ANALYTICAL DISCOURSE AND SCIENTIFIC DISCOURSE: A DIFFERENCE IN RESPONSIBILITY

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The Discourse of Analysis

According to Oscar Wilde, "education is an admirable thing, but it is well to remember from time to time that nothing that is worth knowing can be taught". What is worth knowing has a special place in the discourse of analysis and it is something that is difficult to transmit. In psychoanalysis, knowledge, $S_2$, is related to truth; it occupies the place of truth in its discourse and it is the only knowledge with which it is concerned.

This is knowledge that speaks the truth, but only manages to do this partially. Truth here is not-all; it is constituted as an effect of language and it exists within it. This truth always more or less escapes us when we try to grasp it. It will only allow itself to be encircled by myth and fiction. These myths and fictions are what constitute knowledge in psychoanalysis, namely, the Oedipus complex, Totem and Taboo, Narcissus, and so on; by means of which the Real of the impossible sexual relationship and questions of what man, woman, death and birth are for the human subject, can be approached. These myths and fictions are at the place of truth and are kept there. They are what the subject supposes the analyst to know, but they are also what the analyst presupposes as knowledge in the subject.

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This Docta Ignorantia allows the analyst to position himself as cause of desire at the place of apparent agent, instead of knowledge, which would be preconceived at that place and would decide the direction and end of a cure in advance, leaving no room for any adventure. The analyst, as object a for the subject, will immediately bring to the forefront the fantasmatic relationship which the subject has with his object-cause-of-desire, and this will render it open to interpretation. Insofar as this aims at a structuring lack in the unconscious, (for example, the non-sense of the sexual relationship) this movement will eventually allow the subject to produce the key-signifier, $S_1$, to the truth of his suffering.

This is a knowledge which is particularly worthwhile, or rather, worthwhile in its particularity, because it allows the subject to come to respond to the question of who he is. That is the assumption of the responsibility of his symbolic mandate. But that cannot be all. In order to do so, he will have to firstly recognise what he has been, what choices he made to avoid the impossible Real of castration, choices which led to his neurosis, along with the fantasmas which give these direction. Through interpretation, unconscious choice can be discovered for which the subject was responsible and only this can lead to a renewal of choice: "This is where I was, that is where I will come to be" - as subject.

The responsability of the analyst is to allow something to unfold or to take place around his position as object. In that sense he has to carry the impossible Real of the clinic along until the very end. In order to do so, he has to know that from being an object imputed with knowledge, he will eventually become useless as such for the subject, an empty space, an other subject. Lacan has said that wanting to carry this through is the pivotal-point of the cure or the desire of the analyst; that around which everything turns.\(^2\) This desire of the analyst is to want to make the ultimate difference.

Along this way he will meet a lot of resistance. Lacan has written that this resistance is the analyst's own. He insists that the resistance is the responsibility of the analyst and is usually based on what was not analysed in himself. Only when the analyst has sufficiently analysed his own desire will he be able to pull the subject through his passion for ignorance, about which S. Cottet has said, that this is his anxiety; a not-wanting-to-know that will obstruct any further exploration of the unconscious, - in which case, the analysis will grind to a halt, way before its time. Responsibility in the analyst can lead to respon-s-a- bility for the subject; a way of managing with his object, as Freud said, in work and love, or else enabling him to respond as object in analysis; a responsibility he can then take on board.

Scientific Discourse: The Discourse of the Master and/or the Discourse of University

Wilde wrote: "The mind of a thoroughly well-informed man is a dreadful thing. It is like a bric-a-brac shop, all monsters and dust, with everything priced above its proper value". Further, "Only the great masters of style ever succeed in being obscure". This last quote might not be of an entirely accidental nature in relation to the time he wrote it, because by then he had become acquainted with the likes of Mallarmée and Gide in Paris.

7 ibid p. 316
There is nothing obscure in the discourse of science. Everything in the discourse is either this or that and nothing in between, - as if the scientist was not bound by his position as subject, - as if there were for him a complete freedom of choice, as if nothing had been decided before him, as if he was never forced. A 'no nonsense' approach, no intersection, no left-over, nothing abject; straightforward, unequivocal, transparent. The language of science is clear and refers immediately and unproblematically to the object it has constructed. Its ideal would be to do without theory, so that nothing needed analysis or interpretation, but only verification, falsification or measurement to predict whether what we choose next time will be right or not.

Unless it has already been expressed, channelled and pacified in this domain, obsessional neurosis should be able to teach us something different. The obsessional cannot choose; he is always in doubt. There seems to be something in the choice that he cannot make up his mind about, - something he cannot quite come to terms with, a thing that cannot be eliminated from choice by choosing. This tears him apart and divides him, causing a lot of pain and suffering. He feels responsible for it in his state of anxiety and doubt even before he has made his choice. This is his unconscious sense of guilt, the feeling that he has sinned. Yves de Pelsenaire said the obsessional makes clear that even when the choice is forced, it is a choice nevertheless, and that for the psychoanalyst it would be dangerous and naive to take it any other way.8 How can a subject feel guilty before he has chosen? How can the subject feel guilty when he had nothing else from which to choose, when the choice was forced? Who or what does he feel indebted to?

These are questions scientific discourse cannot answer, and worse, they are questions it does not even ask. These are questions concerning the subject of the unconscious, but also the subject of science. In 'La

Science et la Verité', Lacan says that there is no human science or science of man, because the man of science does not exist, only his subject.\(^9\) There is the subject of science and this subject is divided. Further on, he says that this subject is divided between truth and knowledge. Concerning truth as cause: he wants to know nothing.\(^{10}\)

Indeed, in the discourse of Science, knowledge is not at the place of truth. What occupies the place of truth in the discourse of science is the divided subject. In the discourse of the Master (as scientist) knowledge turns away from truth. If there is a passion for knowledge, it is as a defensive reaction against the truth of this division, and, as such, an attempt to stitch it up. Scientific discourse, taking the form of a Master-discourse, covers up and represses the truth of the divided subject, and the cause of his desire, \(a\). The horror of the impossible Real is kept at bay and that is precisely what will characterise clinical psychology and psychiatry. The subject is excluded and solutions will be sought and forced, over and beyond his choice and responsibility. He will have no share in his suffering or neurosis, apart from being its passive victim. Causes are given in the form of scientific explanations and the subject who suffers, but does not want to know about the structuring lack, is only too happy to take these on board.

In the diagnosis, he will be separated from his disease and this latter will be treated. The clinician as master will fail in this relationship because his desire is an impossible one, namely, to become one with all knowledge, to unify his constituted field of knowledge. This is impossible because the Other is lacking, \(\emptyset\), between \(S_1\) and \(S_2\) there is a gap, which caused his own division in the first place. This he has to deny so that he can stay in his place as Master. The Master has to deny his castration. But he will only manage to stay in that place for a while, because sooner or later he will end up by being faced by his own lack in the unconscious, his


\(^{10}\) ibid., p. 874
impotence, but always soon enough so as not to have to realise (in both senses of the word), the impossibility of his desire.

The impossibility and failure of this relationship between Master/clinician and subject/patient will be concealed initially by the accumulation of knowledge in the form of data-gathering, facts, test-material, archives, files and a variety of increasingly sophisticated and less sophisticated treatment techniques. There will invariably be a moment when this knowledge comes to the place of apparent agent and will command the subject to become an object of treatment and care. The inherent failure of the Master discourse will have led to the daily practice of University discourse, in which there is no time for the desire of the subject.

As object, he will be rendered speechless, unable to respond to the cause of his division and leaving him with a desire for the Master who never comes. The failure of University discourse will make the clinician rely on, and eventually hand the responsibility back to, that which guarantees its structure, the truth of its existence, namely, the Master who once was. The division of the subject as a result of University discourse will bring him to the Master, as we can see in the discourse of hysteria. According to P. Verhaeghe, "the master-figure is a construction of the neurotic to get rid of his division".11 So he will find one. The dependence of the clinician in the University discourse on the master will bring him to the same figure.

Now we are back to square one, $S_1$, in which the four corners of the square are occupied once again, such that the truth is repressed. And so we see an oscillation or circulation from impotence to impotence to avoid the impossible desire of clinical practice for the clinician, but also to avoid choice and responsibility for the subject, both of whom will be forgiven

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(not knowing for what) in their attempts to locate a guarantor of truth, as someone who would be the Other of the Other.

Conclusion

On Saturday the 31st of October 1992, Pope John Paul, when addressing the Pontifical Academy of Sciences, rehabilitated the Italian mathematician, Galileo Galilei. He was condemned by the Inquisition in 1633 for supporting the theory of Copernicus, the famous Prussian astronomer who revolutionised astronomy by developing a system in which the earth revolved around the sun. Galilei calculated God out of the stars and the universe. For freeing the little numbers from God, he was put under house arrest until he died in 1642. His recent rehabilitation came late, but better late than never.

Descartes created an epistemological break in the 17th century by laying the possible foundations for a science in which God had no place and by introducing, unknown to himself, the possibility of the subject of science with his 'cogito': "I think, therefore I am". He separated thought from being, creating an opening for the emergence of the subject. He immediately closed this opportunity off by making consciousness transparent to itself. He assured himself that by doubting he knew he thought and so he was. The subject was repressed in this movement, and, in the end, he had to depend on God, as someone "who does not deceive" to ground his logic.

Freud rehabilitated the subject by saying that we are not master in our own home. He discovered the unconscious and argued that the subject shows a split and is decentered in relation to the individual. The opening between thinking and being created the possibility for the development of the 'Freudian Cogito' according to Lacan in Seminar XI. Where I doubt, I know for sure there is the subject of the unconscious.

Lacan rehabilitated Freud's rehabilitation of the subject from post-Freudians and non-Freudians by further exploring its division and
constitution in relation to the signifier and its object. In this way, he saved it from the tightening grip of the ego, adaptation to reality, morality and ideology.

Neither Freud nor Lacan was infallible! This would be impossible in a domain in which the truth is sister of, - and, as such, intimately related to - the error, the mistake, the failure, the slip, misrecognition and deception. The consequence of this must be that the responsibility of the analyst is radical, namely, that in the psychoanalytic act, he cannot depend on a guarantor of the Ultimate Truth, who would assist him in avoiding the impossible Real of the clinic.

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