INTERNATIONAL JOURNAL OF ZIZEK STUDIES

ISSN 1751- 8229
Volume Two, Number Two

Clinical Experience – The Most Important Difference between Lacan and Žižek?

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Introduction

The biggest and the most important difference between Lacan and Žižek is not a proposition or a set of propositions, but the orientations of their discourses in regard to the clinical experience. For Lacan, the clinical experience was the primary target of theory: he was dealing with psychoanalysis as a science whose roots were and would always be within the clinical setting. Žižek does not deny the clinical dimensions of psychoanalysis, but he is orientated towards what could be called political and cultural theory. This simple fact has important corollaries, especially in regard to the question of science and formalization of theory.

I) Clinical Experience

Clinical transference

In a modern Western society, there are three specific professions which presuppose and form three specific relationships between two human beings: the professions of priest, advocate and physician. These relationships are so specific that they have an exceptional position even within legislation, at least in Finland. For example, if we are not talking about a serious crime like a murder, a physician does not have to testify about what her patient has told her. This kind of special position in jurisdiction is a legacy of long historical tradition, which is still alive today.

A couple of concrete examples may demonstrate this. A physician may ask you about your erection, your ability to have orgasms, or your stools. This is normal and, in fact, when asking these awkward questions your physician is doing her job *lege artis*, as she should do it. Your physician may also ask you to eat or, what is even more, to give your child a certain amount of chemicals unfamiliar to you three times a day for a week, for example. And most people will do it and, in fact, at least in Finland, if you refuse to give your child the medication the physician considers vital, your child may be taken away from you temporarily until the vital medication has been given. Your physician may also tell you that she has to do some digital examination *per rectum*, and if you refuse, it may cost your life, if she may have found a cancer.

All this is at stake when we talk about clinical transference: one's relationship with one's physician is a very special relationship. Now, when Freud conceptualized transference it was this clinical transference with and within which he was working: originally, transference in psychoanalysis is a clinical transference found in the relationship between a physician and her patient. This does not necessary exclude the so-called layman's analysis and does not mean that psychoanalysis could not be practiced by other professionals than physicians; however, it means that the transference in psychoanalysis is first and foremost clinical.

I emphasize this because as a humanist I know that the concept of transference has been used largely, for example, in art studies: the relationship between a reader and a book has been analyzed as transference and so on. This is just fine – as long as one remembers that, in the end, there is a huge difference between a clinical relationship and one's relationship with a book or a work of art or one's neighbor or one's teacher et cetera. Or do you give unfamiliar chemicals to your child if it says so in a book or your neighbor recommends you to do it? As a physician, I hope you do not. Or, if your neighbor or your teacher or your philosopher says that she has to stick her

finger to your ass, do you allow it or do you refuse this honor? These banal questions are important, for if every relationship in which you address the other is characterized as transference, the term transference becomes an equivalent of addressing the other or of encountering something in general. After that, all we have left is a humanistic overall theory of everything – which says nothing important about anything.

Lacanian and Freudian experience

This peculiar uniqueness of clinical setting has to be kept in mind, when the reader of the 21st century begins to read Lacan, for example, *The Ethics of Psychoanalysis* (Seminar VII). Namely, in Seminar VII, one of the first things the reader pays her attention to is the repeated use of the word 'experience': "our experience", "Freudian experience" etc. The clinical experience is an inseparable reference point of Lacan's discourse. This fact has a close connection to Lacan's strict separation of psychoanalysis from philosophy: psychoanalysis is not a philosophy, but a science of the subject of science. Thus, even if Lacan referred repeatedly to philosophers like Plato, Descartes and Kant, this does not mean that what Lacan was doing was philosophy. It is the "Freudian experience" within a clinical relationship that separates psychoanalysis from philosophy – and thus it was Lacan's task to conceptualize this experience and to formalize this conceptualization in order to make of psychoanalysis something that could be taught and learned and, in this way, transported in time and place.

But what is a clinical experience? Lacan does not deny, for example, Foucault's studies about the historical constitution of the clinic and the clinical gaze. On the contrary, it is undeniable that modern clinical experience is formed historically. This historical setting in which a physician confronts a large number of patients forms the infrastuctural base of psychoanalysis, too: Freud was a physician, Lacan was a physician etc. Thus, the ultimate base of psychoanalysis is in the confrontation between a patient and a physician. And as noted above, it is this historical setting that gives birth, for example, to what in psychoanalytical theory has been called transference. In this strict sense of the word, there is transference only within clinical setting.

It is this setting – that remains quite unchangeable from one patient to another – that forms the background of Lacan's formalizations. In other words, one could state that without this constant clinical setting Lacan's formalizations (and maybe even his theory) lose their reliability. Lacan's bold statement is that within this setting we can observe not whatsoever subject, but the subject of science. This becomes understandable when one remembers the Freudian technique and the position of the analysand on the coach: the subject of science is observable through psychoanalysis because it is the subject of signifier that psychoanalysis is interested in. In other

words, psychoanalysis is not about emotions or affects or stuff like that, but about signifiers and their subjects. Thus the clinical experience that Lacan calls “ours” is the experience of the subject of signifiers experienced in the relationship between a patient and a physician.

The subject of science

Lacan’s statement – repeated in Seminar XI, *The four fundamental concepts of psycho-analysis* – that the subject of psychoanalysis is a subject of science implies a lot of things, but let me emphasize three of them:

1. If the subject of psychoanalysis is the subject of science, then psychoanalysis became possible only after the scientific revolutions by Copernicus, Newton et al. In other words, first there has to be scientific discourse and then there can be psychoanalytical discourse.

2. If the subject of psychoanalysis is the subject of science, then the subject of psychoanalysis is not, for example, the subject of politics or the subject of mass culture. Otherwise you have to presuppose the existence of the Other of the Other which guarantees or, at least, grants the sameness of different subjects within different discourses. Thus, for example, Lacan’s reading of Sophocles’ *Antigone* is not, in the end, a theory of the subject of tragedy, but a difficult example of the ethics of psychoanalysis.

3. If the subject of psychoanalysis is the subject of science, this has to do with the fact that the body lying on the couch is the object of medicine as science and the speech it utters is the object of linguistics as science, but the very subject of medicine and linguistics and all the other sciences is to found in the connection of body and speech and this connection is studied first and foremost by psychoanalysis.

II) Lacanian Theory outside the Clinical Experience

Žižek beyond the clinic

Even if Žižek refers to Freud’s and Lacan’s clinical observations, these references are mostly marginal and they do not form the main target of Žižek’s studies. This is a problem for it is not so clear that the observations and theories of the clinical setting are reliable in the inconstant situations of everyday life. The corollary of this problem is that Lacan’s concepts and formalizations

are near to collapse due to inflation when they are applied to all the possible and impossible situations and examples. For example, the concepts of subject and fantasy become an unending field when all the possible discourses from psychoanalysis to mass culture and politics are stapled together by these concepts. If the subject of psychoanalysis can be found, for example, in Hollywood films, why to bother to do psychoanalysis, which takes so much more your money and time? Just turn on your TV – and you will be psychoanalyzed…

Theoretically the abandonment of clinical setting is seen in the fact that, in Žižek, Lacanian theory becomes a kind of metatheory. Instead of being a theory of the subject of the signifier observed within the relationship between a patient and a physician, it becomes a philosophy among the other great philosophies by Hegel and Schelling etc. In this way, Lacan is easily seen – from the perspective of humanistic studies like different branches of art research – just as "another Derrida" or "pre-Derrida". In fact, was not this what Lacan was afraid of? - that he would be read as some kind of predecessor of Derrida, like John the Baptist before Jesus.

In fact, all this is seen in Žižek's discourse in the fact that he does not introduce new formalizations of psychoanalytic theory. It could be stated that the reason for this is twofold:

1. Žižek is moving from a science toward philosophy, toward a general theory articulated through general philosophical concepts.
2. Formalization requires abstraction from a constant series of similar examples (confronted by Lacan in a clinical setting). Without this clinical setting (or some other as constant setting), the formalization becomes impossible.

Lacanian cultural theory

So, am I stating that Lacanian theory and its concepts should not be applied outside the clinical field? Definitively not, in fact, I do it all the time myself. However, what disturbs me is a kind of easiness with which the clinical setting is left behind and the same concepts and sentences are used about almost everything. No thanks – and, besides, that is not very Lacanian…

As an example I mention the concept of fantasy in Žižek. Namely, it seems to have so many functions for Žižek that it begins to look more and more like a kind of *deus ex machina*: it is stabilizing and destabilizing, it functions in politics, arts, love, mass culture, advertising etc., it is a threat and a shelter and so one. We should have fantasy_A, fantasy_B, fantasy_C etc. – and, in the end, there is no theoretical explanation or empirical demonstration that these different fantasies (different not only in regard to their content, but also and especially in regard to their function and dynamics) would be the same. In fact, if the concept of fantasy becomes an all encompassing

concept, what is its relationship with the Lacanian triad ISR that forms a mental knot: how does fantasy differ, for example, from the imaginary-symbolic constitution of a world?

Thus, my point is pretty clear: the power of Lacanian orientation has to be taken beyond the "pure" clinical field, for it would be a waste of the best theory of human being not to conceptualize the world beyond clinic with Lacanian concepts. However, in order to elaborate Lacanian theory and not to make of it empty dogmatism which knows everything, every step beyond actual clinical psychoanalysis should be carefully studied and conceptualized. If we move from the clinic to the politics, what does the real, for example, mean? To say that it is the impossible or to use other jargon begs the question. Again, the subject of psychoanalysis is hardly the same subject than that of mass media – so what and where is the difference? The subject is perhaps the most difficult concept of the 20th century: we should not take it as self-evident in the 21st century.

Epilogue

I have translated Žižek's *The Sublime Object of Ideology* and *Welcome to the Desert of the Real!* into Finnish – and that involves a lot of work. I have done it because what Žižek is doing is brilliant philosophy or cultural theory or political theory. However, Žižek is definitively not writing theory for and of a clinical setting – as, in the end, Lacan was. So, Freud is Freud, Lacan is Lacan, and Žižek is Žižek – and there is a huge difference between them. My main proposal in this article is that the most important difference between Lacan and Žižek is their position in regard to clinical experience. All the other differences can be seen as corollaries of this main difference.

Thus, *summa summarum*, it is important to emphasize that it is not a question of a pejorative attack against Žižek, on the contrary: without Žižek (and Badiou and some others), contemporary philosophy would be a pretty dull set of discourses. And to be sure, it is through Žižek and the differences between his discourse and Lacan's discourse that the most important questions concerning the future of Lacanian theory and psychoanalysis in general come forth more clearly than ever. Already Freud himself crossed the narrow borders of clinical setting in his several writings and stepped on the feed of philosophers again and again. This tendency has been with psychoanalysts since the born of psychoanalysis and, in a way, Žižek is its contemporary incarnation. Thus, let me end my polemical paper with this short "formalization":

Žižek ≈ what is more in psychoanalysis than psychoanalysis itself