

termination. It should be placed on the same bookshelf beside Wallerstein's *Forty-Two Lives in Treatment* (1986) and Firestein's *Termination in Psychoanalysis and Psychotherapy* (2001).

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Lacan: The Unconscious Reinvented

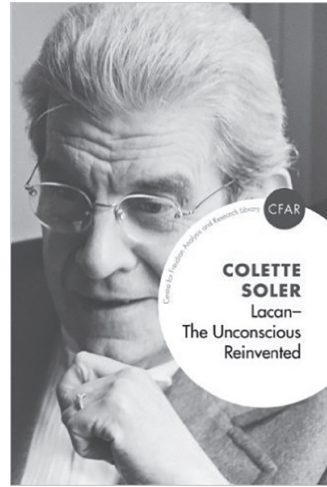
by Colette Soler, translated by Esther Faye and Susan Schwartz
Library Series of the Centre for Freudian Analysis and Research
London: Karnac Books, 2014, 246 pp.

This book is a *tour de force majeur*. It must be one of the finest on this topic in English, serving at least three functions. It provides a very detailed, remarkably clear account of the evolution of many aspects of Lacan's theory; it is reliable enough in its precision and scope to satisfy the North American scientifically trained clinician; and in its selection of topics, it covers the theoretical ground necessary for the evolution of Lacanian clinical practice as it is applied to an ever-widening variety of patients by an expanding group of analysts and therapists.

Lacan: The Unconscious Reinvented demonstrates profoundly the result of Colette Soler's intensive study and practice of Lacan's work over a long period of time. In it, she “takes up, orders, and problematises some of my contributions from over the last ten years. They are all linked to my seminars held during this time in the School of Psychoanalysis of the Forums

of the Lacanian Field” (p. ix), which was formed in 1999 and of which Soler is the head. Soler was trained originally in philosophy, was analyzed by Jacques Lacan, and has been a clinician and major author since his death in 1981. As well as having many publications in French, her book *What Lacan Said about Women: A Psychoanalytic Study* (2003) was translated into English by John Holland in 2006. Her *Lacanian Affects* is forthcoming.

Soler’s style is elegant and flowing. She describes succinctly, without simplifying, “the trajectory of Lacan as analyst and of psychoanalysis itself, the logic of his contributions and their consequences for the direction of the treatment” (p. xv). She explains the evolution of the concepts with no gaps in her reasoning and includes enough personal references that the reader feels part of the discussion. She acknowledges that there are concepts that she has wondered about over the years and has just recently come to understand more fully, sharing with us that she, too, is in a process of discovery and evolving thought. Her approach is furthered by a style of discussion, rather than being declarative or rhetorical as Lacan is, about the contemporary psychoanalytic scene. These characteristics all make the book reader-friendly to a wide circle of clinicians, academics, and other professionals.



Because of her deep familiarity with Lacan’s presentations and practices and their subsequent studies, Soler is able to explain and prioritize the levels and purposes of Lacan’s speech and thought, as well as give the most likely referents of his phrases and clauses. These are the aspects of the records of the seminars that frequently puzzle and frustrate the non-Lacanian reader. From the point of view of *jouissance* in the reader, there is at least one moment in every chapter that provides a sweet spot of understanding of an intricate sequence of details. Finally, Soler has the tendency, like Lacan himself, of leaving one hanging breathlessly at the end of one chapter, eager to “see more” in the next.

Like all theories of psychoanalysis that begin as a result of an insight regarding what’s missing in the current theory and its applicability, Lacan too had to develop his theory further from the original, to address the needs of real patients living in their real and changing circumstances, and to bring about the end of what could otherwise become endless treatment.

SOLER'S SUMMARY OF THE EVOLUTION

Soler writes that the results of Lacan's "reappraisal are striking theoretical rectifications" (p. 3). They go beyond the idea of mental life and structures as completely accessible through the interpretation of language, even what is unconscious, to the realization that these must include aspects outside of language—what Lacan calls the Real—in a new way. It is no longer the Real at the limit of the Symbolic use of language, the "impossibles" of what can be referred to, but rather the Real outside of the Symbolic altogether, experiences pertaining to the physical body, the so-called real unconscious, the Real of the subject, and of the symptom. For example, Soler writes,

Ultimately we have a Symbolic which is no longer language, but *langue*, to be written *lalangue*, . . . an Imaginary which is not signification subordinated to the Symbolic, but essentially form and representation; finally a Real not at the limit points of linguistic formalization but outside of the Symbolic. (p. 3)

The subject of the unconscious becomes the *parlêtre*, whose structure is exemplified by the Borromean knot, and the symptom becomes a fourth ring and, in some, a *sinthome*, which is an essential aspect for the best functioning of the individual.

AN EXAMPLE OF THE EVOLUTION OF THE THEORY

The book is so densely packed with concepts, descriptions, and explanations that any attempt to present even a few of Soler's ideas leaves me feeling helplessly inadequate and frustrated by the possibility of over-simplifying. I will present an outline of one of the many interweaving threads that could be followed. In this I will be paraphrasing and quoting Soler.

About the unconscious, Soler writes, "Freud invented the procedure that allows what he named *the unconscious* to be explored. A strange thing, indeed, that only responds to the one who summons it" (p. xiv). She notes that Lacan added that "the status of the unconscious was less ontological than ethical" (p. xv), requiring the analyst's belief in its existence and the analysand's cooperation to learn about it. Lacan's trajectory took him from the early years of describing the unconscious as symbolic—implying linguistic and interpretable—to his last years of describing it as real, which Soler writes "has immense practical and clinical consequences" (p. xv). It is this evolution and its theoretical and clinical implications that make up three-quarters of her book. In the last quarter, she uses some of the results

for a cultural—in this case, political—critique of society and of what psychoanalysis can do for contemporary patients.

Following Lacan, Soler uses the lapse as the route into the *real unconscious*. She considers that

the lapse is superior to the dream (the road to the decipherable unconscious of transference and the subject supposed to know) because it [the lapse] is a purely linguistic phenomenon with no decipherable meaning that could be read in a variety of ways, having possibly no end of interpretations. (p. 54)

The lapse is not worked over nor over-determined: it is epiphanic because it is in itself a ciphering. It makes an unexpected sign emerge in speech, not programmed by vigilant speech. Exploration of the lapse opens the door to the real unconscious of a particular individual.

Soler designates this real unconscious as the RUCS in order to diminish the usual associations to the word *unconscious* as the form that is structured like a language and amenable to interpretation (p. 43). This RUCS does not have meanings but rather effects. It is knowledge without a subject. It contains phonemes of *lalangue* (inner “sounds” of vocalizations comparable to babbling in the mother’s tongue), not with the *langue* (social language, dictionary words) of which semantemes are the basic unit. Also in the RUCS, beyond phonemes are “letters,” non-linguistic inscriptions of registered infantile, especially traumatic, experiences. Beyond letters are experiences of the *Real of the body* and its *jouissance*.

In an analysis, this RUCS does not open the transference space related to the subject-supposed-to-know, the interpretable, so-called linguistic transference to the analyst, who the analysand supposes knows about the analysand’s unconscious. One could speak of the *real transference*, but indeed, at the end of an analysis, the patient becomes no longer interested in the analyst’s view of things. He no longer thinks the analyst knows something hidden about him. As the truth of the individual analysand becomes clear to him and accepted by him, the interpretable transference falls and the analysand’s relation to the analyst becomes one of indifference.

Similarly, as the elements and functioning of the real unconscious are different, so are there transformations in the main contents of the unconscious. The three metaphors that Soler uses to describe the earlier form of the unconscious are the subject, the symptom, and the father.

As an example, the *subject* is no longer thought of as only the subject of the unconscious “structured like a language” or the \$ (the barred S) split into the

conscious and the unconscious, or into language versus pre-language, but is reconceptualized as the “speaking being,” the *parlêtre*. Developments in the concepts of all three registers—imaginary, symbolic, and the real—mixed with attempts to describe the subject more fully, led Lacan to adopt the expressive ideogram of the Borromean knot in which all three registers are linked, each being autonomous, equivalent, and “knotted” in various ways.

The concept of knotting as a description of the way aspects of experience hang together replaces that of the metaphor of the subject. It allows for the conceptualization of various forms of activity and *jouissance* in the centre of the figure (the relation to the object *a*) and between different combinations of two of the three registers, with the exclusion of the third. In general, the symptom “knots together Symbolic and Real, signifier and *jouissance*, and binds itself to the meaning of the phantasy produced between the Imaginary and the Symbolic” (p. 9). However, conceiving of specific knottings and the lack of knottings greatly enlarges the possibilities of describing, comparing, and contrasting the kinds of things that are going on in a wide variety of patients, as well as the useful roles and relevant interventions of the analyst and of how the goals of the treatment can be more fully or specifically formulated. This conception includes being able to treat patients who are, for example, not able to experience the Symbolic as explanatory or influential in their psychological functioning (borderlines or psychotic characters or impulse-driven and addictive people), or patients who have little linkage to their Imaginary bodies (autistic people), or patients who think they can live with little reference to the Real of their lives (narcissistic characters).

Finally, in the very late theory of Lacan, the symptom becomes the *sinthome* of an individual, a fourth ring that holds together the whole personality and, as in the case of James Joyce, is a creative, creating derivative manifestation of activity of *lalangue* of the real unconscious.

As with Freud’s development of different models of the mind, these conceptions lead to much more nuanced appreciations of mental experiences and their possibilities for change in the patient. They also enable differences in the possibilities of the “analyst’s desire,” including what the analyst “hopes for” or unconsciously guides toward in the treatment of each patient, different ways of describing the courses of treatments, what produces change in patients, and how these changes might be supported. Interpretation continues to be an important part of every analysis, but it is added to by other interventions related to the real aspects of mental life, where the mechanisms and purposes can be articulated.

All the chapters in this book are worthy of multiple reads and careful study for orientation to the late Lacan, and now contemporary Lacanian

studies. They form the topics of many current conferences, books, papers, and testimonials; for example, the speaking body, moments of change, Joyce and the *sinthome*, paradoxes of transference, the Real in the twenty-first century, and symptoms of the twenty-first century. They have many implications for treatment; overall, they are trying to get at the level of experience that must be touched in a patient's analysis for deep truth to be realized and change to occur. At this level it may be, for example, that only "cuts" by the analyst into the *jouissance* of, for example, a patient's compulsive chattering or his complaining or imminent masochistic or sadistic act, or that only a slight, but surprising, enactment by the analyst can draw the patient's attention to a previously denied bodily based activity that they pursue self-destructively. With these interventions, a patient may be brought back to the transferential unconscious and the resumption of interpretations, thus diminishing *jouissance* and its addictive entrapments.

CONCLUSION

Lacan was deeply educated in the psychoanalytic theories of his time and came at psychoanalysis with a unique set of observational, analyzing, and presentational skills, different from and adding significantly to those of the psychoanalytic groups and practitioners at that time, and since. His later work especially enlarged the ability of psychoanalysis to theorize in a new way certain "difficult" twenty-first-century patients, resulting at times in more effective approaches to their treatment. Soler masterfully demonstrates the beauty of the theory and the richness of the practice it engenders. This book will have a wide and grateful readership among Lacanians, but it will especially fill a lack experienced by an English-speaking audience who are not able, without study, to understand the subtleties (nuances) of the French language, the French philosophical grounding and approach to the concepts, or the undefined, shifting terminology or levels of thought. Wonderfully, this book is clearly written by someone who intends to be understood, even by professionals who may have familiarity with Lacan's work but who were not trained in Lacanian psychoanalysis.

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