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DISCUSSION ON FABIANA

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I was struck by the therapist's statement on Fabiana's analysis, which, in Garofalo's words, she experienced as "a coitus interruptus". In other words F. (Fabiana) "the moment she is penetrated, has to run off". In actual fact, it seems to me that it is rather a question of "who penetrates who". The impression I got from the text is that the therapist's condition throughout treatment was mainly characterized by an experience of impotence. An experience rather like that of someone who in coitus interruptus feels the constant threat of being unsatisfied, of being left empty-handed, furiously humiliated, at the mercy of the other. It is in this substantial point, I think, that F.'s problem essentially takes shape, in this other facet of her tendency to wanting to lay down the law. A problem that seems to suggest a refusal-impossibility to identify with her own feminine role and that, from a "classic" psychoanalytical perspective, we could indeed consider of a hysteric nature. It is in her devotion to this crux that F. lays down her hyperactive, confounding modality, her endless touch and go (coitus interruptus) within and outside analysis. F. turns things into their opposite, constantly keeps the other in check and makes him or her impotent. True, intimacy seems impossible, but only because here the male is used as a crutch, a substitute phallic object she cannot do without, but only so as not to feel the void, the lacking which alone could allow actual contact. Hence a true "vertigo of being", insofar as she cherishes a perfection and a completeness that are illusory, unattainable, which seem "existentialized" variants of castration anxiety. An anxiety that appears in some of the dreams she relates, particularly the one where a change of head leaves a scar, and which represents the ultimate price to pay for being a fully-fledged woman, i.e. "to change one's head".

If it is true, as Garofalo says quoting Benvenuto, that the paradigm of hysteria is the paradigm of the "culture of dissatisfaction", then it becomes easier to understand why F. is being held in check by an idealized dimension to which there is, by definition, no access, which makes pleasure inaccessible and throws her into the furious frustration of the fall. This translates into her

symptom, vertigo. Even the way she keeps well away from a definition of her own gender identity tells us about this: F. wants to be neither male nor female, she wants to be everything, and by so doing risks being nothing.

F. "doesn't give herself", she masochistically chides her desire, even the part linked to orality, which we know to be a favorite investment of hysteria. When she makes love she does not kiss and punishes the male-analyst by making him impotent, womanly, exactly as she doesn't want to be, but as she must somehow perceive herself in an anguished way. She wangles, she "steals" fragments of libidinal gratification, in a way she has to conceal even to herself, through her night-time computer-chat. This is exactly the same as her attempt to conceal her phallic "convexities" (her fleshy lips and bulging eyes), which she is also ashamed of--because she somehow feels their artificiality their falsity. But these, by opening a passage into the more habitual modes of transference, she finally, painfully, decides to show.

Concretely, almost as a child would do, she "takes" her husband to the analyst, signaling with an acting out (in this case useful and usable) the heart of the problem, i.e. her difficulty in reaching an intimate relationship with a man, a condition she feels all the "coldness" of, which must also be the coldness of her frozen parts. Being an analyst with a "classical" training, I would probably have used these openings with the help of the counter-transference function, in its strictest sense, i.e. as a communicational modality. The passing of signals from patient to analyst registers the movement of affections and representations that the patient cannot utter in any other way and that will be returned to the patient in due course in another form.

It seems to me that the therapist is here being offered more as a "person" than as a "function", probably encouraged in this by the powerful pressure put upon him by F.'s more regressive and needful demands. I actually agree with the fact that F. is looking for some "motherly love", or that she' looking, at least, for a love relationship cleansed of any sexualized aspects, or rather genitalized aspects. I also agree that she moves, instead, along a register of fused and confused sensuality. The fantasy of lying in the "loving calm of your arms", as R. Barthes writes quoting Duparc, in a condition of suspension and continuity where desire may not be felt because it is finally (and delusionally) satisfied, before the genital intervenes to disunite, separate, appealing to a reality that (still?) appears unbearable to F. Even what Garofalo describes as an "unstoppable logorrhea", a "a river in full spate" or "speech blasting away" comes across as an attempt to daze the therapist, to confuse him, not only to make him "inoffensive", thus compromising his analytic function, but also to lose sight of any limits or borders, between herself and the other, between the sexes and in respect to her own identity. This defensive strategy of course tells us of F.s extreme need for dependency, which the therapist seems to sense in a projective way, that is to say in counter-transferential way, when he notes down his fantasies (on target?) that it was the patient herself who interrupted treatment. As if the need to depend were so

powerful that nobody could sustain it in any way, and it is in this way that F. must have experienced it.

Ever since the 50s and Heimann's famous essay, counter-transference has been considered not so much an obstacle to the cure but rather a tool, perhaps the main tool, towards the resolution of the cure itself. Somehow the same path that transference itself underwent repeated itself. From cumbersome burden to do away with, both became the very "branch on which to sit" (Laplanche). Counter-transference has quickly turned into the cauldron of every analyst's conscious and unconscious emotions and experiences, whether started by the patient or "private", so to speak. As has often occurred in the psychoanalytic field, we have witnessed a rebound effect, with counter-transference, after having been left for so long out in the open (but often coming in through the back door, as Freud himself knew full well), finding legitimacy and citizenship, even excessively so. In the U.S.A., however, the negative connotation of the term, which essentially continued to point to an obstacle, even perhaps an embarrassing one and one to get rid of, has always been more marked. This is probably why, as a reaction, a more and more powerful trend has developed that considers the person of the analyst in "flesh and blood", we might say the analyst's "irreducible subjectivity", as essential.

What has gradually emerged in treatment , with more or less radical tones, is a symmetric level of actions and reactions that travel within the analytic pair in both directions, "enactments" ("enacted" replies of the analyst to the communications of a patient) that lead to "corrective experiences" within the relation, to the point of questioning the usefulness of the now famous "self-disclosure" (the intentional disclosure on behalf of analysts of aspects of themselves).

All this poses quite a few technical and theoretical problems. For example: where is the unconscious and were is it placed? Does it still play a role? And I'm talking about both the patient's and the analyst's. How does one get to it without a "probe", which at one point was represented by a constantly analyzed and guarded counter-transference? And here I include in the term counter-transference the analyst's "transference" too. And, after all, is all this still required?

I consider the analyst's desire to "know more" a driving force of treatment. To know more about the patient, to know more about oneself, about one's "blind stains", we might say. I also think that one should feel a goad, a thorn, a pain so to speak, to insist on these grounds. In other words, not to recover too much, if that is ever possible. I have the impression that the perspective that puts the stress on the two subjects expands at a symmetrical-horizontal level at the expense of the deeper level and risks becoming a modality for revealing phenomena. As Jacobs observed, perhaps one wants in this way to avoid an immersion into the patient's unconscious, even if, as I

have already mentioned, this seems to me the only real motivation for undertaking such an impossible job. But is it an adventure ever free of risks and dark horses?

The impression is that radical distances are at play in these domains. On the one hand we have the burning out of the concept of drive and the rise of an all-embracing "relation", which within its *hic et nunc* will make it possible to supply the appropriate correctional experiences that will heal the "lacking". But may this not be a misunderstanding? And may it not be that the lacking is that which constitutes human beings, which as such can never be healed, never be filled? On the other hand, the drive remains constituent of the psychic system. Indeed, the psychic system is, as Laplanche once said, "devoted" to the drive; the relation remains essentially asymmetric, apt for an analytic third-party. Treatment is a game based on time: time to listen, interpret, build. Is all this in any way compatible with Garofalo's strategy? It's hard to say. I believe, however, that a it is legitimate to ask, and not in the name of an alleged "orthodoxy", whether certain constructs that, both in theory and clinical practice, are gradually replacing what seemed indefeasible psychoanalytical statutes, are not signalling the shift to something else, that one still wants to call psychoanalysis, but seems to have preserved nothing else of psychoanalysis except its name.

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