The Symptom

Danielle Bergeron

It is perilous for a psychiatrist in our day to raise the question of the ethics of the subject with regard to his symptom, especially if this subject is held responsible for his own pathology.[1] Indeed, since the 1990s, the psychiatrist who wishes to gild his image in the eyes of fellow doctors must let neuroscience, neurobiology, and pharmaceutics occupy the foreground of his practice. Although we recognize that research is important for developing new forms of psychiatric treatment, our problem with the neurosciences is their tendency to reduce every symptom to dysfunctional neuronal synapses that derive from inherited genetic defects. This framework eliminates any responsibility on the patient's part for his own symptoms — except perhaps in cases of borderline personality disorder who so often disconcert their caregivers and seek to undermine their efforts, so that, in order to disengage, these caregivers often hold them responsible for

[1] This paper, modified for the English version, was originally presented in April 2016 to the Psychoanalytic Study Group, "Medicine, Psychiatry, Psychoanalysis" (Québec City, Québec), on the third of its Study Days, under the title "Ethics and the Symptom: The Contribution of Psychoanalysis to Psychiatry." The purpose of these Days, which bring together students in medicine, psychiatry, and psychoanalysis, is to reconsider psychiatry in light of psychoanalysis so that psychiatric patients might benefit from the richness of a practice supported by the care for the human that the ethics of psychoanalysis demands. For this publication on the symptom from a psychoanalytic perspective, we have retained the parts of the text addressed most specifically to clinicians who deal with the unconscious in their work without being psychoanalysts. The text was published in French in *Correspondances*, the newsletter of the École freudienne du Québec, Vol. 18, No.1 (September 2017). This text on the symptom was also presented as a Keynote Address at the Clinical Days of the École freudienne de Québec, "The Cultural Construction of Sexuality and the Symptom," Jackman Humanities Center, University of Toronto, November 30, 2017.

their own symptomatic behaviors!

Beyond the signifier, the real of the thing pushes to the act

When asked about his acting out, one analysand protests: *"I have something under my skin grinding up my flesh."* As opposed to the neurosciences, the unavoidable ethical dimension of psychoanalysis means that the individual is considered to be responsible even for acts he cannot control because of this "something under his skin grinding up his flesh." In a psychoanalysis, once it becomes clear for the analysand that there is "something" which pushes him to act, disorients his objectives, grinds up his organism, disturbs his emotions, and that the points of resistance and insistence that mobilize the drive and jouissance in him pertains to the subject of the unconscious, he becomes responsible. The Thing ("das Ding," in Freud's language) at work within him—impugned at first because it is experienced as foreign to the ego and causes his failure to live up to the ideals and prohibitions that structure social life—becomes, in the course of analytic work, a treasure that he will cherish, the object of his passion.

Before this point, however, the individual lives his life within the parameters of the signifier determined by society and culture. The support of the analyst is what will allow him to open a space within the social link for a thing that points beyond the signifier. At stake in a psychoanalysis are the experiences inscribed in the organism from which the erogenous body is formed, experiences of anxiety or jouissance, overwhelming terror or joy, and bizarre corporeal events that are impossible to speak of and yet are expressed in the upsurge of acts in conflict with the ego's purview. No words exist for these experiences, nothing in the signifier liable to project them within the social scene. Mental representations, for lack of a signifier, forge a path toward the object using the subject's own body, sustained by the agency of the drive facilitated by the pathways that it opened within his being in early childhood during the search for anything that might ground his subjectivity.

For a psychiatrist, because the reference nomenclature of the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) is founded on empirical observation and behavioral manifestations, it is of no help in understanding the reasons behind the act provoked by the unconscious. The ethics of the individual presupposes a subject position that takes into account the impact of the decision that he makes with regard to his quest to gain recognition of the unconscious Thing within him. In fact, the symptom comes to express the quest, the desire of the subject of the unconscious while the ego defends itself against this quest with behavioral manifestations.

Psychoanalysis gives the subject his share of responsibility for the symptom

Whether it is to protect the patient or to defend society, psychiatry requires that the patient be taken in charge. He thus becomes an object of observation and medical care, depriving him of any liability for the persistence or repetition of his symptoms and his misadventures. Jacques Lacan stated it clearly: the "privileged attention paid to the nonverbal aspects of behavior," the observable signs that guide the "psychological maneuver" position the psychiatrist, in line with the psychologist, "within a vantage point from which the subject is no longer anything but an object."[2] Already in the 1950s, Lacan warned the psychoanalyst against the temptation to take refuge "under the wing of a psychologism" that "in reifying human beings" could only have deleterious effects.[3]The act of the psychoanalyst is entirely different. "What must be understood about psychoanalytic experience," Lacan asserts, is that "it proceeds entirely in the subject-to-subject relationship" and that it retains "a dimension that is irreducible to any psychology considered to be the objectification of certain of an individual's properties."[4]

Psychoanalysis offers a space for the speech of the subject; it creates a place for what, up to then, had always been impossible to say. It aims to make it possible for a subject's speech to replace the symptom, the mute resistance of the unconscious so that the never-named might be born to the

[2] Jacques Lacan, *Écrits*, trans. Bruce Fink (New York: W.W. Norton & Co., 2006), 177.
[3] Ibid.
[4] Ibid., 176.

signifier. When the patient brings his complaints and his symptoms, the analyst addresses the subject of the unconscious—interpellating him in this manner: "Look at your own involvement in the mess you complain of" (179). Lacan very astutely observes that each of the dialectical reversals that Freud performs in his analysis of young Dora—the moments when he questions Dora about her own role in the misadventures wherein she proclaims herself as a victim and others as perpetrators—concludes with an "affirmation of truth" in a salutary "development of truth" (179) whereby Dora reveals her share of responsibility for the unfortunate situations in which she found herself. Psychoanalysis calls upon the ethics of the subject faced with his symptom, urging him to risk the act of speech, to say what must be said in order to identify the unknown and the unsayable that his symptom incorporates and that he becomes liable for. When he heeds the call to bring about the necessary changes in his life, the analysand will find a way out of the repetition that the symptom upholds with its cortege of nefarious outcomes for him and those close to him.

The man with the purple whistle, an unbearable life

When he came to the psychoanalyst, the one whom I will call "the Man with the Purple Whistle" deplored the many therapies, not to mention medications, that he had tried but that did nothing to alter his condition. He still could not get any work done in his chosen field of study. In order to avoid "doing damage to his thought processes," he lives an ascetic's life, always ready to deprive himself: no coffee, no salt, no music, no cell phone, no television, no Facebook. His love life is also dysfunctional. He often ends up with women coming from failed relationships for whom he is no more than a "shoulder to cry on" while they fall in love with someone else. He wonders aloud whether he is gay. Laconically, he adds: "at least for now I am impotent."

"I have a practice of suffering," he says. He had an unhappy childhood that took place in a familial atmosphere rife with violence and aggression. As a small child, he was beaten by his father; and then, in elementary school, he was repeatedly raped by his maternal uncle when his mother was out working nights. His mother had inordinate affection for this brother who, after she and his father got divorced, had moved into the house

with them in order, she claimed, to support her financially. Meanwhile—something he is ashamed of—he was cruel to animals: during the summer, for instance, he would hunt for toads in order to stick a needle up their anuses and watch the blood trickle out. During adolescence, he played sex games with his younger brother whom he dominated by forcing him to perform fellatio in exactly the same way that his uncle had done to him.

He often thinks of nothing but death. His life is unbearable. "I no longer have a life," he deplores. Doing analysis seems to him the only solution if he is to "continue living." What he calls his symptoms first appeared in adolescence. He has what he calls "obsessive repetition compulsions,"-meaningless things that he feels forced to do. For example, he cannot prevent himself from greasing all the locks in his apartment and in his old car; he cannot go outside in the morning until he prays to the Virgin Mary while looking through the window to confirm that the lighthouse is still there at the center of the bay. He admires and venerates his mother but can't stop hurling curses at her in his thoughts: bitch, cunt, whore… He is troubled by unbearable fantasies: he sees himself insert broken glass into a woman's vagina or violently beat his mother into unconsciousness, etc. One "obsession," as he designates it, is the cause of especially acute suffering: each morning he wakes up wracked with anxiety at the idea that he might have cut off his own penis during the night.

Alice's drawing: an act where there are no words

Alice, at four years old, brings a drawing to her mother: "Look mama, there are two babies in the tree" (fig. 1). Alice has just gained two little brothers, twins. Indeed, she has depicted two smiling children in what look like nests that she placed in the bulbous trunk of the tree. But the mother observes that her daughter didn't say anything about the menacing bear endowed with a distinctly male sex organ right in the middle of the picture. Alice had only named those parts of her drawing that she had words for. With two additional children in her life vying for her mother's attention, there was no straightforward way for her to speak the turbulence that she felt and to formulate the idea that the drawing conveys—that it would have been better for the babies to stay inside the mother's trunk, in her belly. The drawing is

what allows her to verbalize this. Now an older sibling, she is supposed to love these newborns. So she drew them and showed the picture to her mother. But the bear's large genital organ implies a threat to the life of the new babies; and the little girl occults it, says nothing about it, for the very good reason that it is purely and simply, to use Willy Apollon's phrase, "incompatible with speech" (*impropre au dire*). Nonetheless, the genital designates the source of Alice's push-to-the-act that underlies the drawing.

In the clinic, there is an important notion that directs our attention and the patient's work toward the act and what it transmits: the censored is located in the act. What has been censored from language by culture and civilization is revealed in acts. What is outside language, for which there are no words, can also find a space for expression in aesthetics, like the exposed sex organ in Alice's drawing. This thing goes unsaid. Not only because there are no words for it. Even if words do exist, it remains "incompatible with speech." She had never seen such a thing in a picture book, nor in television shows about animals, nor on a bear at the zoo. The distinct outline of this generous sex organ derives from mental representation; it belongs to the register of "hallucination"; it occurs there where the signifier is lacking. But, mind you, this is not an illness! It is the very process whereby mental representations are formed.

The drawing gives the small girl an occasion to let her mother know how afraid she is of being abandoned for the two tiny intruders, her little brothers, or about her thought that these two would be less threatening back inside into their mother's belly; it allows her to evoke a part of her truth in words—and to smile about it: Look mama! They're inside the tree… inside the belly… smiling. The right side of the drawing evokes what the girl was incapable of saying outright while the left side consists of an act in place of speech that does not exist. This is the place at which the unconscious manifests itself. The little girl herself did not know that she had "it," this bear Thing, in her. In fact, the child has no consciousness of the entire unconscious work that subtends her act of drawing. We highlight it here in order to show to what extent the subject of the unconscious already intervenes in the life of a little one who knows nothing at all about it. The psychoanalyst is the one who notices this work and underscores the fact that what can't be said might be expressed in the form of an aesthetic act. The possibility of metaphorizing aggressive feelings in a drawing spares the child the unfortunate consequences that might follow upon any direct expression

of the fear of abandonment or any rejection of the two intruders in an act that wasn't mediated by the aesthetic.

Fortunately, we have no problem affording children the privilege of using aesthetic production, whether in the form of games or drawings, to transpose something censored into the social scene without penalizing them for such excesses. In our Western societies, the war games of children and their "imaginative" drawings that break with the reality of the receivable are still considered to be compatible with the social link.

The unconscious, a never-named and unaddressable inner experience

Willy Apollon has elucidated the clinic of the unconscious by distinguishing between two dimensions of the censored.[5] First, the "unaddressable" refers to an inner experience that the subject lives as something which cannot be addressed to any other person, something for which there is no Other because what is censored is the very being of the subject. For the individual, it is an experience of irrevocable solitude. Second, the "incompatible with speech" (*l'impropre au dire*) concerns everything that culture and civilization censor in the subject's relation to the social link and to the collective, what goes unnamed, what cannot go by way of speech (Willy Apollon, 2018).[6] The unconscious is thus formed by these never named and unaddressable inner experiences. These two dimensions of experience outside of language infringe upon the organism, leave their mark within it, and thus modify its functioning "beyond the pleasure principle," as Freud wrote, jeopardizing its homeostatic equilibrium. Pushing the limits of pleasure, these dimensions of experience are what create the erotogenic body, which is constituted by the meshwork of experiences that led the subject to encounter jouissance and death. It is this meshwork of unsayable and unaddressable experiences that will initiate acting out, failed acts, symptoms, speech that escapes or

[5]Willy Apollon, Teaching at the Clinical Training Seminar in Psychoanalysis at GIFRIC, May 5-6, 2016 (unpublished manuscript).

[6] Willy Apollon, "Ethnopsychiatrie entre civilisation et mondialisation. Hier encore… c'était l'ethnopsychiatrie," in *Ethnopsychiatrie en Haïti*, eds. Ronald Jean-Jacques et Yves Lecomte (Port-au-Prince: Revue haïtienne de santé mentale, 2018), 45-64.

"says more" than thought, "clumsy" gestures, and secret misdeeds, the mute bearers of the censored.

The Man with the Purple Whistle experienced something of this order when his maternal uncle, after he was sure that the child's mother had left the house for her night job, broke into his room in order to rape him: he didn't have words for this, words to say his distress and his suffering. There were no possible words for what he experienced as a little boy; nor was there an aesthetic solution like little Alice's drawing. And so he tortured living toads: he stabbed them in the anus, pinned them to a board, in order to watch the blood trickle out of their bodies. These acts, which caused him shame even though he couldn't stop doing them, were the enactment of something censored. They pertain to the mental representation that the child made of the episodes of being raped by his uncle, of the torture of subjection to overwhelming force, or of the cruelty that left him wordless. But this man knew nothing about this mental representation. The censorship remained in place. Only during his analysis was he able to draw the connection between the rape and the torture of the toads.

To be precise: the censored is not the same as the repressed. It is not something that society, culture, or civilization have named in order to inhibit or discredit with their regulations and prohibitions. It is something that pertains to the human, which is characteristic of the human, a power of creation. What the psychoanalyst waits for during a psychoanalysis is an originary and full act of speech on what remains outside of language, impossible to say, censored, because this is precisely where the subject is to be found. To this end, the analyst sets up a mechanism—transference—whereby he becomes absent, withdraws from the field of relation to the other. If and when the unexpected emerges, it will arise from the vacuum created by the analyst's absence of response to the patient's demand to know what's happening in him and what to do about it. This happens when the patient seizes the chance to speak of what previously had remained unnamed: never before articulated reflections on repulsive thoughts, dreams with troubling navels, acts in which the self no longer recognizes itself at all… The analysand thus goes from waiting for suggestions from the analyst about how to lead his life to acknowledging and welcoming the censored within him against which he long defended himself, afraid of exclusion, loss of love, and the unknown. In order for the censored, the human quest that causes a subject's true desire to live, to regain its place within an analysand's

future as a "power of creation," he must stop resisting the inner senselessness that pushes him to act in order to extract his future from the snares of the past.

Speaking as a psychoanalyst, we would like to note that the clinician in his daily practice can access a mode of attention and listening to the subject of the unconscious that opens the patient to the field of saying, true speech. This is beneficial for the patient on condition that the clinician withdraws from the position of evaluator and judge, that he listens attentively for what goes against the logic of common sense and opens himself to what discords with the canons of the "well said" and the "well done" that circulate in culture.

In the privation of response, in the lack that opens with the nonresponse of the interlocutor, the analyst, upholding the position of "no Other" for his patient in the transference, intends that the subject of the unconscious should act. Everything else—stories of misfortune, mistakes, others' ill will, harm done to him, or the diagnostic criteria that he uses to introduce himself to clinicians—is of little interest to the psychoanalyst. Too often the individual will make use of such material to avoid going beyond what he already knows. Most patients who present with "resistant symptoms" have had ample occasion to elaborate on the unhappiness of their lives—whether it is with their families, their friends, or the various therapists unable to help them. In such cases, the censored remains out of bounds, untouched. What they need, therefore, is not advice. They are drowning in advice.. Without acknowledging it or knowing anything about it, what they need is an other who has the generosity to listen without judging, without commenting, without counseling, and without orienting, so that they might recognize their inner voice.

The imaginary evacuates what is commonly called "reality"

From the beginning of his analysis the Man with the Purple Whistle often spoke of an appendectomy that he underwent when he was 7 or 8 years old, and of the beautiful memory of the gift that his maternal grandmother brought him at the hospital after the operation: a purple whistle! One day, he came to his session dumbfounded because that morning he had examined

his belly to discover that he didn't have a scar! What had happened to the appendectomy? This example suffices to convince us that Lacan was right when he professed, in *Encore*, that "Reality is approached with apparatuses of jouissance."[7] If we attach the instance of the symbolic to language and the real to the censored, the imaginary is the representation that the singular being produces of his own body. The imaginary evacuates what is commonly called "reality." Had this man never examined his own belly before? If so, he managed not to notice the absence of scar. Analytic work is what led him to take a closer look and finally to see that there was no scar to be found.

The analysand's discovery with regard to what he believed to be "the reality of his body"—the appendectomy—led him to begin the work of recalling the content obscured by his mental representation of the appendectomy: his brother was actually the one who had the appendectomy whereas he had a tonsillectomy and, he later realized, a circumcision. He also recalled that the operation had taken place during the period of his "rapes." The memory of the appendectomy associated with the gift of the purple whistle functioned to evacuate the unbearable and inexpressible experience of circumcision. Circumcision is liable to awaken any young boy's fear that his penis might be cut off. When such a threat becomes associated, as it was for our analysand, with repeated sexual aggression that put him in the position of a woman, the event is excluded from language, censored because unaddressable; he was incapable of telling his mother what his uncle was doing during her absences. Although it had been effaced by the representation of the appendectomy, his circumcision remained alive in the memory of an object, the purple whistle. If, on the one hand, he registered this object as a beautiful gift from his mother's mother, on the other hand it lived in his unconscious memory as a representation of a *purple* penis, suffocated or severed in the act of rape, evoking a whistle (*sifflet*) with its breath cut off,[8] detached from the body, and lost masculinity—which accords, in turn, with the impotence and the fear of homosexuality that he alleged at the beginning of the analysis.

[7] Jacques Lacan, *The Seminar of Jacques Lacan, Book XX: On Feminine Sexuality, the Limits of Love and Knowledge*, trans. Bruce Fink (New York: W.W. Norton & Co., 1999), 55.
[8] This is a reference to the old French expression, *se faire couper le sifflet*, which means roughly, "to be dumbfounded," "to take one's breath away," or "to be left speechless."

The censored produces symptoms and the body's memory

The parts of experience that cannot be transmitted in words or by a creative act forge a path within the organism and ultimately produce a symptom. In the case of the Man with the Purple Whistle, the unsayable experience of being forced by a rapist to assume a female position coupled with the very strong feeling that his mother knew what was taking place but said nothing, and that she actually delivered him up to his aggressor in order to keep money coming in, compromised the organism through the immune system, which is to say the system of defense against external aggression.

During childhood, the different systems of the organism complete their development in phases. The functioning of these systems can become more or less disturbed depending on the moment in a child's life when he undergoes censored experiences of jouissance (such as horror or rapture or fright) that open beyond the limits of the pleasure principle.

The action of the censored produced symptoms in the body by compromising the immune system. In the case of our analysand, without words to speak of his harrowing childhood experience, it proceeded to act. When the rapist uncle was shoving his penis into the child's mouth down his throat, the tonsils became inflamed. When he sucked his penis, the foreskin became inflamed. The tonsils, which should have functioned to defend against infections and the foreskin with the same function, became infested with bacteria that could only be eliminated through a surgical excision: tonsillectomy and circumcision.

The censored produced the memory of getting an appendectomy despite the physical reality that no scar could be found on his body. The idea of getting his appendix removed was less anxiety-inducing and destabilizing for him than the idea of getting his tonsils and his foreskin, perhaps even his sex organ, excised. None of this survived in his memory except the purple whistle, the poison gift from the maternal grandmother who—he was now able to say, in analysis—knew, along with his mother, about the repeated rapes.

There is a profound link between the quest of the drive to push beyond the limits of the receivable, beyond the pleasure principle, and the fact that there is a deficiency in social organization. The adolescent knows all about this. There is something lacking or poorly conceived in the "cultural

elaboration of the sexual," as Willy Apollon formulates it,[9] which organizes life in society by binding a portion of the drive to ideals, prohibitions, and rules, and which defines what is a man, ~~and~~ what is a woman. This elaboration orients the meaning of a woman's life toward maternity and a man's toward ideological social reproduction to the detriment of creativity derived from the desire of the subject when he appropriates the human quest.

There is a deficiency in the social link that makes possible corruption, racism, exploitation, famines, abuse, and so on. The mental representation in the unbound drive and the energy that underlies it, triggered by censored experiences, passes through holes in sense. For the unbound drive, there are no rules. The adolescent who confronts this deficiency in the social link must discover his own manner of expressing his humanity, go in search of this Thing that has always fueled his passion, but also assume responsibility for the solution that he discovers and for the impact of his decisions upon others. The only criterion that can claim unanimity, Willy Apollon recalls in his Lectures on Psychoanalysis and Globalization, is the beautiful, which pertains to aesthetics. There is a symptom when violence arises instead of aesthetics, imperils the individual's harmonious relation to himself and others, disables his social links, and his insertion into citizenship.

The true symptom arises under pressure from the quest of the unconscious

When the Man with the Purple Whistle entered into analysis, there was no aesthetics in his life. Sterile and unbeautiful restrictions, rituals, compulsions, obsessions, invasive thoughts, damaged his existence. He did violence to himself by privations of all kinds in his ascetic life. And he did violence to others as well: his job compelled him to "pay visits" to people, unannounced, in order to forcibly collect overdue payments. In a certain sense, he violated their homes. At work, then, he was wracked with fear of

[9] Willy Apollon, "Adolescence, Masculine and Feminine," *Correspondances*, Vol. 17, No. 2 (June 2017): 53. See also Danielle Bergeron, "Adolescence, the Moment to Center Everything on the Human Despite the Siren-Song Lure of the Sexual Montage," *Correspondances*, Vol. 17, No. 2 (June 2017), 59.

being attacked by enraged interlocutors. Dominated by his uncle's perversity and forced to submit to his exactions during the bouts of sexual abuse from his childhood, he would go on as an adolescent to subject his little brother to the same treatment, and then did the same yet again to the people he met though his job whom he subjected with his conscientiousness.

When he started analysis, then, a fantasy of domination-submission ruled this analysand's adult life while his ego defended itself against the censored with symptomatic manifestations: rituals, compulsions, obsessive thoughts… These "symptoms" damage his relations with others and enclose him with an increasingly unbearable solitude and suffering. Freud wrote that this type of symptomatic manifestations, which poison one's whole life, are produced by the ego and its defense mechanisms. They indicate the resistance of the ego in conflict with the id, that insists in order to draw attention to the unbound drive supported by mental representations that the ego cannot accept (cf. Freud, *Inhibition, Symptom, Anxiety*). These symptoms maintain the relation to the other and stifle the unconscious. These are the "symptoms of the ego." Such behavioral manifestations are merely the phenomenological dimension of the opposition between the ego and stakes of the unconscious.

For the psychoanalyst, the true symptom is the act whereby the subject of the unconscious attempts to open a place for its expression in the social link and to claim recognition there. For the Man with the Purple Whistle, the true symptom is the pervasive anxiety mingled with horror that besets him each morning when he awakens with the thought that he might have cut off his own penis during the night. This overwhelming and repetitive-anxiety is what he had to work on during analysis. It shows him that he is caught in a cycle that he must find a way out of. Which is why we say that the true symptom, the psychoanalytical symptom, arises from the subject's unconscious desire. Should he "cut off his penis" in order to become an object for his uncle? In analysis, his answer is no, he should not. And when he produces such true speech about refusing to be his uncle's object and the victim of his mother's cowardice, it becomes clear that the subject's symptom is what makes such speech possible. Ultimately, it is an experience that allows him to recuperate his own desire, no longer considering himself to be the object of another's rotten jouissance.

In the case of this analysand, the compulsive ritual of applying grease to anything in hinge form, where one object interlocks with another,

came to an end once he was able to remember how his uncle put lubricant in his anus before inserting his penis into it. In order to remember, first he had to recognize the masochistic jouissance he derived from the ritual. The compulsive gesture, which he presented as an unsolvable and disabling problem at the beginning of analysis, persisted as long as he remained incapable of speaking about the traumatizing experience in which he had been placed in the position of a woman. Once he gained access to speech, the ritual became obsolete. Likewise, he could dispense with the ritual of praying to the Virgin and the imprecations ("cunt, bitch") silently hurled at his mother once he managed to name the fantasy of the primal scene of being devoured by maternal jouissance against which he sought to protect himself through rituals.

This clinical case, along with many others encountered in our analytic practice, leads us to presuppose that, no matter what biological psychiatry concludes, obsessive compulsive disorders are indeed signs of unconscious conflicts and not symptoms of organic dysfunction.

Faced with the symptom, the path of ethics

In the face of the symptom, ethics is a matter of recognizing in it the path chosen by the subject of the unconscious in order to make itself heard in the social link and to create a framework for a beyond of the pleasure principle that would be aesthetic and thus provides a way out of repetition.

Toward the end of his analysis, the Man with the Purple Whistle observed: "The analyst separated me from other bodies, the bodies of women, the body of my mother, the body of my uncle. It's as if now I had hope of truly loving a woman some day." It could be said that psychoanalysis saved his life! A life—a beautiful life—had become plausible for him. He had given up stifling the unbound drive within himself. For the sake of his life, he had chosen the ethical path and assumed his share of responsibility for the misadventures and misfortunes that now he knew functioned to preserve a rotten jouissance. He had invented a solution: after doing his utmost to obtain secure employment, he declared that he had changed and would no longer lapse into the situations of domination and submission that he had previously used to sustain a toxic jouissance. From then on, he would

be motivated by the subjective appropriation of desire's quest, a position that he had discovered in analysis.

In conclusion

In our day and age, both the psychoanalyst and the psychiatrist have a role to play in the treatment of people living with psychiatric disorders. The psychiatrist has very specific work to do—that is, to safeguard the physical and neurobiological integrity that is necessary for the health of his patients. If the psychiatrist relies upon psychoanalysis in order to obtain the collaboration of his patients, he can also introduce them to the fact that they share responsibility for finding the solution to their symptoms. Making use of the effects of the unconscious and the impact of what comes from outside language within the formation of symptoms, and within the push-to-the-act, the clinical psychiatrist can accompany his patients down a path that will change the course of their lives.

Taking the time to listen and to try to understand how the act transmits the censored, something that cannot be said by the suffering person who asks for help, the psychiatrist has much to offer. He can help to identify the type of relation and response that the patient has developed to contend with the demands and expectations of the people in his life; he can push him to sharpen the critical questioning that he brings to bear on the ideals specific to his culture and its models of masculinity and femininity that imprison him and appear unavoidable; he can encourage him to give up depending on the opinions of other people and start listening to what he truly wants in life. Guiding the receptive patient through an exploration of his inner landscape at every opportunity, the clinical psychiatrist will realize that he achieves different results than he obtains when relying solely upon psychopharmacological or cognitive approaches. In such a manner, teaming up with his patient in order to discern what comes from his unconscious and pushes him to act, an unknown that they have in common, he can help him to free himself from the shackles of subjection to the demands and judgments of others that make his life a torment.

Translated from the French by Steven Miller

Danielle Bergeron is a psychoanalyst and psychiatrist in Québec City. She studied psychiatry at Laval University and the Hôpital Sainte-Anne in Paris. She is one of the founding members of GIFRIC (Groupe Interdisciplinaire Freudien de Recherches et Interventions Cliniques et Culturelles), and of the Psychoanalytic Center for the Treatment of Young Adult Psychotics (the "388"), which she has directed since 1982. She is the recipient, with Willy Apollon and Lucie Cantin, of the Hans W. Loewald Award of the International Forum for Psychoanalytic Education. She is also Distinguished Fellow of American Psychiatric Association and Professor of Psychiatry at the Laval University, Author of numerous publications on the treatment of the psychoses and more generally on psychoanalytic approaches to such themes as femininity, psychic structure, aesthetics, and the object of desire.