divine status. For the early Lacan, language alienates, but also contains the possibility of liberation. Both approaches tussle with language, this thorniest of issues, and in this struggle lessons can be learnt. It is however beyond the scope of this paper to fully explore this issue here. Putting this debate aside, perhaps it would instructive at this point to sketch, using an outline presented by Ellie Ragland-Sullivan (1987), how a phenomenologically sensitive Lacanian psychotherapy may progress.

In the early stages, the therapist attempts to engage and contain the patient, often coming to be being seen as an ideal person. In many ways, this process recapitulates the mirror phase, and in this manner the narcissistic resources of the patient are restored and replenished. Strong ego resources are established and hopefully retained for the more challenging therapeutic work which will follow. This phase may be seen as predominantly non-verbal, and, as in the mirror stage, relies more on the visual and emotional 'presence' of the therapist. How the therapist inhabits the therapeutic space becomes all-important. What is said is often less important than how it is said. This is particularly important with more disturbed clients, while those with less disturbance will move into, or even begin in the second stage of placing a 'demand' on the therapist, specifically the demand 'to know'.

This initial phase leads to a phase of idealisation, where the therapist is seen as 'the subject who is supposed to know', as Lacan puts it. This phase entails attempts by the patient to get the therapist 'to give in' or capitulate in a variety of ways - in essence, to engage the patient in his or her usual, pathological modes of relation. This may entail direct demands for 'answers' or more subtle demands for the therapist to take up particular positions (aggressive, submissive, mothering, and so forth) in relation to the client. When this does not occur, the ideal unity of the patient-therapist unity is disrupted, much as the symbiosis of mother and child is disrupted with the advent of *alienation* and *castration*.

How the patient deals with this separation, with the disillusionment that the therapist is not the 'perfect being' perceived in the previous stages of the therapy, then becomes crucial. Only if the patient has the ego-resources, inherent or created through the earlier stages of the therapy, can this stage be survived. Trust in the process and in the therapist is vital. The therapist must also be able to survive the narcissistic disillusionment and rage which may accompany this traumatic separation. Thus, in many ways, the patient re-experiences *castration*, but this time the therapist is able to allow this process to be lived more *symbolically*, allowing the patient to metabolise the process, and to take up another way of being.

Later the patient must transform his or her relationship to the world. This may become a submission to the world/Other, the realisation that he/she is founded on the Other, as mother, language, unconscious, God, and that the subject needs to live within such a constituted world which is also founded on these Others. In this stage, the *symbolic* may be re-appropriated and lived less literally and more metaphorically. This is also a realisation of the freedom of this way of being. The *symbolic* thus becomes a meaning-world, an imaginative place in which play becomes not only a possibility, but almost an imperative.

To summarise, a re-establishment of mirror stage functioning allows for the creation of demand and desire (or transference) in the therapeutic space. This desire is met with words and reflections as well as interpretations, which re-creates the *castration* and *alienation* to which the patient is already subject, but which is now worked through and assimilated *symbolically*. Overall, the subject moves from relating to the other (the actual person of the therapist) to the Other ('the world', language, the unconscious, and so forth). The subject is now no longer 'subjected to the unconscious', but now stands in a new relation to this world/Other, a relation which is less of a captivation and more of a respectful appreciation for the power and pervasiveness of this 'entity' which is in fact 'a home'.

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Ryan Kemp trained as a Clinical Psychologist at Rhodes University and is now based in London, where he is employed by the Camden & Islington Mental Health and Social Care NHS Trust in the Substance Misuse Division. In addition to his interest in a phenomenological reading of psychoanalysis, Ryan is also interested in group processes, addiction and social phenomenology in the spirit of J. H. van den Berg. He is currently working on a metabletic understanding of addiction. In his leisure time he does yoga and is learning German.

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