

**A QUESTION OF ETHICS:
DREAM INTERPRETATION AND THE DANGER OF
ACTING OUT**

Patricia McCarthy

Introduction

As late as the day before having to write this paper, an analysand had a wonderful "Lacanian" dream. For the moment I have a difficulty about recounting this dream and so I want to spend a little time examining that difficulty. I have a reluctance to tell anyone else anything at all of the personal detail of the most precious and intimate emergences of subjectivity that analysis involves. It is a reluctance born of the wish to safeguard the trust that the patient has placed in what he is doing. And yet, I don't believe that it breaks trust to talk about aspects of a case which is disguised. There is, of course, a wish to share something of the actuality of the clinic which is an impossibility. The transmission of the actuality of the clinic is doomed to fail. The session is over. Its immediacy, surprise, intentness, richness, suspense, its hesitations are irretrievable. I cannot reproduce the sense of all that has been represented in a brief session. I have to live with something at a remove from its non-sense or *pas-de-sens*. Given the richness of the French language, this *pas-de-sens*, as the signifier of pure presence of the subject, is, as we know, a step towards sense. However, my clinical account is "the sense produced". This "sense produced", in consequence, effaces the subject-effect of the clinic itself. Lacan often likens this subject-effect to the tourist spot that is always closing just as you arrive! The subject-effect of the clinic can be witnessed only when you are *in situ*, when you are there, present in the session. Expanding on the tourist analogy, we all know the dissatisfaction of never being able to convey to a fellow traveller something of the beauty of a sunset witnessed alone or of the chance encounter of a deer that unsuspectingly steps out of the forest into your path. We are left with a transient thing of beauty that cannot be shared and we live with that

dissatisfaction. That remains the loneliness of the analytic clinic that Lacan invokes with the phrase "beauty behind the shutters".

So already, I realise that in writing about the clinic through the substance of a patient's dream, I am not writing about it to share anything of its beauty.

I want to write about it to explain something of the ethics of its practice. At the annual congress of The Association for Psychoanalysis and Psychotherapy in Ireland in 1997, the theme of which was *The Object of Psychoanalysis*, I presented a paper entitled "The Heart of the Matter" (McCarthy, 1998: 14-24). My intention was to link the clinic with the \underline{o} -object or *objet a* through Lacan's use of topology, in particular through the topological shape of the cross-cap.¹ I wished to point up how representability in the clinic miscognises the real as material cause. In other words, how the dream is only a representation, only a signpost to the subject as unrepresentable. A question from the audience ran as follows: "That's all very well, but of what relevance is it to how we practise to understand that the subject is unrepresentable?" Of what use is it to us, to act out of a knowing that the subject *is* the cut, that the subject *is* the between, that the subject is representable at a remove only through *pas-de-sens* – here, in both its meanings, as non-sense which yields a step of sense?

I want to keep this question open, so to speak, and at the same time align it with a critique of the Lacanian clinic which was developed in an article by Rob Weatherill (1993: 7-20) in which he says: "Analysis (for the Lacanian) is conceived of as endlessly de-centering, because of the nature of the unconscious to decentre. To interpret the transference, or to use countertransference in furthering our understanding of the patient and the

1. In the translation of Lacan's seminars into English, the lower case form of "o" for "other" is used to designate *objet a*, rather than using *a* which stands for *autre*. In the course of his seminars, the transformations from " \underline{o} -object" to "o-object" to a simple "o" would be a study in itself! The form used in this article, \underline{o} -object, was the version in use in seminar XIV (Lacan, 1966-1967: lesson 15.2.1967, 22.2.1967). From about 1959 on, Lacan developed the notion of the \underline{o} -object, cause of desire, as a clinical necessity. The evolution of this theory is beyond the scope of the present article. However, wishing to maintain its clinical frame of reference, the author considers that Lacan's frequently cited example of Winnicott's transitional object – a piece of cloth, a soother, a thumb, a "something", insubstantial in itself – is an object *par excellence* which represents or carries the \underline{o} -object. The \underline{o} -object is that detachable part of the body of the drive, the body of the orifices or the body of *jouissance* (enjoyment). Of course, it is a logical "no-no" to take as an object what is a concept. Yet this is what Lacan deliberately seems to have done with his \underline{o} -object, indicator of the real, which, in addition to the oral object which the soother or thumb suggest, is invoked by the look, the voice and the scybale. Again, by way of reference, in his Seminar on "Anxiety" – working with his aphorism that "anxiety is *not without* an object" – Lacan (1962-1963), through multiple examples, gives the \underline{o} -object full clinical weight. The \underline{o} -object, cause of desire/anxiety, which this current article invokes, is the look.

patient's understanding of himself, would amount to being sidetracked – being caught in an imaginary completeness and unity (that is) a further alienating strengthening of the ego. This Lacanian position is valuable insofar as it emphasises and preserves an irreducible Otherness in the analytic encounter, but it may be radically misleading and clinically traumatising in its exclusive ideological emphasis on the signifier. Lacan's view is extreme". From two different perspectives the question becomes the same, namely: "How do we, as analysts, define an ethics of the clinic?" On the strength of this question alone, I must proceed to talk about my patient's dream and what it may give rise to.

The Dream

By way of background, the man in question was referred to me by his psychiatrist, who considered that he had come to the end of the road and was at risk of killing himself. He is incapacitated by the symptom of anxiety. This anxiety has as its object that he is looked at "by the world" to such an extent that he has had to give up work and is now, though still a young man, on a disability allowance. This sense of being looked at "by the world" extends to his having an acute awareness of himself in the eyes of anyone he might meet. In their eyes he casts himself in a negative light. In his mind a vicious circle is set up where if he behaves in an evasive way out of a conviction of being noticed by others, he then concludes that his evasive behaviour must surely, in turn, attract their attention. He is ensnared in this look where he concludes: "Either way, in the eyes of others I must seem odd". For the moment, at the level of the subject, there is a certain straightforwardness when someone comes to do an analysis as a last resort. Their suffering has long ago outweighed any gain from symptoms. Their desperate trust gives a certain edge to their preparedness to being put on the right track, the track of subjective truth, the track of their certainty. Attesting to the certainty of this track, he reported that he had had a dream from which he had awoken with a fright. The dream was very simply that he had been asleep but that suddenly he had woken up and then, *in reality* he woke up. What woke him up out of the dream? The encounter with the real of desire, the real of waking up, awoke him from the dream. The encounter with the real of desire as mobilised in the analysis "hath murdered sleep".

The following is the text of the dream introduced at the outset of this paper: "It was in the house where I grew up. I went out to the back garden. Some sort of a structure had been erected there which ran the whole length

of the garden. It was made of horizontal and vertical bits. I don't know about the vertical bits but the horizontal bits were made of garden implements such as trowels and shovels. My mother said to me: 'The O'Brien's had a big hand in making up that structure'. There was a radio on a windowsill upstairs. I noticed there were two dials on it. One of them was set to twelve. I wanted to set the other dial to twelve also and thought to myself that it would be nice to just rest here in the sun and enjoy myself a little longer".

The dream gave rise to two signifiers: "The O'Brien's" and "twelve". In line with Lacan's definition of the subject as what is represented by a signifier for another signifier, S_1 (The O'Brien's) ? S_2 (twelve). I asked him who The O'Brien's were and he replied: "My sister's in-laws are O'Brien's". Very early on, he had put his incestuous wish for his sister on the table as a question and so, it is her husband, his rival, who is an O'Brien. I must add that he lives with his mother and it does not require too much imagination to know that, like his sister, he is attached to her. He calls it symbiosis. His parents are long separated. He doesn't know whether his father is dead or alive and he cares less. He describes him as a ne'er-do-well, a womaniser or more explicitly, the villain of the piece. In spite of his poor view of his father in his function as a real father, I introduced his symbolic function through the *Nom (non)-du-Père*, through the signifier The O'Brien's – a husband's surname. In this dream, the enunciating subject (evoking here the upper level of the Graph of Desire) as opposed to the subject of the enunciation (the lower level) declares, "My father, as represented by a husband's surname, is the progenitor, is someone who, according to my mother, *had a big hand in making up that structure* in the garden, is someone who may decentre me as the object of my mother's (sister's) desire. Through my questioning, in drawing his attention to the signifier – the O'Brien's – a third term outside the mother-son dyad, he immediately went on to recount a memory that had come to him when he had awoken that morning, the morning after the dream. The number "twelve" on the dream's radio dial had prompted the recollection. He didn't think it too significant. However, it was the first thing that had come to his mind on waking up. He went on to say that this memory was from about the age of twelve. He had been playing in the same back garden of his childhood and his dream. As he played at soldiers, twirling around a small tree, tilting at imaginary enemies with an imaginary sword, he looked up and was aware that his father was looking at him from the upstairs window. He was instantly embarrassed and ashamed at realising that his father had been looking at him and further thought, in

consequence of this look, that his childhood game was too "babyish". Embarrassment, you will recall is one of the co-ordinates of anxiety as developed by Lacan (1962-1963: lesson 19.12.1962) in his Seminar on *Anxiety*. With this account of his anxiety before his father's look, remembered on waking from the dream, at the level of the enunciating subject, he completely concurs with my introduction of the symbolic role of the father. He further supported it in his lingering over another sentence of the dream "I also wanted to set the other (radio) dial to twelve", therein both acknowledging his wish and its impossibility in remaining his mother's adored son, eternally at play. At the level of the ego or again, the subject of the enunciation, his diatribe against his father resumed and the session concluded with the complaint that his father never cared about anybody except his own family. The ambiguity about which family the father really cared about, his family by marriage or his family by birth prompted the end of the session. I'm never sure though in such moments of ending who actually ends the session. The patient's "lead in" prompts the cut. Extending the musical metaphor, the scansion is complete but what unconscious metronome has set the beat?

Acting Out

I am presenting this as an example of the "emphasis on the signifier" in action – action here invoking the psychoanalytic act. In the analysis however, side by side with this example of the analytic act in action, there is a potential acting out. He has let it drop that he may just leave the country over the summer and not come back. He has little to keep him here, he says, so why not go somewhere else and make a fresh start? The fault line of a particular acting out predates his analysis. At the outset, I expressed my reservation about him having given up his job and about him now being on a disability allowance. In less crude words, I informed him that he wasn't disabled and that not working robbed him in the analysis of the benefit of an anxiety-provoking environment. In addition, since beginning his analysis, he has had a brief readmission to hospital. So, as of now, if he is to leave, I have had to indicate, not only the repetition involved for him in leaving, but the fallacy of a fresh start.

To say that his acting out predates the analysis, allows us put it in context. The analysis has only brought it into focus, brought it into the ambit of the symptom. Just as the symptom cannot be directly addressed, neither can this acting out. A long time ago, in the early stages of her analysis, a patient told me that she never knew which house was mine and

that, arriving at every session, she would just go from one door to the next along the terrace and knowing only that mine was the door on the latch, whichever door opened to her push, that was the house to enter. Thankfully, for my neighbour's sake, such acting out is long since redundant for her! I assure you though, that at the time, to have intervened directly would have left this patient completely perplexed.² Clinically, it is important to recognise "the demonstrative accent" of the address to the Other in acting out as opposed to *passage à l'acte*. In other words there is something in the subject's behaviour that shows itself.

Ethical Interpretation

Bearing in mind Rob Weatherill's critique and my interlocutor's question at the congress on this issue of a potential acting out which threatens the analysis, I could imagine, for the sake of argument, that my patient's wish to leave the country coincides with the summer break from the analysis. In so many words, his "demonstrative" address to the Other may, in fact, be an address to myself the analyst, as other. Could I then "interpret the transference" along the following lines – "Because I am breaking up for the summer, this is an indication that I do not care about what becomes of you. I am leaving you high and dry and so you are threatening to do likewise with me?" I'm quite sure that at the level of demand, some such construction is possible. However, would such an interpretation be ethical? I realise that it is very contentious and perhaps offensive to say that there is an ethical way to proceed analytically and that this excludes interpretation of the transference. Such an interpretation has to be excluded. On the grounds that it involves a technique which, through its partial accuracy in addressing the level of demand, is "nothing other than a ruse", – as Lacan (1982 [1951]: 71; 1966 [1951]: 215-226) points out would have been Freud's interpretation to Dora of her transference to him – which comes to take the place of truth. What patient is likely to remain immune to such an interpretation? The risk then becomes that the patient may stay *precisely* because of the analyst's intervention at the level of demand and not out of choice at the level of

2. In *The Logic of the Phantasy*, Lacan (1966-1967) describes acting out, *passage à l'acte* and sublimation as the avatars, the pure subjective expressions of alienation and repetition. To my mind, the clinical example that best captures something of these forms of repetition as structure, is that of Lol V Stein. You recall that on being confronted with the real of desire displayed by her fiancé for another woman, Lol goes off, in a seemingly normal fashion, does normal things, marries, has children. Yet, all the while, she is structurally in a state of *passage à l'acte*.

subjectivity. Put simply, this involves him in an alienating identification which is inimical to truth and surely, this is an ethical issue?

In his critique, Rob Weatherill (1993) concludes that the Lacanian position "may be radically misleading and clinically traumatising in its extreme ideological emphasis on the signifier". With the dream example cited above, mine is just that – an "extreme ideological emphasis on the signifier". More benignly put in a recent conversation with Rob, he understood me to say that you can't cherry-pick Lacan!³ What does it mean to not cherry-pick Lacan? It exactly means having, as the dream example shows, an "exclusive ideological emphasis on the signifier", which precludes transference interpretation. The progression of the analysis described to date hangs in the balance. I have been active. I have highlighted certain difficulties to my patient, i.e., that the analysis cannot proceed if he should leave, that being out of his familiar work environment reduces the potential effectiveness of the work. During his hospital stay, I urged him to return to analysis as soon as he was in a position to do so. These are all in the nature of obvious practicalities which he can acknowledge or not, as necessities for the progress of the analysis. These do not amount to interpretations. Undoubtedly, they are interventions. One could say that in saying "No" to giving up work, "No" to hospital and "No" to leaving, I, like the dream, am invoking the *Nom (non)-du-Père*. It would seem that my desire that he continue his analysis is completely equivalent to this symbolic function. What allows people stay in analysis? I would say that the question is already decided in advance by the level at which the analyst listens and the level at which the subject listens. So that what will allow him stay or not depends on his own readiness to listen ... or not. Nothing about this encounter is traumatising. It is completely equivalent to the beneficence, here in the sense of doing good (not good works, mind you!) which Freud induced for Little Hans, in telling told him that he should be afraid of his father on account of being so fond of his mother. You will recall that this resulted in a marked improvement in his phobia.

3. In recent times, cherry-picking has an added piquancy within the context of the Irish political scene. This relates to The Good Friday Agreement to which Nationalist and Unionist representatives in Northern Ireland signed up in the spring of 1998, despite all the ideological odds stacked against it. It is clear that the only possibility of the agreement being successfully implemented depends on the protagonists accepting that they cannot pick and choose. All elements of the agreement must be adhered to by both traditions, some of which will obviously be advantageous or not, at different times to either group. From what the agreement offers, they cannot pick for themselves what they consider the best of the cherries.

In conclusion, the dream as representative of the subject – the dream, in this instance, introduces the look via the symbolic father. All that the analyst can hope for is that this engagement with the \underline{o} -object, which, in this instance, the look supports, is already anticipated and recognised as offering a possible route or way out of an impasse existing at the level of consciousness. This recognition alone is what sets the subject up as trusting and in turn, becomes the only thing that the analyst himself can count on.

Patricia McCarthy
43, Rock Road
Blackrock
IE-Co Dublin

Summary

A Question of Ethics: Dream Interpretation and the Danger of Acting Out

There is a reluctance to talk about the actuality of the clinic. As a clinician, I remain convinced that it is useful to do so. One has to be clear, however, about one's motive. Quite apart from issues of confidentiality, a clinical account often does not translate well for the reader. In this paper, my motive runs to using the example of a dream, coupled with a potential crisis in the form of an acting out, to illustrate the psychoanalytic act as an ethical act. In addition, I am challenging a critique of the so-called Lacanian clinic. Through this challenge, I am attempting to define, while working within the confines of a circumscribed clinical example, what it is that allows me say, in as much as anyone can say such a thing, that, as an analyst, my actions are ethical. I realise that this precludes other types of intervention, in particular, transference interpretation.

Bibliography

- J. Lacan (1966 [1951]), "Intervention sur le transfert", *Écrits*, Paris, du Seuil, pp. 215-226.
- J. Lacan (1982 [1951]), "Intervention on Transference", J. Mitchell and J. Rose (eds.), *Feminine Sexuality. Jacques Lacan and the Ecole Freudienne*, London, Macmillan Press, pp. 61-73.
- J. Lacan (1962-1963), *Seminar X, Anxiety*, transl. by C. Gallagher, unpublished.
- J. Lacan (1966-1967), *Seminar XIV, The Logic of Phantasy*, transl. by C. Gallagher, unpublished.
- P. McCarthy (1998), "The Heart of the Matter. More Topological Considerations on the Subject", *The Letter. Lacanian Perspectives on Psychoanalysis*, vol. 12, pp. 14-24.
- R. Weatherill (1993), "Notes on Countertransference", *Journal of the Irish Forum for Psychoanalytic Psychotherapy*, vol. 3, no. 2, pp. 7-20.

Key words

The Clinic, The Dream, The Look as \underline{o} -object or objet *a*, The Signifier, Acting Out, Analytic Act, Intervention versus Interpretation.