

April 4, 2005
Volume 1, Issue 4

Lacanian Compass

Psychoanalytic Newsletter of Lacanian Orientation

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Editorial

"Since the world drives to a delirious state of things, we must drive to a delirious point of view," said J. Baudrillard, "La Transparence du mal".

The aftermath of the presidential elections in the U.S.A left the country with a profound ideological division, and a need to explain the end results. One of the conclusions extracted from the polls denounced that the defining factor was to bring "moral principles" back to the country.

Undoubtedly, this is the era of liberation in all areas: artistic, scientific, sexual, of children and women, etc.. Nevertheless we are more confused than ever, symbolic markers are dissipated and people have to fend for themselves. Terror does not come so much from violence and natural disasters, as from uncertainty and lack of reliability. Insecurity of labor conditions, being forced to move from house to house, country to country. Unfortunately, neither the advancement of science nor the persecution of new techniques, have been able nor will palliate the growth of anxiety and depression as subjective responses. They are not lessened and in fact they are on the rise to almost epidemic proportions.

That's why, to have the option to follow a proposal that portrays the world in 'black and white' colors, offers at least on an imaginary level, a temporary restitution of the many contradictions we are confronted by our way of life. Is 'Morality' then the symptomatic result of our civilization and its discontent? The Lacanian Orientation alerts us that what is foreclosed from subjectivity returns from the Real. That is to say, that which is not absorbed by the scientific discourse, be it, social-political or economic theories, comes back to hunt us.

We manage to live in a safer world, better antibiotics, cancer research, prevention of natural disasters, and lower mortality of Aids. However, we cannot avoid our feelings of vulnerability, our *Hilflosigkeit*, as Freud used to say, a concept intimately related to our condition of premature and dependent of the signifying desire of the Other, current conditions weave into this human fabric. That's why the last chapter of the seminar on the Ethics of Psychoanalysis, Lacan reflects on this Freudian concept and the tragic destiny of speaking beings, with the conviction, that the labor of psychoanalysis is to 'unmask' this futile effort to veil, to mask, to cover, to make believe that what is of the order of 'immensurable' of the human condition can or ever will be controlled, manipulated, measured, cured. The offer of 'moral norms' to counteract the discontent, is however a solution that disregards the fact that this is again, a universal solution such as science itself, and that each subject will have to find solutions not in the realm of the universal measurable utilitarian answer for all, and instead come across with a singular 'practical reason', alerted by the inexistence of a 'fair distribution' and the possibility of 'total enjoyment', the promise of happiness, or 'moral principles' that will restore the post-modern tumultuous world we live in.

Are we talking about passive resignation in being confronted with that which is impossible, another form of depression, or lack of ethical principles to live along others? On the contrary what psychoanalysis proposes is the recognition that we have to deal with the 'impossible harmony' and find answers to build bridges where there are not.



Beacon

On Today's Uses of Psychoanalysis, Possible and Impossible

Éric Laurent

What can one think of the challenges of the twenty-first century when we know that the Freudian psychoanalyst's knowledge is fundamentally knowledge about failure, about lack, about the suffering of the symptom? In fact, it is only in the interstices that one can get a glimpse of the knowledge revealed by what has failed.

Freud's predicted failure of civilization's program, and the irreducible element

Freud realized that, case par case. He made a written account after long years of practice. His conclusion: that failure was inherent in the very program of civilization, its order, its rules. From that program, in fact, Freud isolated a fundamental discontent that promised not quality of life but rather a quality of malaise, a way of dealing with discontent.

So what remains irreducible within the Freudian experience has come to be designated as a logical impossibility. It is in that sense that Freud's message diverged from all preceding wisdoms, all aimed at the same goal: separation from desire and its tyranny so as to fit into civilization's program.

Starting with that central point, what can one propose for a twenty-first century that promises to be problematic, feverish – and also religious, according to Malraux, a prediction that has every chance of proving accurate?

What can psychoanalysis say about what awaits us (which is already before our very eyes), when it retains so much of the nineteenth century in its discourse and in the concepts it promotes.

Techno-sciences reinforce the necessity of psychoanalysis

Among the many promises made for the twenty-first century, one is a profound improvement of our condition thanks to technical advances in biology. It is not enough to say that this is just an additional consequence of the advancement of science. In truth, a different mode of functioning is at stake in a system provoked by the union of biology with molecular biology and, more precisely, molecular physics. The sequencing of DNA has led to a new epistemology compared to that of classical physics. Many of biology's results (cloning, multiple births, stem cell research. . .) can now be obtained without requiring any exact knowledge of what they imply. That is why we speak today – and rightly so – not just of science, but of techno-science.

More generally, it is the epistemological status of knowledge that is changing and it can no longer be imagined, precisely, without technical efficiency as such.

The field of public health, far more than that of mental health, is inundated today with declarations concerning the promise of new molecules. And in the mental health field, after half a century of massive prescriptions for psychotropic drugs, we can see to what point the whole practice has been revised and how that has profoundly modified the configuration of assistance and treatment systems.

Today public health has become the major service industry in the Western World, based on a heavy infrastructure, which has ended up touching something of the real of the body.

How can one avoid being drowned by the new hopes techniques give rise to? Medical humanism, once revamped by the trends of dynamism and psycho-dynamism, is seeking new allies. However, even that seems difficult because humanism can only remain stable thanks to the Greek scholastic hypothesis: the unity of the psyche. That is still covert in our psychology, and explicit in modern cognitivism. Today an excess of extension that



Beacon cont'd

poses insoluble – or difficult to solve – problems threatens medical discipline. What should one teach those students who come to the University asking anxious questions about our culture? Shall we include in the psychology curriculum – as it tends to develop in medical studies – knowledge about molecular biology? How long will the hypothesis of unity continue to be useful and necessary if, in a few years (as sociobiology would have it), we have nothing left to teach but Darwinian psychology?

All these questions are also pertinent in psychoanalysis. For some, the best way to undo what remains in psychoanalysis that still smacks of its nineteenth century would be to transform its rhetoric and vocabulary with the help of concepts taken from the neurosciences. There are publications devoted to that, trying hard to point out that Freud's unconscious is lodged in the right (or left) hemisphere of the brain – depending on who is doing the research. But for that, we have to be sure that human beings think with their brains and their consciences; that is not a foregone conclusion.

Still, that does not mean there is no materiality to the brain, the organ as such. We are not spiritualists. Precisely, even if we are materialists, psychoanalysis owes its effectiveness to the fact that it is a practice of interpretation. This does not require believing in thought as such, or in the brain either, and even less in the hypothesis of the psyche. Psychoanalysis stands on the knowledge of interpretive disciplines.

Psychoanalysis teaches us that it is not thought that contains what the Other does not manage to contain. What we look for in that Other is a place to lodge sexual meaning – but not to contain it, because the contained and the container always exceed each other. This problem has nourished our Kleinian friends' explorations, they developed the contradictions of such a topology. Perhaps, beyond that formula, we need a three-part topology – between meaning, the body, and the real – that cannot be thought of otherwise than as a knotting of those three elements. Jacques-Alain Miller pointed out this issue in Lacan's teaching, especially in what he named "the late Lacan." The only thing we can be sure of is that psychoanalysis produces therapeutic effects. It can be credited for its efficiency, as has been shown in the United States – where they are very fond of this type of exercise. In Europe, we do not have the same taste for that, but we are faced with the issue every day.

The fact that psychoanalysis is a form of psychotherapy implies that it participates in contemporary mental health issues. That still does not justify the theory of the psyche's unity, and one of the contributions of psychoanalysis is to permit us to divest ourselves of that fatal hypothesis: psychoanalysis is a therapy not of the psyche but of meaning. It is true that subjects produce much more meaning than is vitally necessary. And in fact the task of putting in order the senses and that meaning – because for us it is fundamentally sexual meaning – is a political issue that rejoins the program of civilization.

At the end of the eighteenth century, someone like Saint-Just could define the political horizon and that of the Revolution as elements that would bring about "the happiness of all citizens." That terrible program led to "The Terror." The pursuit of happiness was inscribed in the founding texts of the United States of America, the only nation to this day whose Constitution is based on the Enlightenment. Today that pursuit of happiness has been converted into a "pursuit of meaning," at the very moment when science is silencing meaning in civilization.

Contemporary subjects, within the parenthesis of an analysis, try to search for identifications that define their position in civilization. They will have the possibility of experiencing the want-to-be and a space in which the causality of the production of meaning comes to them under the auspices of contingency; that is one of the fundamental uses of psychoanalysis, and that presupposes first of all that there be psychoanalysts.



Beacon cont'd

It is from the existence of the analyst, produced by clinical practice, that we should begin. Then we should define the uses. We have to begin with that, with the object that sometimes turns out to be embarrassing for civilization because – like automobiles – there can be too many analysts. But (and this is essential) only in this way are we led to understand the profound experience of our civilization: the separation between existence and essence. First there is existence. What was formulated at the beginning of the twentieth century by Husserl, changing the fundamental system of the link between existence and essence, now has to be reformulated starting with Wittgenstein's definition: "Meaning is use."

We need to find the uses for what there is and that is all, because concerning essence the cause is lost: we are increasingly confronted with the existence of a multitude of objects for which we need to find uses. That is why it seems to me that analysts of all persuasions tend to accept Jacques Lacan's definition of psychoanalysis in the 1950s: "Psychoanalysis is the treatment one can expect from a psychoanalyst."

Seven proposals for a non-standard clinic

First there is the existence of the psychoanalyst, and then the possible uses for this object. If, in an analytic session, the tyranny of identification slackens, that has nothing to do with alternative medicine, relaxation, empathy or goodness: the analytic space is a space in which the fundamental destiny of meaning in civilization is played out, as underlined in the following remarks.

Proposal 1

The hypothesis of the Other, as defined in psychoanalysis, starting from the impossibility of containing the object of jouissance, object of drive, implies formulating the One in a way different from the theory of psychic unity. The consequence is that psychoanalysis modifies the map, the territory of knowledge. Everywhere it brings along a stream of knowledge that has nothing to do with contemporary university classification or with the natural science. The interpretative sciences of their times accompany what psychoanalysts do – and what they need to transmit – and this does not at all tie up with the established organization of knowledge in civilization. One of the stakes for psychoanalysts in the twenty-first century is to try to convince other psychoanalysts that they can influence the terms of redistribution of civilization's knowledge, and that new combinations have to be conceived that will go beyond old habits.

Proposal 2

Psychoanalysis is certainly pragmatically efficacious, and must make that known. Because in the twenty-first century there is no room for the inefficient. The importance of that efficacy on the incidence of the symptom has to be defended. It can be validated statistically, and we should find a way to act differently from our North-American colleagues who work so hard at measuring and verifying. If we do not have the same taste for this kind of studious activity, that is because the history of quantitative psychology in Europe has always been vaguely associated with police tactics. Indeed quantitative psychology serves, in general, to produce that segregation called selection: that is, classes of subjects who do specific things. In the United States, the consequence is ghettos for different communities, but in Europe we have seen what that led to. That is why we do not want to produce new segregation when we enter into the justification of efficacy. One has to do only what is needed to seduce the modern Master. He wants us to be efficient: we can be that, but without the excessive zeal for that logic that can, in itself, have dreadful consequences.

Proposal 3

Clinical practice was long defined by practitioners' beliefs; mental health had a national



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consistency, distinguished according to countries or languages. Today that has changed. Within psychoanalysis, we work with Freud, with his first and second periods; then there is the post-Freudian clinic: the first, Melanie Klein, and the last, Winnicott. As Lacanians, we also need to distinguish Lacan's early period – the classic clinic –, from his middle and late periods. All that is juxtaposed. It is the same for the beliefs of practitioners who use everything they deem necessary. Consequently, classifications can appear to be an artefact. But all this is no longer linked to that ancient Hippocratic medical precept that there are no illnesses but only ill people.

In this new epoch, only existence is left to us: the singular existence of the patient's demand. The paradise of essence is now lost, there are no valid classifications anymore. This is the anchoring and knotting point for a pragmatic use of a clinical practice no one much believes in – or only enough to do what has to be done, to have the simple desire to get up each morning. The result is a clinic of narcissism, in which each person only believes in his own point of view and the only universal clinic would be a clinic validated by a biological model. With fundamental consequences for the statute of the symptom, consequences we need to explore.

Proposal 4

That the consistency of clinical practice is animated by the nominalism of the modern subject calls for a realism. This is increasingly shown in object pathologies. The more subjects doubt, the more they become autonomous of the Other; more pathologies develop, ranging from eating disorders (anorexia, bulimia) to obsessive-compulsive disorders, including drug – and other – addictions. Their epidemic nature assures us of the consistency of a realism from which contemporary nominalism cannot escape.

Proposal 5

Therefore, in order to combine subjective nominalism and the realism of the object, we are driven to produce a non-standard clinic. That includes all the results we have obtained in the clinical analysis of neuroses: everything we have learned about the identification of the subject in his relation to paternal identification, to the Oedipus, to the Name-of-the-Father. It also includes everything we have learned from psychoses that has permitted us to ascertain how those who do not have the help of a paternal signifier as a way of identifying themselves, sort things out. Added to that is what we are learning today about object pathologies. This "non-standard" clinic is the clinic of the twenty-first century.

Proposal 6

The non-standard clinic is a clinic that demands new juridical fictions. It demands the installation of fictions that allow the orderly functioning of coexisting multiple jouissances. The old forms of the Ideal that organized coexistence do not suffice anymore. One example is the fragmentation of public health services in cases of assistance addressed to specialized publics: anorexia, drug addiction, etc. This dismantles the old conception of a universal public health system because today it breaks up into diverse, symptomatic, communities of jouissance, each one wanting to be heard.

Proposal 7

What follows is the question of knowing how to imagine in our discipline a form that permits dealing with this tension between distinct communities and a common universe. It is a question Lacan raised long ago – in a premonitory way in the 1960s – and that we occasionally find now in a contemporary author like Michael Walzer in his *On Toleration*.

Finally we also have to learn, as analysts, how these jouissances – once marginal – are in the process of transforming themselves into central norms. How they, once marginal, are getting included little by little by producing new norms. This is a different problem from



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that of classifying symptoms, from that of object pathologies or juridical fictions. We can see how the gay and lesbian movement has transformed homosexuality into a new norm – and the paradoxes that accompany that transformation.

Indeed, we have to learn what biopolitics can teach us and how the new sexual norms produce effects on clinical practice.

Therefore we have to think anew, from the point of view of clinical research, about the impact of these new norms on the family, on filiation, adoption, artificial insemination. These questions are based on a profound movement: the contemporary effort to transform rules by inscribing a new object of jouissance in the norm.

Excerpts from a talk given at an international meeting on mental health: “Les défis de la santé mentale au XXI^e siècle,” (“Mental health challenges in the 21st century”), organized by the municipality of Buenos Aires, Argentina, in September 1999.

Translation: Sylvia Winter



Bookmark

A Review by Liliana Kruszel

“The End of Certainty”

Time, Chaos, and the New Laws of Nature

By Ilya Prigogine

Free Press Edition (1997)

Ilya Prigogine in the introduction to the *End of Certainty* opens the discussion about determinism in nature and science but not only there.

Earlier in this century, he writes, Karl Popper wrote in “The Open Universe”: ..“common sense , inclines , on the one hand, to affirm that every event is caused by some preceding events, so that every event can be explained or predicted....On the other hand...common sense attributes to mature and sane human persons... the ability to choose freely between alternative possibilities of acting”(1). This dilemma of determinism as William James called it (2) is intimately related with the notion of time.

-Psychoanalysis emerged under the influence of the Newtonian dynamic physics theory of physics that later continued with Einstein’s theory of relativity, both held a direct relationship between cause and effect or beginning and result, in such a way that the notion of “temporality” was in line with “reversibility”. Einstein held the view that reversibility of time was only an illusion (3) however sustained the idea that the “theory of relativity dictates that the laws of physics stay the same for all the inertial systems, but also for those bodies moving at a uniformed speed”...That’s what Prigogine will call “denial of the arrow of time”, that is unidirectionality of time.

-These models of science that prevailed in the thought of several centuries, sustained the notion as well of ‘structure’, notion of symbolic determination, made possible by the metaphoric exchange obtained by the Paternal Metaphor.

-In this vein, causality would give parallel effects between unconscious and its formations, if one thing can be substituted for another as the concept of metaphor indicates, there is a reversibility, a possibility to go back to the origin.

-Psychoanalytic interpretation through explanation in the Freudian manner would supposedly restore the bridge between cause and effect.

-In the book mentioned above W.James argues that determinism is perfectly calculated mathematically, although he could not find an explanation for ‘accident or pure chance’, that already Existentialism had tried to introduce in the human experience, inaugurated by Nietzsche, for whom there were “no facts only interpretations”.

-John Searle developed his thinking in this line with his ‘construction of the nature of reality’ (4)

-In the chapter: Epicurus Dilemma, Prigogine demonstrates how Epicurus thought he had found a solution to the dilemma of determinism, not only in nature but in human destiny as well, with his concept of ‘Clinamen’...“while bodies are moved by their own weight in straight lines in the vacuum, at



Bookmark (cont'd)

uncertain points, and uncertain moments, they deviate slightly from their paths, sufficiently so as to define a new direction.(He did not give any mechanism to explain this , therefore physics never took him seriously)(5).

-Chaos scientists are the ones who will resume this epicurean postulate of the clinamen.

-Latter Lacan developments seemed to have rectified from the first ones, that were in tune with the physics theory that tinted all the other disciplines of the 50s'. One can see the incorporation, in his last teachings of this other physics theory, that is outside the equilibrium of the structures, that is outside of meaning, as pieces of the Real.(6). Clinamen of the unconscious then, these fluctuations taken in its chaotic movement outside of the crystallization of the signifying metaphors, that are not capable of exchange, they are not symbolic.

-That's why with the last Lacan, the concept of 'symptomme' (7) is foreign to any metaphor, and constitutes that which comes to repair the fault in the knotting of the three registers (RSI), something that is of the order of an invention. Invention, that is in concert with the theory of catastrophes by Rene Thom, friend of Lacan, who along with Prigogine and others tried to explain the 'invention of forms'. In those irregular regimes, departing from the models of Newtonian gravitation and conservation of energy is that the concept of symptomme seems to emerge.. That new formation, emptied of the unconscious, will be the product of the analytic situation as such, since the experience itself will lead to the 'maximum shaving of sense' (8).

-Chaos introduces the idea that something doesn't work, that is the Real, as testimony of the no sexual relation. Real, without law or order (9). Structure that has a history, but it is not legislated by the eternal return to the same, validating the concept of 'arrow of time' and the recognition of 'subjective responsibility'. Why does the neurotic fail then? For failure to recognize that there is 'no sexual relation', and for insisting in obtaining a meaning from the other about the difference, the singularity of his own jouissance. This operation alienates him to the Other, but precisely due to the absence of meaning a separation is possible.

-Notions such as repetition, regression, fixation, identification, were feasible to demonstrate with the epistemological background of Newtonian physics applied to Freudian determinism. Notions that today shake with the new orientation of clinical practice.

-Psychoanalysis is open to the future, through slightly different paths than those determined by mythical history.

-That's why the poetry effort of the new clinical approach is closely related to the symptomme, as the creation of a new signifier that has nothing to do with the ..."dynamic between past and future, when both play identical roles, that is none..." , that's why "The arrow of time" , where its fluctuations reject the static of the universe of dynamics in favor of a world open in which activity creates novelty, evolution is innovation, creation and destruction, birth and death". (12)



Bookmark (cont'd)

References

- (1) Popper, K., Open Universe
- (2) James, W., The dilemma of determinism
- (3) Einstein, A., Philosopher-Scientist
- (4) Searle, J., Is there a crisis in American higher education?
- (5) Barnes, J., The presocratics
- (6) J.lacan, Seminar 23, class 7: Palabras impuestas, class 8 :Pedazos de Real , class 10: Lo real es sin ley
- (7) Ídem
- (8) Lacan, J., Televisión
- (9) See note 6
- (10) Idem
- (11) Prigogine, Ilya., Between time and eternity
- (12) Prigogine, Ilya., From Being to becoming

Other references:

- (1) J.Lacan; Seminar: The four fundamental concepts of psychoanalysis
- (2) J.Lacan , Seminar XX
- (3) J.Lacan , La metafora del sujeto, Escritos 2
- (4) JAMiller; La experiencia de lo Real
- (5) JAMiller, Los signos del goce
- (6) Ilya Prigogine, Metamorfosis of Science
- (7) Ilya Prigogine , The end of certainty



Radar

Treatment Evaluation for Patients with Psychosis in Nebraska

By Thomas Svolos

In looking at current events of interest to our psychoanalytic community, we in the Lacanian community see most clearly the current struggles in France over the regulation of psychoanalysis and the evaluation of optimal treatments as some of the most pressing struggles. The particular struggle about treatment recommendations is very familiar to those of us in the United States, as proponents of "evidence based treatments" and "clinical practice guidelines" have pushed strongly for this in the medical field in the US for years.

I wish to relate a specific experience about this in Nebraska relative to the psy field.

About a year ago, I was asked to serve as an expert consultant to the State of Nebraska as part of its Behavioral Health Reform Project. Part of my work was serving on a Workgroup, which was tasked in part to draft a recommendation on "Best Practices" for treatment of the state's population with Severe and Persistent Mental Illness. A word about this nomenclature: "Best Practices" recommendations are meant as a form of expert consensus, generally supposed to be ideally based on evidence, for treatment for particular diagnoses. Severe and Persistent Mental Illness (SPMI) is a designation for those patients with psychiatric conditions, often those requiring considerable hospitalization, generally schizophrenia and bipolar illness in the psychiatric nosology.

Our group of academics convened and was tasked to prepare a document much like the INSERM Report, but dedicated to the patients with SPMI, a group of patients for whom the State assumed treatment responsibility. As we went about drafting our recommendations, I proposed a series of several recommendations regarding the role of psychoanalysis in treatment for this population (not psychoanalysis proper, of course, but the psychoanalytically informed approaches specific to patients with psychosis). The initial reaction of other members of our group was against this, stating that there was no evidence that psychoanalysis had anything to offer for patients with SPMI and more specifically that psychoanalysis as a practice could be harmful to patients with psychosis.

I advanced an argument against the specific form of our evaluation process (the epistemological argument against the scientific context for the methods by which we as a group were making decisions, i.e., the "gold standard" of randomized control treatment trials), which was not accepted. Furthermore, I was consistently reminded that significant treatment recommendations, such as the American Psychiatric Association Practice Guidelines and the well-known PORT recommendations for patients with schizophrenia, came out against any role for psychoanalysis.

I then briefly reviewed the psychiatric literature myself, and the most thorough analysis of the topic which I was able to identify--a study by Mojtabai and colleagues--indicated no significant treatment differences based on type of



Radar cont'd

therapy in the treatment of schizophrenia, a study which clearly reviewed psychoanalytic-derived treatments against CBT and other treatment modalities.¹ Granted, there was nothing in this related to any Lacanian approaches (and I continue to believe that this type of issue cannot be evaluated with this type of scientific method²), but nonetheless, even within the standards set by the scientific community in our evaluation process, there was clearly, based on this study, no reason to state CBT was any more effective than psychoanalytic therapies.

Well, when I presented this to the group, this was no more persuasive, several arguing that in spite of this evidence, they were not prepared to go against the treatment recommendations of national experts. The major and most significant exception to this was, in fact (ironically—given the French situation), a behaviorist psychologist colleague supportive of a place for psychoanalysis in the recommendations, who proposed a watered down version of my recommendations, which eventually did meet with the consensus of the group and made it into the final report.

Talking with other members of the group later, I was advised that the issue for some of those most vocal against the inclusion of psychoanalysis was that any report about treatment of psychosis that advocated for psychoanalysis would be very poorly received by mental health advocacy groups, who are very much against any role for psychoanalysis in the treatment of patients with psychosis. This, I was informed, was largely a reaction to the dominant role of non-Lacanian psychoanalysis in dealing with patients with psychosis in the US from decades ago, particularly those theoretical orientations which emphasized the parents' role in causing the psychosis (eg, "schizophrenogenic mothers"), an orientation which is very much against the position that Lacan took regarding this issue. This particular non-Lacanian approach to psychosis caused such a well-justified reaction that ANY psychoanalytic approach is seen as suspect. (And, ironically, some of the few to write about this important political and clinical issue from a psychoanalytic and supposedly Lacanian perspective--Ver Eecke and De Waelhens--so confounded the Lacanian and non-Lacanian approaches and misread Lacan on this critical issue that the distinct Lacanian approach is truly at risk of being lumped in with the other psychoanalytic approaches.³) So, we Lacanians here bear the burden again of dealing with not only a professional prejudice against all psychoanalysis or even psychodynamic therapy (in spite of so-called evidence to contradict that) but also the legacy of professional and public perception of psychoanalysis as promulgated by psychoanalysts of the non-Lacanian orientations.

Thomas Svolos, Omaha, Nebraska
March 17, 2005

Footnotes:

1. R. Mojtabai et al., "The role of psychosocial treatments in management of schizophrenia: a meta-analytic review of controlled outcome studies." *Schizophrenia Bulletin*. 24(4) [1998]: 569-587.
2. T. Svolos, "The Incompatibility of Psychoanalysis and Science." *ERR: Journal of the Affiliated Psychoanalytic Workgroups* [forthcoming].
3. T. Svolos, Review of De Waelhens, Alphonse and Ver Eecke, Wilfried, *Phenomenology and Lacan on Schizophrenia, after the Decade of the Brain*. Leuven, Belgium: Leuven University Press, 2001. in *Theoretical Medicine and Bioethics*. [forthcoming].



Chart

Buffalo, New York

On-going activities:

Reading Group

Readings from the Ecrits

Responsible: Dan Collins

Contact: dcollins@buffnet.net

Houston, Texas

Houston Freudian Field Library

On-going activities:

Reading Seminar XI, The Four Fundamental Concepts of Psychoanalysis, Jacques Lacan

Frequency: every other Friday, 5:30-7pm starting January 28

Place: 427 Lovett Blvd., Houston TX 77066. Fax: 281-897-8295

Free Admission

Coordination: Carmen Navarro, Isabelle Perreau, and Mercedes Perez

Houston Freudian Field Library (Non-Profit Organization)

Open: Second and Fourth Wednesday of each month, second and fourth Saturday of each month

Hours: Wednesday 4pm to 6pm, Sat 10:30 am to 2:30pm

Address: 12026 Canterhurst Way, Houston TX, 77065

Responsible: Carmen Navarro Nino

Contact: carmennavarro11@hotmail.com

Miami, Florida

Nel-Miami

Nueva Escuela Lacaniana del Campo Freudiano

On-going activities:

School Nights:

Preparatory nights for the II American Encounter

"New ways in contemporary transference"

Frequency: Bi-Weekly, starting January 26

Coordination: J.F. Arango, L. Kruszel, and M. Prandi

Seminar: Book 10. "L'angoisse" Jacques Lacan

Frequency: Wednesdays, Feb 9, 23, March 9, 23, April 6, 20, May 4, 18, June 1, 15, 29

Responsible: Alicia Arenas

Florida Institute for Research and Development in Psychoanalysis

Introduction to Psychoanalysis I, II, III

A. Arenas, J.F. Arango, M. Prandi, L. Kruszel

Research seminars:

Psychoanalysis with children

Coordination: J. F. Arango, M. Prandi

Summer Course: "Different figures of the father in our times"

Starting in April, for 12 weeks, open to all, please register

Responsible: Alicia Arenas, Juan Felipe Arango, Monica Prandi, Liliana Kruszel

Special Event:

LECTURE: Psychoanalysis and Science. Is Psychoanalysis Scientific?

Guest Speaker: Liliana Kruszel, Psychoanalyst

Thursday April 21, 05, 7 pm

Miami Intelligence

Contact: sandra@miamintelligence.com

Contact: Nelflorida@aol.com

Te: (305)461-0999

New York, New York

New York Freud Lacan Analytic Group

NYFLAG

On-going activities:

Reading Seminar V - The Formations of the Unconscious, (1957-58) Jacques Lacan

Frequency: Bi-weekly, Wednesdays, 8 pm, 3/9/05, 4/6/05, 4/20/05, 5/4/05, 5/18/05

Barnard Hall, Room 407, Broadway at 117th St., NYC

Anxiety in the 21st Century.

Readings from Seminar X -Anxiety (1962-1963) by Jacques Lacan, and other texts

Frequency: Monthly, Sundays 7:30 pm, 3/13/05, 4/10/05, 5/15/05

Barnard Hall, Room 407, Broadway at

Chart (cont'd)

117th St., NYC

Special Event:

LECTURE: Can Subjectivity Ever Be Buried?

Guest Speaker: Pierre-Gilles Gueguen,
Psychoanalyst

Wednesday March 23, 05, 8:30 pm

Barnard Hall, Room 409, Broadway at
117th St., NYC

Responsible: Maria Cristina Aguirre, PhD

Contact:

NYFLSG@pulist.cpmc.columbia.edu

Lacanian Ink

Call for Papers, for the SYMPTOM VI

Multilingual magazine online

Special Event:

Launch of Lacanian Ink # 24-25

first double issue (J-A. Miller, M-H.

Brousse, G. Wajcman, M. Recalcatti, A.

Badiou, S. Schneiderman, S. Zizek, J.

Ayerza)

with Alain Badiou at Deitch Projects, NYC

Friday April 1, 2005, 7 pm

Responsible: Josefina Ayerza, Editor of
"lacan.com"

Contact: Perfume@lacan.com

Omaha, Nebraska

The Center for Psychotherapy and
Psychoanalysis

On-going activities:

Seminar

"The Psychoanalytic Wager"

Frequency: Monthly, Fridays, 10:30 to
12:30

Coordinator: Tom Svolos

Psychotherapy Training in the Creighton-
Nebraska Psychiatry Residency Training
Program

Psychoanalytic Curriculum

Bi- Monthly Case Presentations

Responsible: Tom Svolos

Contact: tsvolos@radiks.net

Pittsburgh, Pennsylvania

Up-coming event:

Regional Meeting of the APW

A Lacanian Study Group Meeting to be held
on April 23, 2005, at Duquesne University,
Pittsburgh, PA.

Free, informal, day-long study (registration
in advance is needed) "Psychoanalysis and
Its Teaching" and "The Situation of
Psychoanalysis and the Training of Analysts
in 1956."

Translations of these texts will be provided.
The event will be held in Pittsburgh at
Duquesne University.

Contact: Dan Collins to register:

dcollins@buffnet.net

Sentinel

**Creation of The Association for the
Lacan Foundation, on February 14,
2005. For more information or to
subscribe:**

ordinata@fondationlacan.org

The Association will have its own

publication: Cahiers Jacques Lacan.

**If you want to be informed about the
current debate in France concerning
the mental health field, you can
subscribe at: inscrit@forumpsy.org, to
receive the Agence Lacanienne de
Presse. Or go to the site
www.forumpsy.org or www.wapol.org**

**Creation of VIRTU, Reseau International
des Amis des Libertes, (International
Network of Friends of Liberties) on
March 17, 2005. For more information
go to wapol.org and/or forumpsy.org:
To register write to:
virtu.us@lacanian.net, indicating
Name, Last Name, City and Country**