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LACAN TODAY
LACANIAN PSYCHOANALYSIS BEYOND THE COUCH
ON APPLIED PSYCHOANALYSIS

Evi Verbeke

Universiteit Gent, Vakgroep Psychoanalyse en Raadplegingspsychologie
PVT de Wadi (Karus), private practice
evi.verbeke@ugent.be

Abstract: This article explores the contemporary relevance of Lacanian psychoanalysis within institutional settings. It argues that the distinction between applied and pure psychoanalysis has become less strict. When we think about analytical work in institutions, this kind of applied psychoanalysis can shed light on what psychoanalysis is really about. The author argues that this has nothing to do, in no setting, with technique or golden standard, but with the operation of the analytical discourse. Through clinical vignettes, particularly in the context of psychosis, the text illustrates how Lacanian psychoanalysis creates space for singular inventions. Rather than aiming for cure or coherence, psychoanalysis engages with the hors-sens and the limits of knowledge. This helps to explain why psychoanalysts often work with those people who are excluded from mental health care. A detailed case study demonstrates how handling transference within institutional contexts can produce transformative shifts for the subject.

Keywords: applied psychoanalysis, pure psychoanalysis, analytical discourse, exclusion, institutions

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Intro

The title of this conference is ‘Lacan Today’. The signifier ‘today’ can make one wonder. Some might say that nowadays, psychoanalysis is old-fashioned, that it is a practice covered in dust from the past. Yet in Belgium – and definitely here in Ghent – this is clearly not the case. You have all been invited here by the Department of Psychoanalysis and Clinical Consulting. We teach several courses on psychoanalysis for psychology students, and we offer a postgraduate program in psychoanalytic therapy. There are also multiple psychoanalytic schools in Belgium, and numerous analysts are working across a wide range of clinical contexts – not only in private practices, but also in

psychiatric institutions, youth care, prisons, facilities for people with intellectual disabilities, street work, crisis units… and much more. If Freud once said that the Americans did not know they were bringing the plague upon themselves by importing psychoanalysis, then in Belgium, we seem to spread like the plague ourselves. Of course (and luckily?) we are not everywhere, and I do not exactly feel we are very contagious.

But what accounts for this *range* of Lacanian psychoanalysis today? What are we still talking about when we talk about psychoanalysis in all these different settings? One case I thought about while preparing this reading is that of Pamela. I work in a psychiatric nursing home, where people who suffer from psychosis live. Pamela is a woman who often tells me: "I am the waste of the world; the most awful human being walking around." Until one day, something shifted, and she told me how awful *I* was. I will discuss her case in detail at the end, so stay awake if you want to hear why I am such a horrible woman. This case – and others like it – made me ask myself: what is psychoanalysis about? I would like to argue that, at its core, psychoanalysis is not about techniques, but about the analytic discourse.

But first, let us go back in time. When Freud 'invented' psychoanalysis, it was grounded in his clinical practice and in his confrontation with hysteria. He let his patients speak and introduced a radically new way of listening to mental suffering – in hysteria and obsessional neurosis. However, Freud never reduced psychoanalysis to the specific technique he used in his consulting room. He noted that what worked for him might not work for others – that others might find their own styles, yet while relying on the same theoretical framework. Or stating that in psychoanalysis, we can – technically – think about the beginning and end of an analysis, but it is much harder to say what another should do in the middle. Psychic life opposes any mechanization of technique (Freud, 1958 [1913], p. 123), which leaves much room for variation and style. And although Freud only practiced within his own cabinet, he seemed enthusiastic about psychoanalysis being applied in other domains. For instance, in 1925, August Aichhorn wrote *Wayward Youth*, a book about his psychoanalytically-oriented work with juvenile delinquents in institutional settings. Freud wrote the foreword. In the book, Aichhorn presents several cases that are highly unorthodox – both from the perspective of psychoanalysis *and* from that of mainstream juvenile care (Aichhorn, 1965 [1925]).

Take, for example, the case of a boy who steals frequently. Instead of imposing a strict regime of punishment – which was standard at the time (and still is in many places) – Aichhorn gave him responsibility for managing the cigarette money for the whole ward. Predictably, the boy ended up stealing the money. Aichhorn then asked him to help clean his library. They had a casual conversation, and at some point, Aichhorn asked the boy – almost in passing – how things were going with the cigarette money. (Aichhorn knew about the theft, but the boy did not know that he knew.) The boy lied, saying everything was fine. Aichhorn continued talking lightly and then, out of the blue, asked: "How much money exactly did you take?". The boy, caught off guard, confessed. Aichhorn then handed him money from his own wallet – to be used to repay the debt, whenever the boy saw fit. He did not do this out of love, or out of some charitable *caritas* impulse. It was a clinical decision: to create space for transference, and to allow the boy to speak about stealing as a singular *symptom* – rather than treating it as a 'sign' that lies entirely outside of him. A classical analytic approach in this case would likely have shut down any possibility of speech. It would have closed the unconscious. It would have turned the analyst into a clown for these young people. But it was psychoanalysis that oriented Aichhorn in his unorthodox clinical work, making Freud enthusiastic about the application of his theory.

Applied and pure psychoanalysis

Yet, we should not overestimate Freud's enthusiasm. He was hopeful that, in the future, psychoanalysis would be used for many more people (psychosis, free clinics, …) and that the technique would evolve. But he also stated: "It is very probable, too, that the large-scale application of our therapy will compel us to alloy the pure gold of analysis freely with the copper of direct suggestion." (1958 [1919/1918], p. 168). It seems that for Freud, his technique held something of a 'golden standard'. With Lacan, we can begin to question what this *gold* is about.

At the beginning of his seminars, this becomes a major theme for Lacan: precisely *what* is psychoanalysis? He criticizes the rigid focus on technique he observes in many of his IPA colleagues. For example, Lacan (2002 [1954]) states that there is an impossibility to the question: *what is an analyst?* Not that we should avoid the question – on the contrary, with Lacan the key is that, when we encounter an impossibility, we should not try to transform it into 'the possible', but

rather think about the *structure* of that impossibility. The IPA responds to this question with formalization: strict ideas about the 'correct' techniques, and rigid rules about what one must do in order to be named an analyst. But for Lacan, the *setting* is not the most important thing. It is precisely due to a lack of theoretical rigor that analysts fall back on setting – and then start mirroring each other in terms of what one should or should not do. We cannot speak of a standard cure that would be better simply because it has some divine technique. To speak about *standard treatment* is always a normative enterprise (Webster, 2022). For Lacan, the formalization of psychoanalysis should not be practical (as in: a set of rules of dos and don'ts), but theoretical (Lacan, 2002 [1954], p. 270). I will return to this point.

Later, in his *Founding Act*, Lacan distinguishes between *applied* psychoanalysis and *pure* psychoanalysis, with applied psychoanalysis also having therapeutic applications (2001 [1964]). Lacan does not suggest that pure psychoanalysis is gold or standard, nor that applied psychoanalysis is impure or simply the copper of direct suggestion. He does not make a normative difference, nor does he base the distinction on technique. He never, for instance, claims that pure psychoanalysis is about coming six times a week for a minimum of x years. If anything, I think he tried to approach the question of becoming an analyst not as a matter of fixed rules. He was critical of the way becoming an analyst "is more about those more cunning in their institutional relations than in their analytical practices" (2001 [1974], p. 513). In his later teachings, he distances himself entirely from formal criteria for naming someone an analyst and instead develops the idea of the *passe*.

Lacan does not return to the distinction between applied and pure psychoanalysis in his later teachings. And if we look at the situation today, psychoanalysis is no longer primarily identified with *pure* psychoanalysis. "When we still speak of pure psychoanalysis and applied psychoanalysis, we understand that the results of the first are invested in the second. That is true, and it is first of all the case of the practitioner himself, inasmuch as he is the result of his own analysis, which was neither brief nor programmed, nor free. But we cannot neglect the fact that there is a return effect. Applied psychoanalysis, the kind we practice, has an incidence on pure psychoanalysis" (Miller, 2007).

Lacan today?

Lacan always recognized the return effect of applied psychoanalysis on his teachings and his thinking. He never degraded it to the 'impure,' and although he did not speak at length about institutional work, he did show interest in them. This is seen, for example, in Seminar I, where Rosine Lefort presents a case study of a little boy who is very aggressive and hardly speaks, but often cries out: "wolf, wolf." It is a case discussed at length in the seminar and used to explore ideas on the superego and transference (Lacan, 1988 [1953-1954]). Or take his interest in the work of Maud Mannoni, who was one of the first analysts to work with children with intellectual disabilities and who went on to set up her own institution. On the other hand, it is also striking how Lacanian theory has proven crucial for *institutional psychotherapy* – a movement that started in France (and is still very important today, also in Belgium), which reflects on how institutions can treat themselves and how psychosis can be encountered. Jean Oury, a key figure in this movement, was strongly influenced by Lacan.

Nowadays, the so-called applied psychoanalysis is everywhere. Lacanian psychoanalysis seems to have given a strong impetus to clinical work in a wide variety of fields. Although this has always been the case – as we see in the work of figures like Lefort, Mannoni, and Oury – there has been a noticeable shift in recent decades. Twenty to thirty years ago, psychoanalysts often had to justify themselves for doing this kind of work. "Is it really psychoanalysis?" was the recurring question – though rarely did anyone clarify what that "real" was supposed to mean. Now, it is striking how often cases from institutional contexts are discussed at conferences. For example, cases of someone in a crisis after a *passage à l'acte*, unable to speak about the suicide he attempted – just sitting there, staring out of the window. Or the case of an autistic child constantly screaming in the ward's living room. Or that of a prisoner who comes to speak to an analyst working inside the prison.

As was once stated at a conference on applied psychoanalysis: "The mythical figure of the psychoanalyst who limits his practice to the four walls of the cabinet, as proof of his devotion to the private cause of his analysands, has disappeared" (Matet & Miller, 2003). And within the consulting rooms, we can observe that the diversity of cases has expanded, and there is no longer a golden standard in technique. Miller (2001; 2007) notes that the return effect of applied psychoanalysis on

pure psychoanalysis will only continue to grow – and he questions whether we should even maintain the distinction, or whether it has become irrelevant.

What I find striking is that this remains a clear difference with many other analytic schools. Someone told me just a few months ago: "For us, setting is all! Inside or outside the institution – the setting comes first. Everything else follows." From a Lacanian perspective, it is the logic of the case that comes first – and the setting follows.

Working in institutions and the analytical discourse

But the question remains – and perhaps becomes even more pressing once we marginalize the difference between applied and pure psychoanalysis: what makes up psychoanalysis? What are we talking about when we talk about psychoanalysis? What is at stake in psychoanalysis? What is its difference from psychotherapy? If I made so many references to work in institutions, it is because I think it is interesting to consider what we can learn from this work *about* psychoanalysis.

What does it tell us about what psychoanalysis is about? It is definitely not about simply placing an analyst in the institution, based on the idea that someone trained in psychoanalysis is now there for patients to come and talk to – as if the analyst is just one discipline among others (the psychiatrist, nurses, social workers…). Although it can be fruitful for someone to take up this place, this is not what we are talking about when we talk about psychoanalysis in institutions (Zenoni, 2009, p. 17). I heard this kind of thinking from someone who was applying for a job at a psychiatric ward. They asked what the orientation of the ward was, and the head nurse answered: "Well, normally it's CBT, but at the moment our psychologist is out for six months and has been replaced by an analyst, so for this half year our orientation is psychoanalysis."

It seems to be much more about a specific *discourse* that orients the clinic. This comes up again and again in testimonies from authors who write about working in institutions. Psychoanalysis in the institution is about an orientation that implicates the entire institution – not just one team member. It is about how psychoanalysis can guide, orient, and think about how care, assistance, and asylum can be offered in such a way that it opens a space for a clinic of the (unconscious) subject (Zenoni, 2009, 21). It is not based on the idea that *the real work* happens at the analyst's desk, nor is it about being some kind of

missionary trying to make everyone on the team speak fluent Lacanese. It is about putting the analytic discourse to work – or at least trying to make space for it.

If Lacan said that psychoanalysis involves a certain formalization – and not a practical one – we can rethink this starting from Seminar XVII. This formalization is about the *analytic discourse*, always in reference to other discourses, as it never stands on its own. The analytic discourse is a social bond, determined by the practice of an analysis (Lacan, 2001 [1974], p. 518). That is why there is no model or technique that qualifies analytical work in the institution, nor is it enough to simply place an analyst there. As Miller (2007) puts it: "Psychoanalytic effects do not depend on the setting, but on the discourse, that is, on the installation of the symbolic coordinates by someone who is an analyst, and whose quality as an analyst does not depend on the location of his consulting room, nor the nature of his clients, but rather on the experience he is engaged in."

There is no model or technique that can define how the analytic discourse 'functions' in institutions. That dream – to define, fix, and transmit the analytic method – Is one proper to the university discourse, where knowledge can be clearly packaged and passed on. But an encounter with an analyst is never reduced to meeting a mental health specialist (Demoulin, 2015 [2001], p. 73). It is rather about someone addressing the subjective truth and the real that is at stake – not by offering knowledge *about* it, but by raising questions *around* it.

In institutions, this can take a different form, because the work is often with psychosis. It is not about 'opening the unconscious,' nor about clichés like 'shutting down your ego as to let the desire of the patient speak'. This does not mean that a psychotic person cannot be addressed as a subject divided between language and drive, and that this division cannot be put into question. It is the difference between giving people with psychosis psycho-education about their diagnosis and what they should do about it (psychology), and listening to what is overwhelming for someone, and how they try to deal with that.

Take for example Peter, a 20-year-old boy who wanders the streets, cuts himself, is suicidal, and steals. His former caregivers responded in a rather typical way: they diagnosed him and told him, "You are autistic, and you should learn to accept it." Peter was horrified. He wanted nothing to do with that diagnosis. He was obliged to follow a course on autism, and he later said of it: "There, I admitted it: yes, I am autistic. My life fell to pieces." What followed were multiple

passages à l'acte, and eventually a hospitalization at the ward where I used to work. Merely listening and nodding "mhm…" would not have helped much. What I did was invite him to speak – not by making the diagnosis central, but by actively marginalizing it. Another story began to emerge. He said things like: "It started when all my siblings went to university. I'll never be able to do that. I sit at home, alone. My parents ask me to talk, but I can't. I want to, but I can only sit and stare into space." The work with this boy was not only about me speaking with him. It also happened in the ateliers, where he discovered he could write fantasy stories – opening up new inventions and new signifiers that allowed him to differentiate himself from his siblings in a way other than through the signifier 'autist.'

If someone can be addressed as a divided subject, the institution can become a place where a new kind of bricolage emerges – a singular invention in response to what overwhelms them. The product of the analytic discourse is an S_1. But this will never be an S_1 that is imposed – like the signifier autism in Peter's case. Rather, it is what Lacan (2007 [1969–1970], p. 176) calls "another style of master signifier." This does not mean that applied psychoanalysis targets therapeutic effects, and that this would be its difference from pure psychoanalysis. The institution should not aim at cure or at therapeutic outcomes as goals. Freud and Lacan both warned against the *furor sanandi* and emphasized that therapeutic effects are always secondary. When Lacan says that applied psychoanalysis also concerns therapeutic effects, I do not think he means curing. I think it is about making way to listen to what is destructive for the subject – what might seem symptomatic or weird, but is in fact a very *sinthomatic* solution for that specific person. As Stijn Vanheule just reminded us when he spoke about Kusama: for her, art is a sinthome – a bricolage that tames psychotic experience (Vanheule, 2024). Applied psychoanalysis often involves supporting these kinds of inventions.

That is why many institutions oriented by psychoanalysis emphasize the importance of thinking the work radically *case by case*. As Stevens (2019) puts it: for every subject, the institution changes its setting. Most analysts will tell you they do not believe in overly regulated institutions, and that such institutions often have flexible rules and hardly any strict framework that applies to everyone (De Halleux, 2022; Stevens, 2019; Zenoni, 2009). If everyone must follow the same strict rules, we end up trapped in an imaginary hall of mirrors: "Look, that patient doesn't respect the rules as much as we do!" – and we leave no room for singular inventions. (I will never forget the boy

who said that music stopped his hallucinations – but could not listen to music during the day, because of the ward's rules.) There has to be room for disorder, variation, surprise, and contingency. Regulations and settings are only useful if they are singular – if they follow what we sometimes call *the logic of the case*. Reducing strictness and leaving room for the unexpected is not done out of some humanistic ideal. It is because only when there is an opening, we can listen – not to the ego (or to our own selves reflected in the other), but to the subject, and to what escapes them.

The broken institution

How to make this possible? How to be in that position of non-knowledge – that obscure analytic position within analytic discourse? It may only be possible by making space for the lack. This is what Mannoni (1976) calls the broken institution, or what Stevens refers to as perforating the institution. At the place of the analyst, an enigma remains. No therapeutic objectives are given, and there is a persistent absence in the question: "What does the Other want from me?" This means tolerating a zone of insecurity and enigma. But this does not necessarily mean silence or passivity. Most analytic institutions are full of life – ateliers, a lot of going on in daily life, conversations. But at the heart of the project, there resides an *x*, a question – so that each subject can 'use' the institution in their own singular way (Zenoni, 2009). Could this be why so many people living at De Wadi, where I work, often say: "You guys don't expect anything and yet give support. I've never experienced that before." It is a position based on a fundamental impossibility – between this *x* on the side of the institution (the *agens* in the analytic discourse) and the subject. There is no understanding, no reciprocity between these two poles.

Perforating the institution is only possible when the institution is not blinded by its own ideals. As we know, this happens easily in groups – they can become blind to everything that does not match their ideals (Watson, 2022). For instance, "curing patients" can become such an ideological ideal that anyone who is not motivated enough or does not improve fast enough ends up being excluded from care.

This is not to say that an institution oriented by psychoanalysis has no ideals. Every group has ideals. In fact, stating "we are an institution without ideals" might be as dangerous. The lack is not located outside the institution – "it's the fault of all the others; here, all is well" – no, the lack is always within the institution itself. That is what

psychoanalytic ethics is about. It is not merely the Other who is the bad guy, flawed, lacking. These conditions exist in every subject and every project. It is not about eliminating all ideals, but about questioning them, making cracks in them. Take Chris, for example – a man who has been living at De Wadi for five months. He does not speak to any of the staff, we never know where he is, and he never asks for help. Yet he uses the institution in some way – evidenced by the fact that, although we hardly know him, all the other residents do. They talk about him constantly. His case made us reflect again on our work – to check whether we were not clinging to the ideal of being helpful to our patients.

So psychoanalytic work is not about placing an analyst in an institution, nor about technique, but about trying to create space for the opening of the analytic discourse. The examples I have given point to what Lacan identifies as the difference between psychoanalysis and psychotherapy in *Television*: they have a different structure (Lacan, 2001 [1974]). Where psychotherapy (and I would say psychology, in the way it often functions in institutions) speculates on *sens* (meaning), psychoanalysis is much more about a rejection of meaning – about the *hors-sens* (Miller, 2001). Not aiming at the complete, coherent subject, but at the divided subject. Not trying to *make sense* of the institution's function, but reinventing that function again and again, for each subject who passes through. For Lacan (2001 [1974]), this is why psychoanalysis resembles comedy: knowing that there is a *non-rapport* – something that does not function, and never will. And yet, it is around this *non-rapport* that creativity becomes possible. This happens in institutions when they are not locked into their own rules, ideals, or knowledge. The moment analytic discourse becomes an ideal in itself, it is no longer comedy, but bad slapstick.

Could it be that institutional work shows us how applied psychoanalysis has given some of its gold to psychoanalytic theory – and perhaps even changed pure psychoanalysis itself? As mentioned earlier, Lacan was highly critical of the obsessional, ceremonial use of technique. In institutions, we are constantly confronted with an enormous variety of techniques and styles. This brings us much closer to what is truly at stake in analytic discourse. If we fail to theorize this, we risk slipping into the university discourse, where psychoanalysis becomes a kind of knowledge machine, based on claims like: "I work from psychoanalysis. What I do is not my idea – I'm not implicated at all. It's Lacan and Freud who guarantee what I'm doing. I ask my

patients to speak about their desire through free association, and I use equivocations as interventions."

Exclusion

What remains striking is that many institutions oriented by psychoanalysis work with patients who are no longer welcome in regular mental health care. A lot of psychoanalytic institutions were not established based on a specific diagnosis, but out of necessity – for a group of subjects who had no place anywhere else (Le Poëc, 2022). This can sometimes be seen in private practice as well. Some patients are referred with the remark: "There's nothing more we can do for him – send him to an analyst!".

In regular mental health care, we encounter a great deal of exclusion. Patients are framed using terms like *non-treatable*, *not motivated*, *treatment-resistant*… The inherent lack, the inherent limit of caregiving, gets individualized: "It's not the fault of the system – it's the patient who is resistant to treatment." Yet with psychoanalysis, we might think that the resistance is not on the side of the patient, but rather on the side of mental health care itself – something in the patient's symptom touches a limit, something that defies the system's knowledge.

Striking, especially because another major buzzword – another S_1 – in contemporary mental health care is inclusion. But inclusion and exclusion seem to be two sides of the same coin. As De Halleux (2022) notes, the very concept of inclusion carries an impasse. Every inclusion project will always produce some form of exclusion. We cannot think about inclusion without also thinking about what is excluded. The moment you define a set, you implicitly define what lies outside that set. For example, contemporary psychiatry often speaks about inclusion, but each ward is defined by strict exclusion criteria – usually targeting the *non-motivated* or *difficult* patients.

Psychoanalysis is not the opposite of exclusion. It does not offer a 'program of inclusion,' no savior-fantasm. But it often listens for what lies at the limit of the master discourse – what falls outside of it, its waste. Who is excluded from care? Those who escape the morals of treatment. Those who make it evident that there is something *hors sens* in psychology and psychiatry – who touch the limits of knowledge. Psychoanalysis, by its very conditions and discourse, listens to the limits – to the *hors sens* – to what is cast off by the master discourse.

We can understand this better through Seminar XX. Does exclusion point to the fact that mental health care operates through a deeply phallic logic? It seems to be a domain of potency: "With our knowledge, we can understand madness and cure it. We have solutions for you." But this potency hides the fact that the 'for all' only exists by the grace of its exception. You can only define a set by introducing the element that does not belong. 'For all' always means: 'For all, except one.' Through this phallic logic, mental health care reframes what falls outside the set as treatment-resistant. We could question ourselves if this is different in psychoanalysis. Perhaps because it hears something of the female logic – the not-all? That which falls outside the set and makes the set inconsistent? The set will never be complete. "Some, but not all, are subjected to the phallic logic." And although it may be impossible in a strict sense, it is nonetheless necessary to try to think of institutions not merely through the lens of the male logic, but also the female logic. Because it is about singularity, about the non-norm, about the not-all. About not trying to fill the lack – but rather to give it another value (Stevens, 2019). This does not mean that the analytic institution is the not-all – which would be a nonlogical statement – but it does mean listening to the inconsistency of the set without feeling the need to expel it, or to be 'inclusive' about it. It is about the underside of the analytic discourse: S_2 // S_1. It is precisely this that opens the possibility of not anxiously turning away from the *hors sens* encountered in the clinic – but of facing it without the compulsion to fully understand it.

Psychoanalysis is not just interesting or nice – I would dare to say say it is necessary in relation to a psychology that starts from potency, *'for all'*, and thus inevitably excludes whatever touches upon its limits. In that sense, psychoanalysis is a symptom – as Lacan (2001 [1975]; 2014 [1974]) phrased it at different moments. A symptom in confrontation with the waste of master discourse, and with the dividedness imposed by university discourse – with the limits and impossibility that madness and care present us. When it gets dirty, this is neither something to be excluded nor included – but something to be heard in a different way. The question is never just: what is psychoanalysis? But also: what is the place of psychoanalysis – as a discourse among other discourses?

Case

I will conclude with the case study of Pamela, and you will quickly hear what makes me such an awful woman.

Pamela, around 40 years old, has been living at De Wadi for 15 years, after being in and out of psychiatric hospitals since the age of 14. When I first met Pamela, she immediately told me what a terrible person she was. "It is all my fault. I should never have done it. Just look at me – I am a terrible woman. The weight of the world is on my back." The world revolves around Pamela. Everything that happens, somehow relates to her. The war in Ukraine, Covid – according to her, it is all her fault. This is not a question of grandeur. It is something else entirely: being the obscene object of the Other.

When I started working at De Wadi, Pamela quickly sought me out. We do not really work with fixed appointments (with others I do, it depends). Pamela comes by whenever the door is open and she feels like talking. She tells me many things – mostly about how awful she is. Two themes come up again and again. The first is her experience of seclusion. She has been secluded and restrained many times in previous wards. She is terrified it might happen again. "It was so terrible. I was there for days and days. Nobody talked to me. You see – I am just a nothing." She often breaks down in tears when talking about this. The second theme is her past. "I had sex with the sun. I had sex with nature. It's an absolute disgrace. I should never have done that." Sexuality appears as something from the past – something shameful, something that made her cross a line.

She tells me – and tells others – that she "should never have bitten the apple." If I ask her what this is about, she says the snake told her to do it, and that she caused the fall of man. Stating this can trigger a flood of associations she sometimes cannot escape from. She also speaks of nightmares in which a snake strangles her. And – importantly – she says that when her best friend gave birth to a daughter named Eve, she suffered her first major breakdown. Remarkably, she often mispronounces my name, accidentally calling me 'Eve' – the first woman, the one who bit the apple.

Pamela also participates in a writing atelier I give at the ward. I also see her at dinner or in the ward's bar. Then, something shifts in the transference. Pamela read the first page of a book I had written. In it, she saw words like 'seclusion' and 'restraint,' and she became furious. "What an awful woman you are! You want to bring seclusion into De Wadi [we do not have any], you want to restrain all of us – I know what you're up to!" The first intuitive reaction – for me and my colleagues, to whom she also complained – was to respond with rational arguments. Because indeed, I had written about seclusion and restraint, but not to promote it – on the contrary, to criticize it. Still,

Pamela did not want to hear any arguments. She had no intention of rereading the book.

It had already become clear that some signifiers have a *real* effect on her. I had noticed this before, during the writing atelier. She likes writing poems, often playing with double meanings. But she hates it when others write short stories: "I lose myself in it. I become that story" – literally. Something similar happened now. She read 'seclusion,' 'restraint' – and these words take on a fixed meaning. She was certain I had bad intentions. In other words, I had become 'Eve' instead of Evi – the one who brings evil into the world. But Pamela did not ignore me. On the contrary. She kept seeking me out, to tell me just how awful I was. And interestingly, she kept coming to my atelier. Writing, while at the same time being angry with me.

I brought this case to supervision and rambled on about Pamela and the shift in transference. My supervisor then gave an interpretation that hit me like a shock. He asked, "Evi, what exactly is your question?" And I said: "Well, my question is how can I work with this woman as before." Then he said: "So you're telling me that this melancholic woman, who sees herself as the object of the Other's *jouissance*, has finally found a way to put part of that obscenity into someone else – you – and now you want to take that away from her?". I was stunned. And immediately, I felt the truth of that intervention. I wondered why I had not thought of this myself – it was so obvious. That intervention gave me more freedom. Not avoiding for example the bar or living room when Pamela was there. No longer trying to defend myself against being 'awful.' I continued to invite her to the ateliers. Letting myself be subjected to 'Eve' without identifying myself with it.

After about six months, something changed. She said to me: "I should trust you. I should have faith in people." The idea that I was Eve – the root of evil – faded. Pamela still places the world's suffering around herself, but there have been significant shifts. She no longer speaks of seclusion or restraint in the same traumatic way. It still comes up – like when a box we had made at the ward for transporting poems and paintings reminded her of a seclusion cell. But this time she said: "What am I thinking? This is no cell. This is art." Something of that trauma – of the real in that memory – seems to have been inscribed into the signifying chain. And the apple? It changed. She hardly talks about it anymore. Or if she does, it is with a touch of humor. A few months ago, she wrote a poem about an apple – but now it was about the logo on the laptops of the students who work with us. In our last conversation, she told me: "You know, sometimes I think

about Adam and Eve. My best friend's daughter was called Eve, and after that I had my first breakdown. But these things are in the past now. Have you seen the new sweaters I knitted? I'm donating them to an organization that helps refugees."

This manoeuvre in the transference – this handling of the transference, as analysts sometimes call it to distinguish it from interpreting it – was not the only aspect of our work. In the last three years, many things have changed at De Wadi. It used to be described as a place of 'chronicity' – a kind of palliative care for the 'incurable' (as outsiders often named it). But the decision to orient ourselves with psychoanalysis has changed that. We no longer see our ward through the lens of chronicity. We listen case by case, to the ways people invent solutions to deal with language and *jouissance*. It changed the way we approach individuals, and it created more *life* in the institution – like in the form of ateliers. These ateliers were crucial for Pamela. Painting, coloring, knitting, writing poetry… One of my interns – who is here today – started a new art atelier, which had important effects on Pamela. Not only because she creates art, but because that art is taken seriously. Pamela is asked about her work – not what it 'means,' but about her lines, her colors,… Conversations are no longer always about sex with nature or about causing Covid, war, or the fall of man. Those themes have not disappeared, but they are no longer so overwhelming as before. More often, she speaks about her art, about the exhibition we are preparing with a bunch of people, about where her paintings hang in the ward. The conversations have become more about 'what are you making' than about her obscenity. The obscenity has not disappeared, but it is no longer everything – it is often subordinated to the artwork. I would say – referring to a famous person for whom art is a *sinthome* – that what has changed with Pamela is that *the artist is present*.

Psychoanalysis was not about big conversations three times a week, nor about a strict setting, nor about exploring the unconscious. It was about positioning ourselves in transference in such a way that Pamela could be heard as a subject. Her thoughts and her art-making were no longer dismissed as 'chronic psychotic,' 'just drawing to pass the time,' or 'as long as she's happy.' They were seen as ways of working – a subject working to invent something in response to what has overwhelmed her for over 30 years. Finding new ways to position herself within the signifying chain, without being thrown out of it time and again. That, I believe, is the place for psychoanalysis. We never gave her knowledge. We never said: "You should build a sinthome."

Or: "Well, in your case it's an inversion in the transference." Yet the S_2 of psychoanalysis was crucial. Without it, I could not have allowed myself to be placed in such a position within the transference. The artist is present – because psychoanalytic discourse was present.

Conclusion

Analysts – and psychoanalysis itself – are always brought to their limits by clinical practice. It is how psychoanalysis came into being: Freud worked with hysteria, which marked the limits of knowledge for his contemporaries. Because psychoanalysis is not merely the logic of the phallus – because it takes seriously what we cannot fully comprehend, formalizing the limits of knowledge and mastery, which reveals a truth, a truth of which we can only have a *mi-dire* – it is constantly brought to its own limits. It is a science that puts itself into question with every new case (Lacan, 2002 [1954], pp. 296-297). It is essential that the analyst can be disturbed by their own convictions (Demoulin, 2015 [2001], p. 88). As Christophe Meyer (2022, pp. 80-81) puts it: "Psychoanalysis goes further when it is able to welcome and learn from those whose speech was heretofore on its margins, unwelcomed by the analyst or even seen as untreatable. Grounded as it is in a social link which the Other of the address is absent, psychoanalytical ethics and practice are uniquely positioned for welcoming such speech."

It is precisely there – where psychoanalysis appears where it is not expected to be (as transference is sometimes described, Leclaire, 1964-1965) – that psychoanalysis will always change. Never becoming a model, a rigid technique, or a form of purity. There is no 'ideal' for the analytic act, no academic framework, no privileged clinical setting (Cottet, 2003). There is only the analyst, trying to listen to a subject – not as an individual, but as divided by the signifier and *jouissance*: the subject of the unconscious.

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