

THEMATIC SECTION: ADOLESCENCE IN
THE CITY: QUESTIONS FOR THE FIELDS OF
PSYCHOANALYSIS, EDUCATION AND POLITICS



The Subject in the City: psychoanalysis, social bond and invention

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ABSTRACT – The Subject in the City: psychoanalysis, social bond and invention. The clinic testifies daily the symbolic and imaginary treasures that adolescents draw on the city in order to face the complex psychic and social situations. If we consider the social bond as a fact of language, or a particular way of inscribing the subject in language, then psychoanalysis becomes an inexhaustible resource in the accompaniment and support of these vulnerable adolescents. We will discuss this proposal with reference to the teachings of Sigmund Freud, Jacques Lacan, and Jacques-Alain Miller - and with the support of a clinical presentation taken from our practice with adolescents.

Keywords: Clinic. Psychoanalysis. Lacan. Symptom. Adolescence.

RESUMO – O Sujeito na Cidade: psicanálise, laço social e invenção. A clínica psicanalítica testemunha cotidianamente os tesouros simbólicos e imaginários que os adolescentes extraem na cidade, a fim de enfrentar às situações psíquicas e sociais complexas. Se consideramos o laço social como um fato de linguagem ou modalidade singular de inscrição do sujeito na linguagem, então, a psicanálise se torna um recurso inesgotável para acompanhamento e apoio de adolescentes vulneráveis. Discutiremos essa proposição tomando como referência os ensinamentos de Sigmund Freud, Jacques Lacan, Jacques-Alain Miller e apoiando-nos em uma apresentação clínica extraída de nossa prática com adolescentes.

Palavras-chave: Clínica. Psicanálise. Lacan. Violência sexual. Sintoma.

Introduction

Psychoanalysis is not only to be understood as what operates behind the closed doors of the cure. Its analytical concepts and practice have long since gone beyond this single framework to support the work of care or education in institutions and in the city.

When considering the social bond as a fact of language, or a singular modality of the subject's embedding in the language, psychoanalysis becomes a refuge and an inexhaustible resource in assisting and supporting the most vulnerable people. Conversely, psychoanalysis has always occupied a major place in the social field insofar as it is the only approach able to respond to phenomena of transference, resistance or symptoms, that are indicative of another scene: the unconscious and jouissance – sources of the inescapable unease in civilization.

Insofar that it interprets the social symptom in the particular sphere of each person, psychoanalysis restores to the subject their responsibility and their creative chance in their relationship with the Other and with the social bond. It opens with renewed methods of inserting the subject in the city, where the dimension of the invention takes precedence over standards, determinisms and pre-established solutions. Based on the adjustments at work in the contemporary fabric of the social bond, we will discuss these different issues referring to the teachings of Sigmund Freud, Jacques Lacan, and Jacques-Alain Miller – in support of a clinical presentation taken from our practice with adolescents in specialized institutions.

The contemporary fabric of the social bond

The twenty-first century is characterized by profound changes in the fabric of the social bond, marked by the weight of capitalism and science in the contemporary discourse fabric (Laurent, 1991; Lacan, 2011; Lacan, 1972; Bruno, 2012; Sauret, 2009; Sauret, 2012). These symbolic arrangements induce new ways of relating the subject to reality (Miller et al., 2012; Miller et al., 2013), and impact all the practices and institutional arrangements at work in the social field.

Our contemporaneity consecrates the decline of ontologies, institutions and figures of authority with universal pretensions. The traditional benchmarks of the social bond are no longer successful, supplanted by capitalism and science, which Lacan identifies respectively as foreclosure of castration (1972), therefore of the impossible, and foreclosure of the subject (2001, p. 437) ... A passage from heteronomy to autonomy, which questions the contemporary modalities of the social bond without Other to guarantee it.

While mystery and incompleteness rule the collective and the individual of traditional societies, modern plenitude comes at the cost of the inconsistency and virtualization of the social bond. This generalized liberalization soon reveals its obscene, securitarian and reactionary face. The modern subject does without the Other and their law, and

is satisfied with narcissism and the jouissance of the One. What makes a social bond is no longer the father, but as Jacques-Alain Miller said, the community of brothers of jouissance; leading to a certain delusion, a certain multiplicity of modes of jouissance and of the death drive.

The social bond is no longer guaranteed by the master, vector of otherness, but by the market, all the more easily as the being is quite willing to sacrifice their preservation for their jouissance. The surest outcome then comes from a policy of the symptom aimed at promoting the singularity of the subject's jouissance in order to highlight the importance of the One in the jouissance's of the world.

This perspective opens on the transformation of the relation of the modern subject to his own jouissance. The revolutionary or even insurrectionary function of the symptom consists in dissolving the figure of the proletarian as a symptom of capitalism, in order to accomplish the basis of political action when illuminated from the analytical prism: to only interpret the social symptom in the particular sphere of each person. Certainly, the symbolic changes at work in the contemporary fabric of the social bond induce a pluralization of modes of jouissance as well as a diffraction of the identifications and modes of defense of the subject in the face of reality. However, clinical practice – and in particular clinical practice for adolescents – daily testifies to the symbolic and imaginary treasures that the subject draws from the city in order to structure the signifying apparatus and the substitutes allowing them to face complex psychic and social situations. In this respect, the case of Suzon can be considered as paradigmatic insofar as it testifies to the ways in which a traumatic event – in this case sexual abuse – can undermine the most intimate joint of the subject's sexualization and being. Above all, it offers a series of clinical emergences illustrating the modalities according which the analytical discourse helps to support the invention of an elegant solution, and allows the subject to walk in the city to seize their creative opportunity and insert themselves in an original way in some prototype of social bond.

Being a boy

Suzon was sixteen when we first met. Her clothes are dirty and damaged. She hides her gaze behind a long fringe. Her face is full of with piercings, some of which she made herself, savagely, while she was hospitalized.

Suzon has taken refuge in the office: she refuses to meet the young women of the home: the gaze of the Other persecutes her. Even more, she does not understand why she has to integrate the home for young girls while she wanted to be hosted in the boys boarding school... I question her, intrigued: "the boys boarding school?" "Yes, that's my project", she replies with a broad smile and a form of irony, "I want to become a boy".

Suzon enters into conversation starting from this enigmatic formula, then by evoking her androgynous look – her outfit, her hairstyle,

her emo style¹. This reference to emos has a particular value for Suzon: it is a full signifier, beyond the multiple imaginary identifications with which she paired herself – an elective nomination, a substitution which allows her to lodge her singularity in the Other and in the social bond after the collapse of the symbolic and imaginary references which founded her shelter.

Sexual abuse

Suzon's admission in a specialized institution was decided after a long hospitalization in a psychiatric service for adolescents, which itself follows an attack qualified as sexual abuse, committed by a young man whom Suzon was seeing: "I couldn't say no," explains Suzon with a shrug.

The sexual abuse produces the effect of a bomb (Dupont, 2020): not only does the deflagration affect primordial identifications and what in Suzon came under the "unfathomable decision of sexualization"; but it also touches the foundations of the family unit, sending the parents of the young girl back to an unbearable form which borders on rejection – to foreclosure: "We understood that Suzon would do nothing with her life, that she would end in the streets, she is a tramp". In the statics of parental fantasy, the sexual abuse serves as a point of condensation of an intractable *jouissance*, of which Suzon bears the mark irremediably, to the point of embodying this prophetic word *in reality*.

Indeed, Suzon's difficulties will not appear at the time of the inaugural trauma, but in her recovery after the fact through the detour of parental and social discourse, initiating an insidious entry into the disease marked by a host of symptoms: gradual school dropout, dismissal from high school, depressive state and manifest deterioration of the young girl's physical condition – process of homelessness and mutilation – which will lead to hospitalization and a report. The qualification of sexual abuse will be dismissed. On the other hand, socio-educational and legal follow-up of the family (AEMO in French) will be ordered in addition to the caretaking.

Thus, Suzon's case reminds us that the dimension of sexual abuse is not reducible to the reality of the act or the event, and invites us to approach the dimension of trauma in a triple temporality:

1) First of all, the attack itself, the real act – here the sexual abuse suffered by Suzon.

2) Then, the resumption of the traumatic event in the discourse of the Other, which operates a transmutation of the real to symbolic and imaginary registers, both the anchoring of the trauma to a universe of meaning or to a knowledge. If the symbolic equivalation of the event abrades the traumatic impact on the mode of the word as the murder of the thing (Freud, 2002, p. 5-6; Lacan, 1966a, p. 319), the *jouissance* encapsulated in the signifier contaminates the field of language and becomes talking (Miller, 1999b; Miller, 2011). Speech itself can then take on a traumatic significance.

3) Finally, the conversion of the trauma into symptoms: the symbolic metabolization of the trauma turns it sensitive to the work of the unconscious and to the subject's compositional efforts to treat jouissance – in the case of Suzon, the symptoms of the body as well (including the wild piercings which resonate like the iteration of the traumatic event on the body) as the social symptoms (school dropout, marginalization...) – opening on a shift from the impossible to bear to solutions likely to border on the unspeakable (Lacan, 1977; Freud, 2002; La Sagna, 2014).

The question of sexualization or the invention of an elegant solution

Faced with the sexual abuse that she suffered, and with regard to what is a radical disconnection of the subject with regard to the field of the Other, the reference to *emos* and the change of gender identity appear to be elegant solutions which allow Suzon to be on the verge of jouissance. Beyond the identifying features related to each of these references (make-up and clothes, piercings, “boyish” haircut), the *emos* signifier functions as a nomination: it is a *sinthome* which makes it possible to resolve, through recourse in the imaginary, the breaches opened in the real by the sexual abuse, and in the symbolic by the putting in abyss of the Other.

Certainly, this is a discovery since the signifier *emos* is first taken from the Other. But the character of invention and the particularized use of this signifier are manifest if we relate them to the question of sexualization and the sexual – of the *Eros*. Alongside the classic boy/girl gender partition, and the choice of hetero/homo sexual object, Suzon invents a third way: *emo*! Suzon pushes the register of invention till the question of sexualization, beyond any division: hetero/homo/*emo*. She shows irony towards the Other and testifies to her ability to use language to deal with her trauma (Miller, 2004a).

Wanderings and clinical practice of edges

The solutions built by Suzon will nevertheless confront her with a certain number of difficulties: the bond with her parents – at the very least complex and ambivalent – will be further prevented... At school, the principal will ask her to choose between her education and her piercings: he will prefer to pronounce an exclusion rather than adopt an individualized accompaniment. Even within the home, care work is endangered by daily and systematic escapades in the afternoons, when Suzon leaves to join her *emo* friends.

While the institution rigidifies its positions at the risk of becoming part of the series of the Wicked Others (Miller, 2010), I engage in a symptom policy (Soler, 1998) capable of supporting Suzon's work of composition. Indeed, the dimension of the invention implies that “at least one other” can take note of it. From this perspective, I try to make

myself a partner in Suzon's inventions by deploying a clinical practice of edges (Stevens, 2018) which knows that the frame does not make the work, and that the institution is a stage which has as function putting the subject on the podium.

Thus, I authorize Suzon to use the office phone to contact her emo friends. Together, we map her wanderings through different places in the city. Twice, Suzon will call me to ask for an educator to come and get her.

A back-and-forth game then begins between the different places of the institution and a place in the city where Suzon meets her emo friends. The repetition of situations of abuse – recurring donations of money to which she consents, then sexual solicitations that she refuses – this time, Suzon said no! – will lead the young girl to question the meaning of her presence in these places, by small touches, until setting her absence there: “over there, it's for people who have missed their lives. I don't want to miss mine”.

Driving the boys crazy

Suzon will gradually cease her fugues, as she will do without the reference to emos. New demands will emerge: previously educated in a specialized environment, Suzon now wants to resume her studies, she wants to do internships and work – “like young people of her age”. What had until then been iteration, elective nomination and then signifying itinerancy is now articulated in scenarios, as so many new modalities of more or less well-adjusted ties to which the adolescent tries herself with passion.

Suzon has had enough of the margins, she wants to be up to date! The imaginary part and the synthomatic function of her demand – “to be a high school student”, “to be a student”, “to be a stylist”, “to be a hairdresser” – or to make a name for herself from the signifiers she borrows from the Other – lead the team to favor her schooling in a private high school, free from the ordinary academic requirements, offering lessons in the morning, and the possibility of pre-professional internships in the afternoon.

Suzon begins to take care of herself, of her body, of her clothing. She grows her hair out and dyes it regularly. She takes off her piercings, one by one, and lets the holes she had forced in her body fill – especially on her face. She renews more peaceful relationships with her parents, and now spends weekends at home.

In high school, she meets new people, and comes back to the institution “with stories of girls and boys”. The question of gender identity remains significant, and Suzon finds a new method of resolution: she now wants to be “the girl who drives the boys crazy”. Suzon enters into seduction. She wears very feminine outfits, seeks to capture the gaze of the other, to position herself as an object of desire, and finds a jubilant pleasure in shying away from the advances addressed to her: she plays

with the Other, and evades their advances. She handles the dimension of the lure, the masquerade and the semblance...

The sexual abuse hit Suzon to the point of shattering her gender identity. And it is through the bias of semblances (both *emos* and games of seduction) – either through the bias of what makes up for the sexual relationship as fundamentally impossible – that she will manage to find her way through the entanglements of sexualization.

When she reaches majority of age, Suzon is about to join a room service in the city. She undertakes training and internships in the sales profession.

Psychosis, ironic clinical practice, social bond and metamorphosis

According to several perspectives, Suzon appears in the guise of ordinary psychosis (Miller, 1999a): no apparent neurotic symptom, no delirium or hallucination, but a form of inhibition and a depressive aspiration which will justify a long hospitalization and follow-up care. If several arguments plead in favor of melancholy or even schizophrenia, the identification on the syntagm of ordinary psychosis is justified insofar as:

1) Suzon testifies to the permanence of a hollowing out and a fundamental attack on the most intimate joint of the feeling of life (Lacan, 1966b, p. 558).

2) The significance of certain body phenomena: cuts, wild piercing, process of homelessness.

3) A form of wandering which affects both her journeys in the City and the indeterminacy of her desire.

4) She also testifies to an almost systematic adjustment to labile imaginary identifications, with the consequence of getting stuck on the a-a' axis (Lacan, 1966b, p. 571), a form of indeterminacy and identificatory precariousness modeled on the traits of the partner and, consequently, a lowering of the desiring dialectic. This structure modality has two major effects: it makes Suzon particularly vulnerable to the desires for *jouissance* of the Other: compliance, suggestibility, tendency to position herself as an object of the *jouissance* of the Other – repetition of the situations of abuse.

On the other hand, this identificatory lability opens the possibility up for Suzon to invent a series of solutions allowing her to deal with the thorny question of *jouissance*, the enigma of the desire of the Other and the trauma of the sexual abuse.

5) Finally, and above all, the syntagm of ordinary psychosis derives its particular value from its inclusion in an ironic clinical practice (Miller, 1993), pointing out the subject's capacities for invention and composition in their relationship to the Other and to the social bond (Béraud, 2018).

If, in an approach based on psychoanalysis, the social bond is considered as an act of language, the clinical experience highlights a paradox concerning psychosis. It shows that the psychotic subject finds a place, in one way or another, in society, and that, for him, still, the social bond is undone. The way of being which characterizes the position of the psychotic subject in relation to the structure of language consists of being both *in* society and *outside* the social bond (Naveau, 2004). Psychosis raises the question of the social bond as a paradox, to which it responds with the richness of invention and the novelty of atypical symptomatic solutions.

In general, if the term invention is essential for us today, it is because it is deeply linked to the idea that the Other does not exist, it is deeply linked to the idea that the great Other is an invention. As long as we remain in the idea that the great symbolic Other exists, the subject is simply the effect of the signifier, and the one who invents is, in a way, the Other. It is only the Other who invents. While with the Other does not exist, the emphasis shifts from effect to use, shifts to knowing-how. It is not only the point of view “the subject is determined by language, by the Other, it is in the Other that it happens”, it is on the contrary the notion that the subject has to know-how, that he has to knowing-how with his trauma. The Other does not exist means that the subject is conditioned to become an inventor. In particular, he is driven to instrumentalize language (Miller, 2004a, p. 11)².

In psychosis, the subject does not have recourse to the oedipal metaphor and to the typical solutions which relate to it: they are thus condemned to act the social bond out starting from a radical – its symptom, whose effectiveness weaves its singularity with the community by knotting in an original way the symbolism of the signifier, the imaginary of the body, and the reality of jouissance. The reference to psychosis accentuates the semblance character of the language function, emphasizing the subject’s stature as an objection to knowledge. The psychotic subject did not wait for capitalism or science to pair jouissance with art, invention and social bond, playing their partition in support of the treasures they draw from the city: Suzon, or the art of metamorphosis.

The subject in the city: collectivity and singularities

Life in community is based on a number of laws and regulations that make it possible. These rules constitute a framework which can vary from one collective to another, from one group or from one culture to another, but what remains constant is that it is addressed indiscriminately to each individual who makes up the community. This indistinction bases its principle and is involved in what is called the permanence, universality or transcendence of law, language and the symbolic order. This permanence is what causes the framework – in institutions

of care or specialized education – to be qualified as “therapeutic” for young people whose history is made up of ruptures of all kinds – affective and family, school and social. We then say of the framework that it is reassuring and structuring. This established framework is however regularly undermined, overridden or questioned by the young people we accompany. And that is what we talk about together, the object of our attention, what feeds our conversations, our reflections, our questions, our difficulties, our meetings...

On the other hand, if the framework is common, we note that when it is damaged or transgressed, it is always, in a singular way. And it is through the detours of the clinical practice that we attempt to approach as closely as possible the particularity of the “no” posed by the singularity of the one who objects to what is established. The framework is therefore common, but the “no” which is opposed to it by each subject is, for its part, singular, without common measure. We are then invited to enter another dimension, in a logic other than that of the collective and its framework, another logic, that of the one by one, of the case by case, which leads the symptom to the very heart of the ideal of the city. This singular manifestation thus presents itself as an objection to the collective framework as well as the collective framework objects to the singularity of each case – the subject as an objection to the instituted.

Then, how can we receive and support these unique events, called out-of-frame, out of the ordinary, and how find a place in the city for them? How can we deal with this permanent tension between the common of the city and the singularity of the subject otherwise than by considering these singular transgressive or out-of-frame manifestations as a language?

For psychoanalysis, the human being is first of all defined as a being of language – of knowledge and culture. Culture constitutes the natural environment of the speaking being. Its symbolic texture determines its substance. But this symbolic relationship is not reserved to the domain of thought or the exercise of speech. It irrigates all human manifestation, the subject’s relationships with their objects, with others or with their own body... With the social and the city. It therefore logically concerns the psychoanalytic concept of the symptom – both the bodily symptoms and the social symptoms. In the teachings of Freud and Lacan, the symptom is understood as a singular fixation of jouissance, specific to a subject, impossible to universalize (Soler, 1998, p. 71). It represents a substitutive satisfaction of the libido, the return of a repressed jouissance. For psychoanalysis, the symptom is a language, a gagged word, to be released, testifying to the return of a repressed truth, indexing the real being of the subject. Analytical work consists in “making the symptom speak” (*faire parler le symptôme* – Soler, 1998, p. 75) so as to reduce it to its irreducible and necessary part, so the subject can succeed in deducing a knowledge from it and becoming responsible for it.

If the use of speech and the reference to language characterize human nature in the order of the living, then any attempt to reduce this

language and its modes of expression can be assimilated to a fundamental attack on the condition or the very essence of our humanity: we are not only talking about rights and freedoms which fluctuate according to historical, social and political contexts, but about the very nature and condition of being.

Thus, any attempt to suppress the symptom, far from contributing to the well-being, education or social integration of the child, only contributes to reinforcing their difficulties and compromising their possibilities of access to care.

The analyst, on the contrary, establishes themselves as a partner-symptom of the subject: forged by Jacques-Alain Miller, this syntagma designates the partner-jouissance of the subject (Miller, unpublished, lesson of 1998), as well as the body, or the other, which the subject enjoys as a symptom.

What is the symptom? A means of jouissance, and if I am allied to the Other, it is as the Other me a symptom is for, that is to say a means of enjoying my own body (Miller, unpublished, lesson of 1998)³.

This setting in continuity of the symptom and the unconscious – via the interpretation of the analyst – resonates not only with regard to a psychoanalytic policy of the symptom but even more, it testifies to the political character of the unconscious which, although primarily concerning the jouissance proper to every-One, matches and echoes the signifiers and semblances which cross the city (Lacan, 1967, session of May 10, unpublished).

Clinical practice, psychoanalysis, semblance and social bond

The bringing into play of the analytical discourse in institutions and in the city bears reflection on a sensitive dialectic between psychoanalysis and the social bond. It questions more particularly the links between reality – which forms the basis of psychoanalytic clinical practice – and the semblances necessary for the institution of the social bond.

Indeed, if the clinical practice of the first Lacan is deployed on the area of speech, of knowledge, of transference and partner-symptom (Ponnou, 2016), in 1977, when the Clinical Section attached to the Department of Psychoanalysis of the University of Paris 8 was opened, Lacan indexes the real as the foundation of the psychoanalytic clinical practice: not only “what one says in a psychoanalysis” (*ce qu'on dit dans une psychanalyse* – Lacan, 1977), but even more, clinical practice is “the real as impossible to bear” (*le réel comme impossible à supporter* – Lacan, 1977). Psychoanalytic clinical practice refers to the real that Lacan defines as impossible to bear. Referred to the real, clinical practice escapes the power of the symbolic and the imaginary, and is declined according to the ambiguity introduced by the use of the verb “to bear” (*supporter*): insofar as it is not supported by the signifier – it is precisely what escapes

the power of words, of representations and knowledge – it refers to human pain... To the unbearable. It is a clinical practice of the unnameable, even a clinical practice as the name of what has no name. The references to discourse and to speech are also affected, since the passage from the symbolic to the real centers the analytical clinical practice on “phenomena of rupture of the symbolic chain” (*phénomènes de rupture de la chaîne symbolique* – Miller, unpublished, lesson of 1999b), likely to produce a discontinuation of the enunciation, in other words to reintroduce a subject in the knowledge (Miller, unpublished, lesson of 1982a). For the analyst, it is a question of not referring to the effects of stagnation of language and knowledge, but of constructing an ironic clinical practice (Miller, 1993), which “says that the Other does not exist, that the social bond is fundamentally a swindle, that there is no discourse that is not a semblance⁴” (Miller, 1993, p. 7). This perspective calls for “a universal clinic of delirium” (*une clinique universelle du délire* – Miller, 1993, p. 7) which emphasizes the non-segregative character of the analytical clinical practice: *everyone is crazy* means that the clinical structures are as many types of delusions, and present themselves as more or less typical modes of jouissance (Miller, unpublished, lesson of 1983; Lacan, 1979, p 218). The reference to the real establishes the singularity of the subject as a radical of the psychoanalytic clinical practice. It is then to the sinthome as a conjunction of the symbolic and the real (S1a), or even conjunction of knowledge and jouissance, and a singular modality of knotting the structure or social bond – *suntithemi*, *putting together* – that a universal place is attributed (Miller, unpublished, lesson of 2004b).

The reference to the real definitively dislodges the analytic clinical practice from categorial dead ends. It points to a clinical practice *beyond the Oedipus*, a clinical practice without the Other, where the subject’s structure does not belong to any category but to the intimate – carnal – relationship of the subject to the signifier – “the real that emerges in language” (*le réel qui se fait jour dans le langage* – Lacan, 2001, p. 476). The clinical practice of the Other which does not exist tends to dissolve the relevance of the categorial uses for a renewed attention to the subject’s discourse. The challenge then consists in shifting the clinical focus of nosography to a given concept or theme: clinical practice of the symptom or of the phantasm (Miller, unpublished, 1983), clinical practice of analytical discourse, of the analyzed, of the entry or of the end of analysis (Miller, unpublished, lesson of 1989; Miller, 1984), clinical practice of the repetition, of the superego, clinical practice of jouissance (Miller, unpublished, lesson of 1982b), clinical practice of the nodes (Miller, unpublished, lesson of 2002), etc. These perspectives make it possible to shift the effects of stigma and interference from the classical clinical practice as from the DSM clinical practice – which are always from the Other: “[...] Or else our clinical practice will be ironic, that is to say based on the non-existence of the Other as a defense against the real – or else our clinical practice will only be a rehash of psychiatric clinical practice”⁵ (Miller, 1993, p. 8) ...

However, this reference to the real as the basis of the analytical clinical practice induces certain forms of paradox as to the inscription of psychoanalysis in the contemporary concert of knowledge and in the social bond. According to this perspective, psychoanalysis and civilization, psychoanalysis in civilization, advance in opposite steps. The first always pushes its grasp of the real further, while the second establishes itself as a paradigm of the symbolic. Logical consequence: the place of psychoanalysis in the city becomes inversely proportional to its progress. This hypothesis implies that the more we go forward in the history of psychoanalysis – its clinical practice, its concepts, and the training of psychoanalysts – the more the inscription of psychoanalysis in the history and in the fabric of the social bond will become complicated or even be prevented.

Since its invention by Freud, psychoanalysis has known storms and golden ages. The idea of resistance, or dissent, is not foreign to the psychoanalytic movement: today, it seems pushed to its paroxysm, if not to a point of tension rarely reached. However, this situation is all the more paradoxical as psychoanalysis offers original solutions to the new variations of the uneasiness in civilization: depression, autism, hyperactivity, suffering at work, etc.

Doubtless the shrinking of the analytical space is contemporary with the symbolic changes at work in the fabric of the social bond: rise to the zenith of the cult of the object and devaluation of speech, decline of ontologies and figures of authority with universal claim, anguish generated by a misguided use of science (Miller, 2012; Miller, 2013) ... But it is still looking in the Other for the reasons for a structural malaise linked to the asymptotic trajectory of psychoanalysis in civilization. Denouncing the precariousness of the semblances, psychoanalysis interprets the social symptom in the particular sphere of each one and leads the subject to the construction of a half-said knowledge instead of the truth – to the elaboration of a knowledge in the real. It opens on the construction of a social bond that is no longer supported by illusion but by the relationship to the breach, to the fault, to the unbelief in the Other, to the void and to the irrecoverable, to open on the responsibility and creativity of the subject in their relationship to themselves and the others.

But the possibilities of this work are not without conditions: that the analyst can still constitute an address; that psychoanalysis will not be banned from care and education services for managerial, speculative and opportunistic reasons; that the analytical discourse can still diffuse and bite the subjects in their flesh... Responsible for carrying, alive, the signifier in the real, we are also responsible for these conditions of possibilities which imply the making of a semblance for psychoanalysis, of semblances for psychoanalysis, capable of keeping the place of psychoanalysis in the city alive. A semblance for a discourse that would not be a semblance (Lacan, 2007)... A lure, a transferential clinging to which the analyst could subscribe without accepting the reasons: healing, truth, knowledge... A semblance, a paradox in question form – which semblances for psychoanalysis? – likely to support the

policy of psychoanalysis in the years to come... And with it, our know-how and our creativity.

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Notes

- 1 I then learn that emo is a genre of punk music and culture, between soft gothic and manga universe.
- 2 [...] D'une façon générale, si le terme d'invention s'impose pour nous aujourd'hui, c'est qu'il est profondément lié à l'idée que l'Autre n'existe pas, il est profondément lié à l'idée que le grand Autre est une invention. Tant que l'on reste dans l'idée que le grand Autre du symbolique existe, le sujet est simplement effet du signifiant, et celui qui invente en quelque sorte, c'est l'Autre. Il n'y a que l'Autre qui invente. Tandis qu'avec l'Autre n'existe pas, l'accent se déplace de l'effet à l'usage, se déplace au savoir-y-faire. Ce n'est pas seulement le point de vue «le sujet est déterminé par le langage, par l'Autre, c'est dans l'Autre que ça se passe», c'est au contraire la notion que le sujet a à savoir-y-faire, qu'il a à savoir-y-faire avec son traumatisme. L'Autre n'existe pas veut dire que le sujet est conditionné à devenir inventeur. Il est en particulier poussé à instrumentaliser le langage
- 3 Qu'est-ce que le symptôme ? Un moyen de jouissance, et si je suis allié à l'Autre, c'est en tant que l'Autre est pour moi un symptôme, c'est-à-dire un moyen de jouissance de mon propre corps.
- 4 [...] dit que l'Autre n'existe pas, que le lien social est en son fond une escroquerie, qu'il n'y a pas de discours qui ne soit du semblant.
- 5 [...] Ou bien notre clinique sera ironique, c'est à dire fondée sur l'inexistence de l'Autre comme défense contre le réel - ou bien notre clinique ne sera qu'une resucée de la clinique psychiatrique.

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