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## Listening for the unconscious : an exploration of Lacanian clinical perspectives applied to social work practice

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Katharine B. Thomas  
Listening for the Unconscious: An  
Exploration of Lacanian Clinical  
Perspectives Applied to Social Work  
Practice

### **ABSTRACT**

This qualitative study explores clinical perspectives based on the work of Parisian psychoanalyst Jacques Lacan (1901-1981) applied to social work practice. Through in-depth interviews with five Lacanian clinicians residing in North America, this study asks what the unconscious as a clinical reality offers social workers in incorporating and listening for yet another dimension of human experience. The findings from the interviews will contribute to a critical reflection on social work's core values outlined in the code of ethics under the headings of "service," "social justice," "dignity and worth of the person," and "the importance of human relationships". In turn, this may enhance the dialogue on how practitioners of all persuasions conceive of and carry out an ethically grounded practice in today's world.

**LISTENING FOR THE UNCONSCIOUS: AN EXPLORATION OF LACANIAN  
CLINICAL PERSPECTIVES APPLIED TO SOCIAL WORK PRACTICE**

A project based upon an independent investigation, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

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2011

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## **CHAPTER I**

### **INTRODUCTION**

Our domestication, including our preoccupations with the pragmatics of practice, has entailed a critical loss of creative freedom. We risk dangerous insularity insofar as we minimize our contact with other social science discourses (sociology, political theory, anthropology), occluding the vision of a psychoanalysis that might be at once more social and more critical (Tolleson, 2009, p. 202).

This opening epigraph suggests that cross-disciplinary ways of thinking are needed to revitalize a sense of creative freedom in the field of psychoanalysis. The same might be said for clinical social work, especially amid the increasing use of short-term, pharmacological treatments for psychological maladies that the age of managed care has ushered in. In this thesis, I will begin to explore what psychoanalysis, and its extension through the work of French psychoanalyst Jacques Lacan (1901-1981), contributes to the field of social work in reflecting more critically on its efforts to create individual and social change. Through an exploration of Lacanian clinicians' perspectives, this study investigates what the unconscious as a clinical reality offers social workers in incorporating and listening for yet another dimension of human experience. In turn, this may enhance the dialogue on how practitioners of all persuasions conceive of and carry out an ethically grounded practice in today's world. Considered one of the most influential thinkers in psychoanalysis since Freud,

Philosophers, critics, and intellectuals across the humanities have been energized by Lacan's formulations on human subjectivity—its development, its structure, its interaction in the world. His theories have inspired many dozens of books and hundreds of scholarly articles in English alone (Hughes & Malone, 2002, p.1).

However, a review of the existing literature suggests that Lacan's theories have gained wider recognition in the academic disciplines of literature, philosophy, and cultural studies than in clinical practice, including social work theory and practice. Despite his relative absence in clinical programs in the United States, there are a number of North American practitioners who are contributing to the faint but present dialogue surrounding the significance of Lacan's theories "...to show how this difficult and complex body of ideas can enhance clinical work" (Gurewich, 1999, p. ix).

As the largest group of mental health practitioners in the United States who are often the first to diagnose and treat individuals with mental and emotional disorders, social workers should not be excluded from this dialogue. Moreover, social work's interest in both intra-psychic life and the sociopolitical forces that come to bear on individuals makes it a well-suited platform to engage with a theory that goes a long way in articulating the formation of the subject in society. On the other hand, social work's commitment to working with marginalized populations who are affected by some of the most "traumatogenic" environments in which "...individual and group physical safety, social security, and symbolic capacities are all simultaneously assaulted" (Layton, Hollander, & Gutwill, 2006, p. 238) adds an important layer of experience to a Lacanian perspective.

Traditionally, social work has drawn from various bodies of knowledge including economics, sociology, psychology, as well as anti-racist and anti-oppressive discourses. However, lacking a consistent theoretical frame, there has been confusion regarding social work's dual role as both social change agent and enforcer of societal norms. Kivel's (2000) concept of the "buffer zone" speaks to this discrepancy. According to this theory, social workers in the 'buffer zone' help to maintain the status quo by encouraging individuals to adapt to unequal or morally untenable social conditions while failing to impact the overall conditions that allow a small number of those at the top to control the majority of wealth and decision making power. In this way, social workers not only provide services to those at the bottom of the economic chain but also provide a level of protection for those at the top.

While social work has played an important role in providing relief to populations in need, "...in times of both war and peace, the profession's dual role as deliverer of social policies and defender of those affected by them often pits its functions in conflict with its values" (Park, 2008, p. 449). Some of the more glaring examples of this have included social work's participation in the Eugenics movement (LaPan and Platt, 2005) and the internment of Japanese in World War II (Park, 2008). In these ways, social workers have become the hands of larger governmental policies that re-inscribe rather than disrupt the dominant ideological paradigms of the day. Currently, the professions differing and in many cases hostile responses to immigrants (Park, In press) further reveals how misplaced aggressions enacted on a political level are also evident on an interpersonal level between social workers and the populations they are meant to serve.

Social workers in today's market economy are equally vulnerable to the kind of ideological influences that the above historical examples evince. The profession's wholesale



adoption of short-term, behaviorally driven, 'evidenced based practices,' has left social workers complicit with the dehumanization and mechanization of human health that the current for-profit system begets. Although managed care has highlighted the importance of empirical research to document what works in treatment, it has often done so without a broader definition of what we deem to be of value in the human experience and therefore how to define "what works." Health and wellbeing are reduced to a set of measurable goals and outcome variables that may have little to do with the broader context or deeper change processes involved in living healthfully. As a result, clinicians working within the insurance system may experience "...a fundamental incompatibility between their ethos and what they understood to be the guiding philosophy of the managed care companies they worked for" (Cohen, Marecek, & Gillham, 2006, p. 257).

However, it is important to note that the choice to opt out of problematic social institutions to preserve the integrity of one's practice may have unintended consequences. For example, clinicians who leave the managed care system may inadvertently effect clients from lower socio-economic and minority groups who, faced with multiple and complex psychosocial issues, would be better suited to more experienced therapists (Cohen et al., 2006). This and other examples highlight how clinicians' choices about whom they will serve and how they will treat cases dovetail in important ways with the larger social landscapes they practice in. This is why writers such as Tolleson (2009) suggest that clinicians should not see their work as separate from the social and political environments they practice in for "...the decision to *disregard* the potency of the broader social world in the forming of subjectivity, to expunge political meaning from the therapeutic discourse, is as political as an act as otherwise" (p. 199).

Social workers can make important links between individual level praxes and the larger social realities that shape possibilities and opportunities for human transformation. Yet, a

cursory glance at social work's history suggests that the field has fallen short in producing meaningful change both for individuals in clinical work or in regards to the systemic conditions that contribute to and sustain the marginalization of certain groups of people. Social work's history is a reminder of the continued need for examining the tension between social control and social justice inherent in the profession (Park, 2008). Given social work's inconsistent track record when it comes to acting in accordance with its values, it seems wise to take pause in order to engage in a more reflexive practice. This study is intended to spur greater reflectivity in the field through an investigation of an alternative model of practice based on the work of Jacques Lacan.

My assumption going into this research was that critical examination of social work practices might be enhanced by a theory that accounts for the unconscious dimension of human experience. The choice to focus on Lacanian psychoanalysis was based on the fact that no other contemporary psychoanalytic thinker has returned to Freud's central concept of the unconscious as extensively as Lacan. Furthermore, the deeply ontological nature of Lacanian theory and his explicit articulation of an ethics of practice positions clinicians of this persuasion to provide rich responses to the kinds of questions that "...depart from and return to our ethical commitments concerning what is of value in human experience" (Adler, 1998, p. vii). Amid an increasing complex and fragmented modern day experience resulting from advancements in technology and globalization, an examination of what is unique and therefore worth preserving in human experience is all the more necessary.

Completely outside the world of insurance, Lacanian psychoanalysis offers a deeper and longer-term model of change than the current "quick-fix" approach entails. This model may serve as an important metaphor for the kind of investment needed to address the complex

economic, political, and environmental issues that society faces today. Through engaging in conversations with Lacanian clinicians, this study begins to explore how a Lacanian praxis, and the unconscious as a clinical reality, contributes to new ways of thinking about social work's efforts to ameliorate human suffering and promote social justice. Particular attention will be paid to how an expanded understanding of the subject that includes the unconscious lends itself to a more critical examination of social work's core values. This study may also serve as a model for the kind of cross-disciplinary dialogues needed to help revitalize a sense of creative freedom in clinical fields.

In the following chapter, I will provide a brief historical background of psychoanalysis and its extension through Lacan and introduce a few of the key Lacanian concepts that undergird the clinical perspectives to be explored. In the third chapter, I will outline my method for engaging in this topic area and the rationale behind this methodology. In the fourth chapter, I will present the findings of my interviews with five Lacanian clinicians highlighting key themes that emerged from these conversations. In the last chapter, I will discuss the relevance of my findings in relationship to the first four of social work's core values that are outlined in the National Social Worker's Association code of ethics under "service," "social justice," "dignity and worth of a person," and "importance of human relationships". This discussion will present an alternative clinical perspective in order to expand upon current conceptualizations in the field of social work practice.

## CHAPTER II

### LITERATURE REVIEW

#### **Introduction**

A cursory review of the literature suggests that Lacanian formulations have largely come to English speakers through academic applications of his ideas rather than through the clinic (where his work was both developed and intended to reside). “No longer perceived as a theory meant to enlighten the practice of psychoanalysis, his brilliant formulations have been both adapted and criticized so as to conform to the needs of purely intellectual endeavors far removed from clinical reality” (Gurewich, 1999, p. ix). The cloistering of Lacanian ideas in academia has been contributed to by the difficulty of his texts. Most writers who introduce Lacan begin with a caveat concerning the impenetrable quality of his style of writing that has been described as “...at once ineluctably, infuriatingly, poetry and science” (Gallop, 1985, p. 35). As a result, many Americans may know of Lacanian psychoanalysis as “...little more than a series of texts—a dead academic discourse” (Fink, 1997, p. xii). This is likely one reason why Lacanian formulations have not crossed over the disciplinary lines into social work theory and practice.

Fink (1997) suggests that in order for Lacan’s discourse “...to come alive here, his clinical approach will have to be introduced through analysis, supervision, and clinical work—in other words, through subjective experience” (p. xii). There are a number of North American practitioners who practice from a Lacanian perspective. In the spirit of engaging the user, this study focuses on the subjective accounts of a few of these clinicians who have been practicing with a Lacanian orientation for at least ten years. While it is not within the scope or purpose of

this study to provide an exhaustive overview of Lacanian theory, this chapter will introduce a few key concepts that undergird the Lacanian clinical perspectives to be explored. A brief overview of the development of psychoanalysis and its extension through the work of Lacan will be covered first in order to situate the concepts discussed in a historical context. Following that, the unconscious, and the three registers will be covered, with an eye toward their relevance to the field of social work.

### **Historical Overview**

Psychoanalysis has been referred to as “a unique creation of Western civilization” (Marcus 1984 as cited by Adler, 1998, p. 3). In twentieth century Vienna, Sigmund Freud and his colleague, Joseph Breuer, began working with patients whose symptoms could not be explained in organic terms, but as was discovered, “...seemed to have some association with wishes or feelings that were consciously unacceptable and had been transformed into physical states” (Berzoff, Flanagan, & Hertz, 2008, p. 24). Inspired by the treatment of the day, hypnosis, Freud went on to develop the technique of “free association.” He encouraged his patients to speak freely whatever came to mind, with as little self-censorship as possible, while lying on a couch (a further means to encourage the associative process). Through associating to elements that emerged in the patient’s dreams, memories, and musings, Freud discovered a path into the unconscious life of his patients. He and his patients encountered resistances to knowing along the way; however, the linking of unconscious elements provided relief from symptoms that had come to be stand-ins for what the patient must not know. Through this process, individuals became freed up to experience new ways of being that broke with unconscious repetitions of the past. In other words, through the process of psychoanalysis, patients were able to recall that which they had forbid themselves to think, rather than repeating it unconsciously in action.

Today, Freudian concepts have infiltrated the North American psyche and Freud's "talking cure" has proliferated into a "...widely accepted method for enhancing adaptation and reducing psychological symptoms" (Bornstein, 2003, p. 717). Although psychoanalytic principles serve as the basis for a variety of talk therapies, the practice of working directly with the unconscious has been interpreted differently. The significance and specificity of Freud's original discoveries have been overlooked amid debates concerning his status as a historical figure; Freud has been cast as "...antiquated, misogynist, unscientific or too scientific" (Adler, 1998, p. 2). Yet, few contemporary psychotherapists or psychoanalysts have equaled Freud in his rigorous adhering to and building of a theory around a clinical practice oriented towards listening for the unconscious.

**Lacan's Socially Subversive Psychoanalysis.** Parisian psychoanalyst, Jacques Lacan (1901-1981) is an exception. In the 1950's, Lacan proclaimed a "Return to Freud" (Gherovici, 2003, p. 4) marking the beginning of his building of an edifice based on Freud's original discoveries. Like Freud, the heart of Lacan's work resided in the clinical encounter. However, history suggests that psychoanalysis has not been confined to the couch. Lacan's emergence in the second half of 20<sup>th</sup> century France reveals the extending scope of his theories into the social and political arenas. The events of May 1968 that included the largest general strike of workers commenced by a series of student uprisings "...called for the invention of new political forms that looked not to the politics of traditional political parties but to a politics of the person" (Turkle, 1992, p. xxiv). Turkle observed that Lacan's theories were used to think through the highly charged political events of the time:

Lacan's theory of the construction of the symbolic order allows for no real boundary between self and society: human beings become social with the appropriation of language

and it is language that constitutes human beings as subjects. In this way of looking at things, society does not simply “influence” autonomous individuals but actually comes to dwell within them at the moment of the appropriation of language (p. xxv).

The elements of Lacan’s formulations that fit the needs of the revolutionary leanings of French citizens were embraced. In turn, “Lacan responded to the Events by devoting his seminar to analysing the structure of mastery itself. He produced formalizations of the four discourses which constitute the social bond” (Leader & Groves, 1995, p. 153). This interplay between Lacanian theoretical formulations and the social milieu in France illustrates how since its inception, psychoanalysis has been both influenced by and influencing its social surroundings. The subversive potential of a psychoanalytic discourse has been said to lie “...in its *de facto* challenge and denunciation of received knowledge, its deconstruction of the illusions embedded in everyday life, and its (near heartless) refusal to take anything for granted, from the most sacred to the most banal (Tolleson, 2009, p. 192). To those interested in the social application of psychoanalysis, the emergence of Lacanian psychoanalysis is a testimony to its subversive potential.

**American Psychoanalysis: Adaptation Versus Subversion.** The emergence of a psychoanalytic culture in France 1960s and 1970s buoyed the proliferation of Lacan’s ideas into French society resulting in a much wider acceptance of psychoanalysis. As Bornstein (2003) points out in reference to psychotherapy, “...[its growth] during the past century has been nothing short of remarkable, but as any marketing experts can attest, growth entails risk” (p. 717). In the United States, one risk has been the business of therapy coupled with a climate of “theoretical apathy,” which has left therapeutic spaces open to a certain “ideological

overwriting” (Hughes & Malone, 2002, p. 14). The norms, values, and inequities of the culture are often reinforced within the therapeutic dyad in ways that work against freeing individuals.

Gherovici (2003) speaks to the imposition of cultural norms more generally in tracing psychoanalysis’ appropriation into American society:

American psychoanalysis is geared toward the adaptation to “reality” and places strongly optimistic hopes in an ego that would be reinforced by therapy and endowed with better coping skills. This American optimism could not be more opposed to Freud’s pessimism about irremediable unconscious determinations. Freud rebuffed any attempt at salvation, whether religious, political, or therapeutic.... While Freudian psychoanalysis in France and Latin America opened a path for Lacanian psychoanalysis, in the United States ego psychology Americanized Freud by transforming psychoanalysis into adaptive techniques (p. 4).

Similarly, Turkle (1992) noted almost two decades ago, the risk associated with the proliferation of psychoanalysis in the United States:

First, even if psychoanalytic ego psychology is far more philosophically sophisticated, there is the continued growth and popular presence of all its noisy relations: the plethora of theories and therapies that assume the presence of an active, autonomous self...each talk a somewhat different language but their messages have something fundamental in common. They each promise self-improvement, without calling society into question, by stressing the reassuring and the individualistic (p. xxxi).

These perspectives suggest that psychoanalysis’ adoption into American culture has resulted in a loss of some of the more critical aspects of the theory both in terms of the individual in clinical



work and in terms of its social application. This has left American psychoanalysis open to criticism by writers such as Tolleson (2009) who note that the profession's failure to engage with a broader set of cultural and social inquiries has resulted in unexamined alliances with funding sources and the enactment of social inequities within the therapeutic dyad. She writes, "...our preoccupation with holding onto our professional legitimacy, staying viable in the marketplace, which tempts us in morally dubious directions and dampens our freedom to elaborate a more oppositional, or dissident, sensibility" (p. 190).

The brief historical overview of psychoanalysis described above has implications for social work practice. Firstly, if the profession intends to make more meaningful strides towards its social justice aims, social workers will need to engage in critical examination of its core values and practices. In this case, the field's adherence to a model predicated on an ideal of an autonomous, individualistic, self who is well adapted to society, deserves further examination. Inherent contradictions related to promoting individual autonomy and social adaptation persist in social work practice due to the lack of theoretical scrutiny brought to bear on such inconsistencies. The following sections highlight key Lacanian principles that when applied to social work practice may help clinicians sort through the tensions that persist in the absence of such a theory.

### **Principles of Lacanian Psychoanalysis**

**The Unconscious.** In contrast to a model oriented to an autonomous and conscious version of the self, Lacanian psychoanalysis is persistent in its adherence to the "subject of the unconscious" as was first discovered by Freud in the context of his psychoanalytic practice. Lacan strongly emphasized the linguistic elements of Freud's theory, leading to his well-known dictum that the unconscious "is structured like a language." Borch-Jacobsen (1991) writes,

This is a highly ambiguous formula, which we really must avoid understanding in the sense of a subject's expressing his desire in symbolic form, in the sort of idiom that we need only decipher to find its proper, nonfigurative meaning. Lacan's formula must actually be interpreted literally: the unconscious "as" language is not a symbolic or metaphorical language, it *is* language (p. 150).

For Lacan, there is not a simple translation between words and the things they are meant to signify. "A word does not reveal its meaning so simply. Rather, it leads on to other words in a linguistic chain, just like one meaning itself leads to others" (Leader & Groves, 1995, p. 39). Structured as a peculiar, associative kind of logic, Lacan's unconscious reminds us of the slippery nature of language and its attendant meanings.

As language itself, the unconscious is decipherable not simply as the return of that which is outside of consciousness or as a correlative to the individual's lived past. Instead, the unconscious might be described as an effect in the absence of meaning: a stumbling of speech, something unintended, a point of logical impossibility, which disrupts the ego's version of things (Lacan, 1977 p. 25). At the same time that the ego precludes the subject's awareness of her unconscious, the truth of her desire "...is always already *said*, as openly as can be, and this paradoxically, is what Lacan calls the 'unconscious'" (Borch-Jacobsen, 1991, p. 149). From this perspective, the individual's conscious narrative simultaneously occludes and is the very medium by which the unconscious, and the truth of the subject's unconscious speaking, is revealed.

From this perspective, the analyst listens for those points where the analysand might find herself perplexed, surprised, or caught off guard by the appearance of something unintended or a

peculiarity in her speech or dream material. Over the course of an analysis, an alternative narrative pertaining to the unconscious is pieced together, over time freeing the subject to experience her unique desire, a Lacanian concept that will be expanded more fully in the following sections. The following quote speaks to the primacy of the unconscious in Lacanian work:

Lacan's "return to Freud" is a tribute to his recognition that Freud's founding of psychoanalysis reflects the articulation of a specific field of effects. This specific field might be called the "subject of the unconscious" and Lacan remained devoted to a theoretical exposition of this subject and to the development of a clinical praxis addressed to it. Whether contextualized in terms of a tension between the imaginary and symbolic axes of "intersubjectivity" (as in early Lacan), or else as structured by language, the discourse of the Other, or a response of the real, Lacan attempts to further what he sees as Freud's discovery of this peculiar "phenomenon" called the "unconscious" (Hughes & Malone, 2002, p. 7).

In addition to paying tribute to Freud's articulation of the unconscious as a specific field of effects, this excerpt introduces various terms related to the phenomenon of the unconscious. The unconscious is described in terms of its relation to the "imaginary" and "symbolic" registers, then in relationship to "the discourse of the Other," and finally as a "response to the real." These Lacanian concepts will be unpacked in the following sections by situating them in a Lacanian model of development. The three "registers" of psychic life including the "Imaginary," the "Symbolic," and the "Real" will be explored in relationship to a specific phase of development occurring around six to eighteen months that Lacan referred to as the "Mirror Stage."

**The Imaginary Register.** From a developmental standpoint, humans are born prematurely. With only minimal control over motor functions, and lacking coordination, infants would die on their own. Naturally, the child's caregiver protects and helps the child through the vulnerable, early stages of development. However, Lacan proposes that a developmental phase beginning around six months that he called the Mirror Stage is critical to the child's mastery over his or her own body and marks the infant's entrance into the imaginary register. "The imaginary is the register most firmly connected with what many think of as subjective experience, entrained to the visible world, bounded by a (false) sense of inside and outside, and functioning as a correlative to an alter ego" (Hughes & Malone, 2002, p. 28).

Sparked by the discovery of her own image (be it in a mirror or in relationship to the sight of another child) the infant, in her premature state of motor development, identifies with the false coherence of this image -- a gestalt that represents what she would like to become. While this allows her to gain a new sense of mastery over her body, at the same time, it prefigures an irrevocable alienation rooted in the difference between the infant's fragmented experience of herself, and the false coherence of the image she identifies with, as outside herself. According to Lacan, this misrecognition of one's image for oneself encapsulates the "*I*'s mental permanence and at the same time prefigures its alienating destination" (1966, p. 5).

**The Symbolic Register.** In addition to identifying with an image outside herself, when the infant sees herself in the mirror she develops an unconscious sense of what it is to be looked at. This awareness of being watched is linked with the sense that what one does matters in the gaze of an "Other." This Other that is also related to the "Other of the unconscious" (which will be explained more fully below) is linked with the child's entry into the symbolic register. The symbolic register, which concerns language and thinking, "...creates 'reality,' as that which is

named by language and can thus be thought and talked about...[it] implies a world that can be designated and discussed with the words provided by a social group's (or subgroup's) language" (Fink, 1995, p. 25). From this perspective, entrance into the symbolic register is not simply entry into a world of communication that is used to convey meaning, but is also an entrance into all the values and norms that pre-exist the individual and to which she or he submits herself or himself by entering into what Lacan calls the 'symbolic' sphere" (Olivier, 1995, p. 663). In entering this order, the subject comes to occupy a position in relation to the Other as language-a precondition for the speaking subject and his or her existence in society.

*The Other.* The significance of the Other has to do with the relationship between the subject and her desire in the field of language. Lacan distinguishes little "o" other, experienced in relationship to one's image in the mirror stage from capital "O" Other, which is "the locus in which is situated the chain of signifiers" (1977, p. 203). Here, the Other of the subject's unconscious might be understood as the Other as language. Fink (1995) also lists "the Other as demand," and "the Other as desire" as faces of the Other (p. 13). Lacan describes the relationship between the chain of signifiers and the subject's desire saying:

It is insofar as his desire is beyond or falls short of what she says, of what she hints at, of what she brings out as meaning, it is insofar as his desire is unknown, it is in this particular point of lack, that the desire of the subject is constituted (1977, p. 218).

In the realm of language, one's unconscious desire is mediated in relationship to the "discourse of the Other." As the provider and decoder of language, the big Other determines the subject's desire by what is said and what is heard (1966, p.132). For the subject who must be received through language, the Other takes on a position of one that is all knowing and powerful. The

subject is shaped in relation to this external Other that the child is beholden to, a position that is originally occupied by a primary caregiver that the child is beholden to.

Because the subject must go through the Other for the satisfaction of needs, and because the response (or nonresponse) of the Other seems unpredictable, the subject will suppose that the possibility of satisfaction is subject to the demands, desires, and requirements of the Other...(Hughes & Malone, 2002, p. 30).

In the case of getting her needs met, it matters that the infant is receivable to her caregiver, as he or she holds the object of desire (i.e. the breast). However, because one cannot really predict how to be received perfectly, there is a sense of apprehension and guessing involved. No matter how closely the caregiver responds to the child, the infant experiences gaps in recognition or periods of deprivation. This experience of deprivation, along with the abstraction of the object of need into the symbolic order (i.e. the words that come to be stand-ins for the thing itself), ensures that the demand for recognition takes on greater importance than the object itself (Leader & Groves, 1995, p. 81). In the symbolic register,

The object of need becomes pulverized by the dimension of language: what matters now is not the object...but the sign of love. Speaking thus introduces a particular form of loss in the world. To speak is to make the object vanish, since one is speaking to someone else.... To need and demand, he adds the register of desire. Desire takes up what has been eclipsed at the level of need...and introduces an absolute condition in opposition to the absolutely unconditional nature of demand (Leader & Groves, 1995, p. 80).

In the symbolic register, this demand for recognition or the caregiver's love, gives way to a desire that can never fully be satisfied. This inherent lack at the heart of desire becomes the

elemental feature that drives the human subject throughout the life cycle. A passage from the novel *What I Loved* (2003) speaks to this human experience:

The awareness of the lack in myself made me vaguely restless. The feeling lodged itself in my mouth as a dry taste, and I suffered from a longing that nothing could satisfy. It wasn't hunger or thirst or even sex I wanted. It was a dim but irritating need for something nameless and unknown that I had felt from time to time since I was a child (63).

**The Real.** Lacan's register of the "Real" refers to that which is outside symbolization. As the register that humans are born into, the Real is a state in which there are no boundaries, there is no presence or absence, and nothing has representation. Thus, the Real has no basis in "reality," which might be better understood as a mixture of the symbolic and imaginary registers (Leader & Groves, 1995, p. 61). Muller (1996) describes the Real as follows:

The "Real" is a notion to be distinguished from reality as its epistemological frontier; if reality is a system of images, logical categories, and labels, yielding a differentiated, usually predictable sequence of experience, then the Real is what lies beyond as the unimaginable, nameless, undifferentiated otherness in experience. Lacan stated: "In other words, behind what is named, there is the unnamable. It is in fact because it is unnamable, with all the resonances you can give to this name, that is akin to the quintessential unnamable, that is to say, to death" (1954-55, p. 211) (Muller, 1996, p. 75).

Without the Symbolic to contextualize and without the Imaginary to restrict, the Real can be anxiety ridden for some, thrilling for others, or altogether fragmenting for others (as in the case of psychosis) (Muller, 1996, p. 75). The state of the Real becomes overwritten in the register of

the imaginary when the child enters the mirror stage and the register of the symbolic. Yet, the Real remains in the body and can be experienced in momentary flashes throughout the lifecycle or for more protracted periods in cases of trauma or psychosis. The following excerpt from the novel *What I Loved* (2003) speaks to the kind of flashes of the Real that one might experience during momentary gaps in symbolization:

The bewildering estrangement of such moments, when the familiar turns radically foreign, isn't merely a trick of the brain but a loss of the external signposts that structure vision...Those experiences have left traces in me as a nearly perpetual disquiet.

Although there are times when it vanishes altogether, usually I can feel it, lurking beneath the ordinary activities of my day—an inner shadow cast by the memory of having been completely lost.

### **Linking to Social Work**

The Lacanian concepts explored above call into question social work's traditional ego orientation, which according to Lacan, is grounded in the illusion of the Mirror Stage. Identifications based in the imaginary are falsifications that only helm the patient in. The analyst operating within the imaginary register might be situated as an authority or as another a small "o" other to be idealized or rivaled. Here, the patient finds her voice by identifying with the analyst as if this could magically offer her coherence when there is none to be had, according to Lacan. An identification of this type lends itself to foreclosing on the discovery of the subject's own unique knowledge, or the truth of their unconscious speaking. A Lacanian perspective offers an alternative to remaining entrenched in the imaginary:



Instead of indulging the subject's need for security or supposedly attainable strengthening of the ego or *moi*, Lacan therefore recommends nothing less than the cultivation of *uncertainty* on the subject's part by 'suspending' her or his 'certainties until their last mirages have been consumed' (Olivier, 2005, p. 665).

While we are under the impression that we use language to explain what we mean, a Lacanian perspective on the unconscious suggests that there are important ways in which language is already chosen for us and is outside the realm of our conscious control:

Language has a life of its own. Language as Other brings with it rules, exceptions, expressions, and lexicons (standard vocabularies and jargons, lingo, specialized technospeak, and subcultural dialects). It evolves over time, its history related to that of the beings who speak it, who are not simply cast and recast by it but have an impact on it as well, introducing new turns of phrase, new constructions, and so on" (Fink, 1995, p. 14).

This perspective on language and the unconscious has several implications for social work. Firstly, it throws into question a model of exchange based on a conscious version of language and intention and invites a critical stance in regards to language and meaning. In this way, a Lacanian theory of the unconscious may help social workers begin to sort through inconsistencies in the field pertaining to its professed value of social justice and its participation in forms of social control.

The unconscious as the "discourse of the Other" speaks to the idea that language has a history of its own. This provides a theoretical entry point for social workers to think about the significance of history and culture in the lives of clients and with regards to the contexts that

social workers practice in. In Tolleson's (2009) view, failure to engage with a broader set of cultural and social inquiries has resulted in unexamined alliances and the enactment of social inequities within the therapeutic dyad. Lacan's theory of the unconscious may provide a useful counterpoint to looking at how language and culture come to be embodied and transmitted across generations.

From a Lacanian perspective, the end goal of analysis is to free up previously unarticulated desires in the individual in order to become alive and creative in the way one engages with the world. Similarly, the daily activities of social workers are steeped in the use of language to help, assist, ameliorate, organize, liberate, and emancipate. If social workers want to stay true to a liberatory practice—a practice that does not pivot on the patient's adaptation to a society that may or may not be healthy, they might do well to explore a Lacanian stance more fully. With a more complex theory, social workers would be better positioned to guide clients to discover truths distinct from acts of conformity to authority, and that are ethically true to the client's unique desire. From a Lacanian perspective, this desire can be arrived at through careful attention to the subject's unconscious speaking over the course of an analysis. In this way, social workers stand to benefit from learning the ways Lacanian clinicians work towards an inner liberation. To facilitate a more systematic discussion, the following chapter will lay out the methodology used to gather information from Lacanian clinicians practicing in the field.

## **CHAPTER III**

### **METHODOLOGY**

This research explores how a Lacanian concept of the unconscious might contribute to clinicians' thinking and practice in the field of clinical social work. Due to the absence of empirical studies on Lacanian psychoanalysis in the English language, it was necessary to gain a beginning familiarity with the topic and some of its key conceptions. A method of qualitative inquiry based on semi-structured interviews followed naturally both in terms of its usefulness in probing more deeply into a little known topic area and to begin to help generate concepts that may be relevant areas for further research.

The idea of working directly with the unconscious has diminished since Freud's talking cure has morphed into the wide spread use of therapies aimed at "enhancing adaptation" and "reducing psychological symptoms" (Bornstein, 2003, p.717). One of my assumptions going into this research was that Freud's appropriation into the mainstream has entailed a loss of some of the more radical implications of a psychoanalytic praxis. I chose to speak with Lacanian clinicians because of Lacan's adherence to the Freudian corpus and Freud's articulation of the unconscious. Hughes & Malone (2007) write,

Lacanian see many contemporary psychoanalytic movements ostensibly "beyond Freud" as having underestimated an essential articulation within Freud and thus aimed towards a different psychological domain. Lacan stressed this throughout his writings. This is not to say that Lacanians do not move beyond Freud, but rather that there is always a dual reference in Lacanian work: to Lacan, it is true, but always to Freud (p. 7).

The question driving this research was how a practice oriented towards this “essential articulation” might stir up new ways of thinking and listening in the field of clinical social work. Because Lacan’s ideas were developed during a time of great intellectual and political unrest in French society, I thought that a Lacanian perspective might also contain a political or social dimension that would be relevant to clinical practice in today’s context. On the other hand, I felt that social work’s attunement to differences along the lines of race, culture, and class, which are invariably bound up with our bodily experiences, might have something to add to a Lacanian framework. From a social worker’s perspective, I wondered how a deeply intra-psychic practice accounted for socio-cultural influences in the clinical encounter and how these clinicians might make sense of their work within a larger social context.

These ideas served as the basis for the semi-structured interview guide that I devised. The questions included how the unconscious is listened for and how this differs from a position that addresses the ego primarily; how the socio-cultural identities of therapist and patient are relevant to the work; and what the significance of the practice might be in today’s social and political context. The overarching aim of these questions was to think about what the unconscious as a clinical reality might contribute in the field of clinical social work.

To pursue these questions, I utilized a qualitative exploratory framework based on semi-structured interviews. The use of qualitative methods in the human sciences is grounded in a particular epistemological viewpoint that values alternatives to traditional positivistic methods. The positivistic tradition, which was developed as a method of study in the natural world, is based on the assumption that there is an objective truth that can be discovered by a sufficiently neutral observer (Ghezjeljeh & Emami, 2009). It relies on reduction and quantification to prove or disprove a hypothesis about a phenomenon. While explanations based on independent

variables and linear cause are both relevant and useful, they often leave something to be desired in the human sciences. This is because social systems are distinguished by qualities of nonlinearity, interdependence, and dynamic occurrences, all of which are not so easily measured (Agar, 2005).

As an alternative to traditional scientific explanation, qualitative methods allow researchers to approach some of the more illusive aspects of human experience by employing so called “naturalistic” methods, such as interviewing, observation, and ethnography. These methods explore meanings in the social realm through the perspectives of its participants and/or the perspective of the researcher. Instead of being bound by truth or generality, qualitative methods may open a space for personal accounts, nuance, and a documentation of the extraordinary in the ordinary. This research might be best understood as falling within a “post-positivist” paradigm, which claims that, “although reality exists to be uncovered by inquiry, it is never perfectly apprehensible” (Ghejeljeh & Emani, 2009, p. 17).

While there are many methods that fall under the rubric of qualitative research, this study stems from a “grounded theory” perspective. Grounded theory was developed in collaboration between Glaser and Strauss (1967) and Strauss and Corbin (1998) in the field of sociology. It was based on the theoretical underpinnings of symbolic interactionism, which highlighted the dynamic processes of interpersonal meaning making (Fassinger, 2005). Instead of collecting data and drawing comparisons between discrete variables in order to confirm or disconfirm a hypothesis, a grounded theory approach allows theory to emerge from a particular data set:

Theory is derived inductively through an iterative, concurrent process of data collection, coding, conceptualizing, and theorizing, wherein new data are constantly compared to emerging concepts until no new themes, categories, or relationships are being discovered,

at which point the properties of, and relationships among, constructs are specified in the form of a substantive theory about the social behavior under investigation (Fassinger, 2005, p. 157).

The idea of looking at a particular data set and inferring new concepts or theory is also related to a psychoanalytic sensibility that undergirds this project. Psychoanalysis is itself a line of inquiry that attempts to give language to aspects of the human experience that elude coherence and meaning. Psychoanalysis might be thought of as a territory (as much as a theory) in which the untold pieces of a human's experience emerge, as a possible answer to affliction, and as a mode of human understanding. From this epistemological standpoint, 'truth' might be understood to be co-constructed; in this case, it may be co-constructed between the clinician's presence and the patient's unconscious. As such, clinical social work may find merit in learning from the ways clinical work is practiced with the Lacanian clinicians in listening to, and incorporating, yet another dimension of human experience.

However, the concept of the unconscious also begets the question of what is knowable and what is always missing from language. How does one represent knowing while embracing the distance that language guarantees from knowing? In writing this study, I have kept in mind that where there is a description there is an interpretation, not the thing itself, or the law itself, but a representation through language. My attempt to apply theoretical sensitivity is limited by the contours of my own knowledge and experience. Therefore, the ideas presented in this study are not matters of fact, but rather, are meant to introduce the reader to new concepts relevant for further research. In the following pages of this chapter I will lay out the particular steps I took to carry out this research and the rationale behind my study design.

## **Introduction to Study Design**

The fact that Lacan's formulations have found wider circulation in purely academic circles than in clinical practice in the United States seems to contribute to a perception of Lacanian psychoanalysis as an exclusively intellectual endeavor. The impenetrable quality of Lacan's style of writing, which is mirrored in much of the academic literature, tends to present his ideas as far less accessible than is practical. This may set the field of clinical social work, which is often oriented toward solving concrete problems, further apart from a Lacanian clinical perspective. My intent with this study was not to contribute to a purely theoretical or technical discourse on Lacan. Instead, I hoped to introduce Lacan's work in the field of clinical social through the perspectives of Lacanian clinicians.

**Participants & Recruitment.** I recruited participants from a small group of specialized professionals through a key informant in the community who I knew prior to beginning this research. I anticipated getting between four and six Lacanian clinicians in this way and I was interested in interviewing no more than eight clinicians. This was so that I would have ample time to immerse myself in the data. I ended up interviewing five Lacanian clinicians. Each of the participants had been practicing with a Lacanian orientation for between ten and twelve years. Four of the practitioners identified as white, and one clinician identified as Hispanic/Latina. Out of the five clinicians, four were female and one was male. Three of the clinicians were American and two were Canadian citizens.

**Research Design.** Initial contact was made to these referrals by telephone (and by email in two cases) to introduce myself and to screen for fluency in English, theoretical orientation, and number of years of experience as a Lacanian clinician. If a participant met my inclusion criterion and verbally agreed to participate it was determined whether we would meet in person

or via Skype. Participants interviewed remotely were sent a packet containing a demographic data sheet and a consent form that they filled out and returned by mail prior to the interview. Copies of these forms were brought to face-to-face interviews and were filled out at the start of the interview. Two of the interviews were conducted in person and the other three were conducted online with video capacity. Each interview was between fifty and ninety minutes.

A semi-structured interview guide was used to help generate conversation. All of the clinicians requested to see the question guide ahead of time (refer to appendix A). Rather than a prescriptive set of questions to be answered fully by each participant, the guide was used to generate conversation while covering key areas of interest. The semi-structured nature of the interviews allowed me to pursue unforeseen questions and to probe more deeply into salient themes in order to move the conversations along in a more spontaneous and nuanced way.

**Data Analysis.** Data was collected and analyzed from a grounded theory perspective insofar as new concepts and themes were gleaned from the data alongside the collection process (Rubin & Babbie, 2007, p. 308). Each interview was transcribed and then analyzed for general but not exhaustive themes. Themes were selected based on their cogency and connection to the overarching topic of how the concept of the unconscious as a clinical reality might contribute to clinicians' thinking in the field of social work practice.

**Strengths & Limitations.** Both a strength and limitation of this study is that it emerged out of my special interest in Lacanian psychoanalysis. My prior acquaintance with a key member of a Lacanian community made it easy enough to recruit participants. Also, my enthusiasm for this topic likely contributed to more dynamic conversations with the clinicians I interviewed. However, my special interest in this topic may contribute to a more self-serving and less critical reading of the topic area than is warranted. One way I countered this limitation



was to engage in peer briefing with my research advisor and colleagues who were able to provide alternative perspectives and to raise important points of clarification.

Four of the five clinicians I interviewed were affiliated with the same Lacanian school. Therefore, it should be noted that my findings are heavily weighted towards a particular reading of Lacan and might diverge from a broader Lacanian perspective in significant ways. That being said, the use of a qualitative method limits the generalizability of my findings by design. My utilization of a qualitative method of inquiry is consistent with my analysis of the data.

Due to my limitation as an English-only speaker, I did not attempt to tap into Lacanian communities outside of the United States and Canada or to speak with non-English speaking clinicians. Having been able to do so might have made for a more rich and diverse sample, especially given Lacan's popularity in France and Argentina. Due to the nature of the sample size, the sample does not fully reflect the ethnic and racial diversity of the larger population, or the diversity amongst Lacanian clinicians. The depth of the interviews allows for the generation of new themes that may be relevant for social work and inform further research on this topic. These themes will be presented in the following chapter with the presentation of the findings from my interviews with Lacanian clinicians.

## CHAPTER IV

### FINDINGS

This thesis explores what Lacanian psychoanalysis might offer the field of social work in reflecting on its efforts to ameliorate human suffering and create meaningful social change. In this chapter, I will present the findings from my conversations with five Lacanian clinicians who were located in the United States (n=3) and Canada (n=2). The questions covered in the interviews included how the unconscious is listened for and how this differs from a position that addresses the ego primarily, how racial and socio-cultural differences are accounted for in the practice, and some of the political or social implications of a Lacanian praxis. In the following pages, I will present the major themes that emerged from the interviews under the headings, “listening to the unconscious,” “the position of the analyst,” and “ethics for practice”.

#### **Listening for the Unconscious**

Overall, each of the five Lacanian clinicians I interviewed expressed a strong adherence to the concept of the unconscious. This informed both their articulation of the subject and their particular mode of analytic listening. Three of the five clinicians gave a descriptive illustration of how they listened for the unconscious:

Dr. B: Last summer in France, there was a little place where my partner read books and I did painting. It was by this little hedgerow of lavender, and there were always bees humming over the whole surface of it. When I’m really listening analytically, that’s where my mind is. It’s all over the surface of everything. I’m not working at it—it’s just there. I’m usually writing things down, unless it’s with a child, so that I can kind of

retrace what the movement has been. But I trust that piece in me that wants to know what's unknown and censored for the patient. Just that, not any part of the story they are invested in telling me, not any theoretical point, just that I'm going to pick out the key repetition, or key phrase, or set of phrases, even if it's enigmatic to me why I picked that out, I'm going to trust that. That to me is listening for the unconscious and not listening to the ego. And, usually in retrospect, I'm right in the sense that something unfolds for the patient that is of real consequence, whether it is a little one's play or someone who is an adult on the couch.

Dr. A gave a description that focused on the difference between the conscious mind's narrative and the alternative logic of the unconscious:

To get at that story that is about the unconscious we have to play a different logic, which is not around the narrative or the story line, but rather is about sound bites. The entry way is not meaning via a narrative but meaning via sound. On the surface, those sound bites initially might not seem to cohere but they do ultimately. I'm interested in how to link those sound bites into a different kind of story-not one that is the story of the conscious mind but a story of what Freud called the other scene, the scene of the unconscious. To do that, I have to pay attention to something other than just the narrative or the story line that presents itself on the surface. My entry way are things like slips of the tongue, dreams, as Freud said "dreams are the royal road to the unconscious," things like forgetting or a failed act, like locking our keys in the car, something like that...I listen for ruptures, for holes in the text, places where there is a break in the narrative.

These are for me, all places in which the unconscious is speaking and that's what I want to hear.

Dr. F described the unconscious in a way that similarly evoked the unconscious as an experience beyond what is conscious or readily observable. She used the analogy of listening to music to help describe this:

Now when you hear music, you can measure the waves through a sophisticated analysis of wave sounds. But the effect of music in you, you cannot see this effect. It is something that you could describe, but never fully. You cannot say that because you cannot see it and that you cannot describe it fully, that it is not real. It has an effect on you. I would say that the unconscious is the equivalent of the music inside of you. It is something that happens that is active but you cannot see. All we have access to are different manifestations. That's why Freud talks about dreams and lapses—all different formations of the unconscious to have access because there is no direct access. That is the big difference with a position that works with the ego, with things observable, measurable, controlled and determined by where there is an adjusted or maladjusted behavior. That is different than the unconscious, which is a manifestation of something that happens to you...So we are looking for everything that is nonsensical, that is bizarre, that doesn't making any sense of what we concern with others.

These descriptions of analytic listening suggested that the unconscious is revealed enigmatically through secondary manifestations, such as dreams, ruptures, and repetitions in language that over time might be pieced together to form an alternative narrative pertaining to what one clinician referred to as the "other scene" of the unconscious. All of the clinicians upheld an important

distinction between listening from a position that addresses the ego, or the conscious narrative, and a position that is solely oriented towards the unconscious. Related to this was the importance of the analyst's position in relationship to his or her "analysand."

### **Position of the Analyst**

Three of the five clinicians suggested that the typical "me-you relationship" or a therapeutic relationship based on conscious identity constructs, i.e. one's role, race, gender, social location, or the like, detracts from the unconscious. The following excerpt by one of the clinicians expands on this idea:

Dr. A: The greatest single obstacle to the unconscious is the me-you relationship, the typical ego relationship-me and you, the therapist and the patient. The problem with the me-you relationship is that as long as the patient is directing their speech to the person of the analyst, in some sense, the analyst is not just guiding but dictating. If they are truly dictating it to the person of the analyst, the analyst is their audience. An address always has an other if we speak it to someone, but if the other of that address is the analyst, then in some sense, it's the analyst who is dictating that speech and that's what most patients have been plagued with their whole lives. They are very good at reading the desire of the other and becoming that. They are good at becoming the ideal ego that the other wants them to be. What's hard is dispelling that and figuring out what is the truth of their own being, never mind what any body else might want them to be. So, as long as the therapist stays in the role of the master, the one who knows, who makes interpretations, that is the analyst in American psychoanalysis, that is the analyst being complicit with the role of the other who is none other than the other of that patient's fantasy!

In a similar vein, one clinician suggested that differences based on race, gender, and social positioning, which may have great significance on the level of the “me-you relationship,” have little to do with how the unconscious is listened for and what is understood to be at stake in the unconscious:

Me: Let’s say I am a male black veteran working with you, how is that important in ways or not important at all in Lacanian psychoanalysis?

Dr. B: It’s left in the dust in my book. It’s not that it’s insignificant, because it’s hugely significant, to that person and to me. But also, you are not talking about that dimension of life, or to the extent that you are it isn’t to resolve what are...how do I describe this?

There are clinical relationships in which talking about social location becomes part of the talk of the psychotherapy itself and it can be very freeing for the person who has never had a space to do that before in fact but has nothing to do with the unconscious.

Dr. C also suggested that the trend toward a “relational” approach in clinical work, while useful in ways, runs counter to the kind of “radical space” that a Lacanian approach attempts to bring about:

Dr. C: A new wave in the social work school is the relational approach, coupled with bringing in the social dimension. Social location is important and you need to attend to those things in therapy, which may be useful in ways, but it’s a different effect. It’s not a radical space being created.

These clinicians suggested the importance of going beyond or putting aside the social identities of the participants in order to open up a space for the unconscious. However, Dr. E answered a similar question differently:

Me: What you are describing is something pretty deeply intra-psychic, when you are talking about the subject of the unconscious, so how do things like gender, class, race, become salient for a Lacanian or do they?

Dr. E: Oh yes, that's for sure. They become aspects of the contingencies of one's life, and they are just as real as what you might say about them, in terms of meanings. Many patients don't realize the effects of the contingencies of their own lives, and so, they have an idea of the way they wish they were. They have an ideal self and they wish they were that. And in their analysis, when they first come, they are full of anger at their self for not being more this or more that, or more something else...

Despite this difference in Dr. E's response, which will be touched upon further in the discussion of my findings, the clinicians unanimously expressed a common belief in the importance of taking up a position of "not-knowing" in relationship to the "analysand."

**"Of a Beginner's Mind."** In opposition to the position of the "master" or "authority," each of the clinicians made reference to a position of 'not-knowing,' or what one clinician described as "to be of a beginner's mind." Here, the analyst is understood to be a guide rather than an authority in the matter of the unconscious. Theory and interpretation take a back seat to the analysand's unconscious "encountering my desire to know," as one clinician put it. Thus, all of the clinicians presented an alternative viewpoint critiquing the role of "interpretations" in traditional American psychoanalysis. The following responses from each of the clinicians illustrate this point:

Dr. A: The analyst as listener is not a master. They are a guide and they are listening because they want to know. That's why they wouldn't, for example, give interpretations. In the traditional psychoanalysis of America, it is the analyst who makes an

interpretation. There is no such thing for the Lacanian analyst. An interpretation would be something like a pulling a signifier, underlying or giving back a patient his own signifier by saying it quietly, or by linking to it, or guiding them to link two signifiers so that they would then hear a piece of another scene. But it wouldn't be to give an interpretation as such, because that would be the master knower and that's exactly what gets in the way of the unconscious.

Dr. C: Pristine interpretation, psychoanalytic interpretation, runs the risk of people imposing the therapist's notions and theories onto their patients. One of the ideas about this model is that there is no technique in psychoanalysis. There are certain rules in place in order to frame the space where the work has to take place but it isn't a matter of a series of techniques to do that. It's almost a virtual space that is created solely for receiving the expression for what hasn't been expressed or spoken, with all the risks and uncertainties that poses.

Dr. E: You always remember that this person in front of you isn't just who you think they are and it's not your right to design them or discourage them from being who they are... Lacanian work to me operationalizes how you interpret out to difference. Because, with the traditional analysis, where you are giving interpretation based on a theory, what you are doing is interpreting out to sameness.

Dr. B: First of all, it's to be of a beginners mind with the sense that you don't know what's at play in the unconscious, your patient doesn't know and you don't know either. But if you do as Freud does, if you have this sort of free floating light attention over everything rather than trying to search after or glom onto this, that, or the other thing, and



interpret it, god forbid, and just let it be, then your own training and your own unconscious will begin to hear things that repeat, or hear funny kind of sound associations that are very significant. You don't know why in the beginning, everything becomes clear in retrospect. It's usually a long retrospect.

### **Ethics for Practice**

The distinction between a position that addresses the ego and one that addresses the subject of the unconscious is related a Lacanian ethics. Each of the clinicians introduced the topic of ethics during the course of the interview. The following excerpts introduce various points related to this topic:

Dr. A: A big thing in analysis is revising our ethics, even the terms of our ethics. Because, if we are no longer an object operating in relation to some other we are afraid of who could kill us or satisfy us or gratify us, withhold or grant, if we are no longer an object and we are free of making decisions based on some worry about some other that has more power than we do...They are choices that you make that are in line with who you are and to be who you are you might decide that you have to uphold certain commitments to people you were committed to before you entered analysis or not. It is in line not with your ego but the truth of your being speaking. That doesn't mean it's not ethical. It's ethical in accordance with this ethics of desire, which is actually the strictest ethic I personally know of.

Dr. E: The Lacanian ethic is to not give up on your own desire. And, it includes in the end, identifying with your symptom, meaning, be yourself. So, if you are a more

emotional person, Lacanian analysis does not try to make you a less emotional person by implying that it is infantile or regressed or unbecoming.

Dr. C: The ethics is to engender in each subject coming to the point where he is going to make a choice if he is going to receive what's there and make use of it, or is it more than he can bear and he doesn't want anything to do with it. But that's their choice. It's not to be forced.

Dr. F: It's finding the shine of that thing that never found a way to appear. It's very exciting to hear that and to see the changes that it brings into people's lives. They stop taking medication, they start creating, they rejoice. It has real effects in their daily life. And you see a sense of freedom that appears. Freeing the subject. And with freedom comes ethics. How are you going to use that capacity you have?

Dr. B: I guess it's a different kind of ethic than a collective ethic. The idea in Lacanian work that you free someone first of all to begin to hear in their own dreams and in the patterns of their own life, including the patterns they are creating in the present, that there is a fantasy at stake in it, that they are beholden to a structure of fantasy that doesn't allow their own desire to emerge. And, what they call their own ethic, their own moralities, is completely caught up in that. In that sense, and especially if they are symptomatic, they are truly not free. But if those fantasies fall, then there is a period of time when people are, how do I describe it? What guides their lives are no longer the ideals of the society or the family, which doesn't mean they can just sort of go out and recklessly do whatever they will because that is another version of fantasy, it just means that once they are free of a fantasy that has driven their lives, than other things become

possible in a way that was never possible before. It's not so much outside of society but beyond all the ways of thinking about what society is.

While introducing various meanings of a Lacanian ethics, these descriptions similarly introduce the value of freeing up the individual from unconscious constraints in order to be able to experience a greater number of possibilities regarding how one will live his or her "desire" in accordance with his or her own "deepest knowing." One clinician referred to this "ethics of desire" as "the strictest ethics I know". These clinicians seemed to agree that how one chooses to live this out and in what relationship to society is unique and is "not to be forced." While the importance of limits in a society were acknowledged as necessary, these clinicians advocated against a position of social complacency in relationship to societal rules and norms. In some ways, the Lacanian perspective seemed to suggest that an ethics tied to the subject of the unconscious carries a greater weight of responsibility to humanity than perhaps any collective ethic might impose from the outside.

**Creativity Versus Adaptation.** Attendant to a value of self-determination that a Lacanian perspective seems to uphold is both the centrality and singularity of human creativity and it's link with the unconscious. As opposed to what one clinician referred to as an "orthopedics of the ego," (a position that calls for adaptation to society), the unconscious from a Lacanian perspective seems to be closely linked with the concepts of creativity and difference. The following excerpts illustrate this point:

Dr. A: If you just upheld the ego, you would have a bunch of objects operating in the world as opposed to subjects speaking. You would have compliance along the social link rather than creativity, and finding a way to speak and thrive within the social link. I get

that there has to be social link so there is not chaos, but I'm not big on compromising creativity. This way you get each individual's creativity finding a way to speak, as who they are in the context of the social link, but they are not simply being good players, subjugating their creativity, or speaking the party line to get along.

Dr. F: What is insisted upon is that psychoanalysis is an ethical practice clearly explains that at the very core of what makes us human is not something to be changed, corrected, or adjusted, not even treated. It is something that refuses to negotiate with what's being imposed from the outside...this capacity to create from within you, the singular ways in which we do things-we work so hard to be like everybody else because we want to be loved especially when we are a child, when we are young, but there is something always that resists and psychoanalysis gives place to that.

Dr. C: That get's back to the question of the ego, because from that perspective that you just described the task of us self-professed neurotics who certainly know what's good and right is to promote that, so it becomes a sort of an "orthopedics of the ego," or making the person fit in. That's distinct from the perspective of humanity. If any human being is going to survive they have got to find a niche in the social link. How do you promote that? The way of doing that can be messy and looks like a detour. It doesn't go straight from A to B. So, you have got to allow the space for the idiosyncratic expression that is going to be anti-social, revolting, repugnant, rageful, whatever...

Dr. E: You always remember that this person in front of you isn't just who you think they are and it's not your right to design them or discourage them from being who they are. Instead of thinking in a reductionist way, you think creatively about these people in front

of you. And again, you don't want your creative impulses about them, to fix them in some other position, like "I think you should be doing so and so."

In order to receive the full expression of the individual, these clinicians seemed to advocate for a space that is uniquely oriented toward speaking into a place of censorship that entrance into language necessitates.

**Censorship & The Psychoanalytic Space.** While these clinicians seemed to have something to say regarding the significance of the practice in relationship to a larger social world, all of them drew a clear boundary between the two in clinical practice. These clinicians spoke about this in terms of censorship and the function of psychoanalysis as a space for "speaking into that place of censorship." The following excerpts touch on the relationship between psychoanalysis and the social world:

Dr. B: Every society has some big gap that's created by what's censored by that society. Psychoanalysis ideally makes a space for speaking into that place of censorship for those who really decide to follow that path and I think for some people who are really truly artists there's another path, but again, that's how I think of it as radically political...As soon as you make a society, you make a society relation to language and ideals, and in society there is always something censored.

Dr. A: Society does not belong in the consulting room, except insofar as we are aware of the social link, and there are certain rules like, god for bid, child abuse or something like that. Those rules and laws have to be upheld and if they are not, the patient has to go and fix that and then come back. People who are not psychoanalysts can't legislate about

psychoanalysis, about the interiority of psychoanalysis. Society has no business. The rubrics of society are not what psychoanalysis is about.

Dr. E: It may be that Lacanian principles are most powerful or useful within analysis and actually they're not well applied outside.

Me: What do you see as the relevance of the clinical practice in the social climate? Do you have thoughts about that?

Dr. C: I don't see the direct application. When I talk about closing the door, working analytically, that is such a private space...If we are focusing on the unconscious, what that means is that there is a subject of the unconscious that to the degree that the person is ill, has not been able to express something, it is censored, repressed, split off. The focus on the unconscious is to promote an access where the person himself can have access to what's previously been unsaid.

Dr. F: We work so hard to be like everybody else because we want to be loved, especially when we are a child, when we are young, but there is something always that resists and psychoanalysis gives place to that...there is another word for it. It is the censored. It is something that cannot be said.

These excerpts suggest that psychoanalysis is perhaps most radical in its opening up of a space for what necessarily becomes censored vis-à-vis the subject's entrance into language. In this way, the distinction between the analytic and social dimensions is upheld.

**The Unconscious & Humanity.** While these clinicians maintained an important distinction between the clinical and the social or political dimensions, I would be remiss to not

highlight the important ways in which these practitioners spoke about their Lacanian perspective in relationship to society or a larger perspective of humanity. The following excerpts speak to how each of these clinicians articulated something of their position in relationship to a larger social world:

Me: The last question of seeing any relevance or usefulness in the way it is practiced clinically to the social context of our world-are you answering that now in some sense?

Dr. E: It's more in tune with what is going on in the world. For example, what is going on in the world and what is trying to be expressed in us, goes very much hand and hand. As a reflection of what happens to us, as a reflection of what is happening in the world right now. There is something that resists always and then wants to come back-the question of ethics-I think that is the key. When this thing comes back, what are you going to do? That is the question that we are living in this moment. It's a question that "Alpha Beta" always says: how far can I go with this quest without separating myself from others? Are we going to get together by obeying rules, out of fear, or of power, exercised by a small group of people that control the world-ten or fifteen rich families? Or, are we going to get together around a project that will necessitate that we create new rules, new laws, not out of fear, or not because of this hunger for power but because of something we need to do?

Dr B: I'm really interested in your generation in relation to Lacanian psychoanalysis in particular and building something that will have some staying power with your generation and with people who make something of it in their own way. So, in that

sense, it does have a social or political dimension for me, but I think of it on a pretty small scale, otherwise it sort of feels to me like pie in the sky ideals.

Dr. A: Once I close that door and I am in this chair, there is nothing I care about but that- their unconscious encountering my desire to know, period. I am not anybody's handmaiden including society. I am not even aligned with them I'm only aligned with their unconscious. Having said that, once I open this door and I'm not in the analytic position, it's about how I choose to live out my own knowing, and my ethic of desire and what that translates to in terms of society, which is incredibly important to me, because I care hugely about what is going on politically in this country and in the world, and because I actually think that it does end up linking with Lacan in a very specific way, because the object that we come to at the end of analysis, the transcendent ideal that is more important than life itself, that transcendent ideal ends up involving something that's important cross culturally.

Dr. C: Something occurred to me about what I call the "fruits of psychoanalysis." If things go well and the person has more access to his own subjectivity and his own humanity that will I think in turn play out in whatever role he has in society.

Me: How so?

Dr. C: What occurs to me is could there be such a thing as humanizing corporations?

Me: The overlap I am trying to sort of understand, is how it informs it, when the message I get a lot is that it's not about that, it's about focusing on the individual unconscious in the context of a clinical practice, yet somehow the theory still informs something that feels sort of radical to me.



Dr. C: It is radical. I think you can walk through it in the following way. If we are focusing on the unconscious, what that means is that there is a subject of the unconscious that to the degree that the person is ill has not been able to express something. It is censored, repressed, split off, so that the focus on the unconscious is to promote an access where the person himself can have access to what's previously been unsaid and that when he has access to that he is positioned differently. When you take just that idea it's the difference between a non-governmental organization going to Haiti and building little structures that people live in and I think what the Canadians do, going into the country side and meeting with the people, finding out what resources they need and fostering whatever resources are indigenous in terms of the labor skill, I think would be consistent with small loans to people. They design the physical structures of the markets so they hear from people what they need to set it up and what the structure should look like, so you see, it's drawing from their own needs, which I think is analogous to the position of creating a space where the unconscious subject can speak, there is something analogous there. One is taking place in the privacy of the clinical room and the other is taking place in the social space, but the orientation is similar I think.

Despite the clear distinction that is made between the clinical praxis and the social world, these excerpts suggest that a Lacanian perspective may take on larger social or political meanings in a number of ways. One idea is that the practice itself may free up individuals in such a way that the subject is more available to live out his or her own ethic, which as one clinician said, may be the strictest ethic. Another idea is that a Lacanian perspective may contribute to a deeper and more attuned understanding of what is going on the world concerning the preservation of

humanity by virtue of its articulation of the unconscious. Lastly, while the clinicians did not directly state this, the values of choice, self-determination, and freedom of expression seem to have a decidedly political flavor insofar as certain political systems will privilege these values over others.

## **CHAPTER V**

### **DISCUSSION**

#### **Introduction**

This study asks what a psychoanalytic praxis, and its extension through the work of Jacques Lacan, offers the field of clinical social work. In the introduction to this study, it was suggested that a tension exists in the field of social work that concerns the profession's role as both social change agent and enforcer of societal norms. Without a well-articulated theoretical frame to tie together the dual aims of individual and social change, social work has not been able to consistently uphold some of its most basic anti-oppression and social justice tenets. This has been evidenced in social workers' complicity in promoting individual level adaptation to morally untenable social contexts while failing to disrupt conditions that suppress human creativity and freedom.

In this chapter, I will discuss how the Lacanian clinical perspectives explored may open up new ways of thinking about some of the core values that guide social work theory and practice. This chapter will be organized around the ethical principles that are outlined in the National Association of Social Worker's Code of Ethics. As "the ideals to which all social workers should aspire," these principles are described under the values of "service," "social justice," "the dignity of worth of the person," "importance of human relationships," "integrity," and "competence". The first four of these principles will be discussed in relationship to the themes identified in the Findings Chapter. Implications for practice, education, and supervision will be discussed in the concluding portion of this chapter.

## **Social Work's Code of Ethics**

**Service.** Under the heading of “Service”, the NASW Code of Ethics stipulated:

Social workers' primary goal is to help people in need and to address social problems.

Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems.

Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

This ethical principle of “service” puts forth the commonly accepted notion that social workers work “to help people in need and to address social problems.” However, the overarching value of service warrants consideration, given the injustices that have persisted in the field under the guise of this ethical principle. As noted in the introductory chapter, the more glaring examples have included social work's participation in the Eugenics movement and the internment of Japanese in World War II. However, social work's adoption of the short-term, behaviorally driven models of practice today raises similar questions regarding whom social workers intend to serve and to what end. Subject to the demands of institutions and ever increasing caseloads, the idea that social workers should engage in “elevating service to others above their own self-interest” is laden with ambiguity. Whom does this fantasy of altruism really serve?

The Lacanian clinicians I spoke with seemed to be aware of the perils of a helping profession where a notion of the unconscious is not accounted for. One clinician spoke about this in terms of the stories of failed therapies and analyses. She said, “it's one of my biggest pet peeves with the world of clinical practice is people who are doing it largely and often out of their

own suffering in such a way that their own suffering is a roadblock in the path of the patient's more than anything else." From this perspective, the concept of the unconscious may be an important tool for social workers whose altruistic intentions have not always resulted in beneficial outcomes both in clinical practice and in regards to its social interventions. The following excerpt from one interviewee speaks to the centrality of unconscious fantasy from a Lacanian perspective that is relevant here:

I think we go through life motivated by unconscious fantasies but we don't realize this. We imagine that the person before us that we are interacting with is really this person before us, when in fact we can only know them through the lens of our own categories and very often we distort in the direction of our unconscious fantasy of who that person might be. We recruit them to become characters in our unconscious fantasy. If we are not conscious about those fantasies and what is at stake in those fantasies than we are going to go through life in a very deleterious way, not responding to our own subjectivities, the truth of our being speaking, but constructing an other on the basis of our fantasies. So, we will go through life being motivated by the unconscious rather than as conscious subjects in our own lives.

The idea that individuals are beholden to unconscious fantasies and recruit others to be characters in them has implications beyond just the individual in analysis. Without a deeper examination of our own wishes, fantasies, and hopes (both conscious and unconscious), social workers have unwittingly intervened in ways that are more self-serving or serving of larger institutional bodies than otherwise. Garnishing interventions with altruistic language while failing to think more complexly about the motivations behind or the effects of the profession's

efforts to “serve” has resulted in a tendency towards preserving the status quo rather than opening up possibilities for more creative or dissident acts.

The Lacanian clinicians I spoke with unanimously upheld an important distinction between listening from a position that addresses the ego, or the conscious narrative, and a position that is oriented towards the unconscious. Referring to one of her child patients, one clinician said: “That’s the gold for that little one. If I don’t pay attention to that, if I don’t follow that, the little one doesn’t get freed up in anyway.” It is not within social work’s purview to be solely oriented towards the unconscious given its mandate to address the concrete needs of individuals. However, the discrepancy between social work’s professed value of service and the actualization of this value speaks to the absence of a space for understanding unconscious processes in the field. If social work is to truly serve individuals and society, the profession may benefit from exploring the unconscious dimension of human experience.

**Dignity and Worth of the Person.** On promoting “Dignity and Worth of the Person,” the NASW stated:

Social workers respect the inherent dignity and worth of the person. Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients’ socially responsible self-determination. Social workers seek to enhance clients’ capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients’ interests and the broader society’s interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

This ethical description concerning “the dignity and worth of the person” furthers the questions raised under the preceding principle regarding whom social workers intend to serve and to what end. Although this value concerns “the person,” it is notable that its description is heavily weighted towards a notion of social responsibility. The phrase “they seek to resolve conflicts between clients’ interests and the broader society’s interests in a socially responsible manner” calls up the central tension that social workers face as both “deliverer of social policies and defender of those affected by them” (Park, 2008, p. 449). This kind of positioning in the middle ground has meant that social work practices have been at odds if not altogether contradictory to upholding the “dignity and worth of the person” at times.

A Lacanian perspective offers a useful counterpoint in thinking about the relationship between social work’s individual level clinical praxis and its social aims. While the Lacanian clinicians had something to say regarding the significance of the practice in a larger world context, each of them drew a clear boundary between the two in regards to clinical practice. One clinician said, “as soon as you make a society, you make a society relation to language and ideals, and in society there is always something censored.” In opening a space for “speaking into that place of censorship,” the Lacanian approach takes a decided stance on the side of the individual or “the subject of the unconscious speaking” in clinical practice. The following quote is illustrative of this stance:

Once I close that door and I am in this chair, there is nothing I care about but their unconscious encountering my desire to know, period. I am not anybody’s handmaiden, including society. I am not even aligned with them. I’m only aligned with their unconscious.

Preserving the boundary between the clinical and the social realms is part of a frame created “solely for receiving the expression for what hasn’t been expressed or spoken, with all the risks and uncertainties that poses.” This is in contrast to an orientation that calls for the ego’s adaptation to societal norms or the establishment of a more assuring space that limits the full expression of the individual. The following statement from one clinician speaks to this difference:

If you just upheld the ego, you would have a bunch of objects operating in the world as opposed to subjects speaking. You would have compliance along the social link rather than creativity, and finding a way to speak and thrive within the social link. I get that there has to be social link so there is not chaos, but I’m not big on compromising creativity. This way you get each individual’s creativity finding a way to speak, as who they are in the context of the social link, but they are not simply being good players, subjugating their creativity, or speaking the party line to get along.

This clinician highlights the importance of fostering human creativity rather than compliance “along the social link.” The emphasis on the singularity of human creativity and its link with the unconscious also seems attendant with a value of self-determination. The individual in Lacanian analysis is understood to have a choice regarding how he or she will live in society according to his or her own “deepest knowing” or “ethic of desire”. This is reflected in the following statement:

The ethics is to engender in each subject coming to the point where he is going to make a choice if he is going to receive what’s there and make use of it, or is it more than he can



bear and he doesn't want anything to do with it. But that's their choice. It's not to be forced.

The choice inherent in this statement stems from an alternative viewpoint regarding the boundary between the individual in clinical work and the larger social world. It may not be realistic for social workers to uphold the same kind of boundary between the individual in clinical practice and the social realm. In part, this is because social workers are often linked to institutions with clear and specific social agendas. However, it is for this same reason that it behooves the profession to think critically about whether it intends to be an arm of the government and established social structures or to serve individuals and society in deeper and meaningful ways.

The field of social work can play an important role in linking a theory of the individual to a larger vision for social change. However, simply combining the dual aims or taking a position in the middle ground has been problematic. A cursory glance at social work's history suggests that the relationship between individual and social change is more complicated than this ethical principle suggests. A Lacanian approach suggests that social workers might think twice before jumping aboard the current trend towards collapsing the boundary between the clinical and social realms and bringing a specific political agenda into the clinical encounter. First, social workers would benefit from examining the discrepancy between upholding the dignity of each person while at the same time employing interventions that encourage and quell individuals in order to help them adapt to society.

**Importance of Human Relationships.** On the "Importance of Human Relationships," the NASW stated:

Social workers recognize the central importance of human relationships. Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

This value concerning the “importance of human relationships” may be one of the professions most valorized principles. In part, this may be a reflection of the universality of humans’ experiences with important relationships. Nonetheless, what makes a relationship transformative in practice is a complicated question that calls for examination of this ethical principle.

Under these guidelines, the helper-helpee relationship between social workers and clients can fit easily and comfortably. The working relationship is often deemed central to a positive outcome. However, those who have practiced in the field for longer lengths of time can attest to the limitations of a “feel good” relationship with their clients. This is most evident when therapy has little impact on the repetitious cycles negatively affecting individuals’ lives. The cyclical nature of clients’ suffering may have to do with the real effects of detrimental environments. However, there are questions to be posed about the extent to which clients engage in self-defeating processes or are beholden to unconscious fantasies that are not addressed within the framework of the typical relationship between therapist and client. Without a framework for understanding and engaging with clients at the level of the unconscious, social workers often fail to notice disavowed reasons for clients to remain entrenched in their struggles. In taking up a position of one that will “help” or “provide” the client resources, social workers often

unwittingly occupy a position that encourages conformity to established social norms rather than opening up spaces for the unique and creative agency of clients.

The position of the analyst from a Lacanian perspective poses an alternative view regarding the relationship between therapist and patient that takes in the unconscious dimension of experience. Several of the clinicians suggested that the typical “me-you relationship,” or the relationship based on social roles and conscious ego identifications detracts from the focus on the unconscious in an analysis. The following excerpt speaks to the problems with a position that is limited to the “me-you relationship”:

The problem with the me-you relationship is that as long as the patient is directing their speech to the person of the analyst, in some sense, the analyst is not just guiding but dictating. If they are truly dictating it to the person of the analyst, the analyst is their audience. An address always has an other if we speak it to someone, but if the other of that address is the analyst, then in some sense, it's the analyst who is dictating that speech and that's what most patients have been plagued with their whole lives. They are very good at reading the desire of the other and becoming that. They are good at becoming the ideal ego that the other wants them to be. What's hard is dispelling that and figuring out what is the truth of their own being, never mind what any body else might want them to be. So, as long as the therapist stays in the role of the master, the one who knows, who makes interpretations, that is the analyst in American psychoanalysis, that is the analyst being complicit with the role of the other who is none other than the other of that patient's fantasy!

This Lacanian perspective provides a cautionary tale about the seductive dynamic of the dyadic relationship in therapy. Here, the therapist and client may collude with one another in such a way that does little to get at what might be unconscious for the individual and instead reinforces a position already staked out for the individual in his or her own unconscious fantasy.

Similarly, several of the clinicians suggested that differences based on race, gender, and social positioning, which may be of huge social significance, have little to do with what is understood to be at stake in the unconscious from a Lacanian perspective. One clinician said,

It's left in the dust in my book. It's not that it's insignificant, because it's hugely significant, to that person and to me. But also, you are not talking about that dimension of life, or to the extent that you are it isn't to resolve what are...how do I describe this?

There are clinical relationships in which talking about social location becomes part of the talk of the psychotherapy itself and it can be very freeing for the person who has never had a space to do that before in fact but has nothing to do with the unconscious.

This excerpt suggests the significance of going beyond or putting aside the social identities of the participants in order to listen on a different level and puts a new spin on the limitations of a relationship based on conscious ego constructs, or the identities of patient and therapist. This perspective provides an alternative viewpoint as to the function of the relationship in clinical work that challenges social work's traditional model. Social workers may find that an expanded relational model that includes an articulation of the unconscious may be worth exploring further when relational principles fail to produce new paths or the desired change for clients in clinical practice.

**Social Justice.** On the value of "Social Justice," the NASW stated:

Social workers challenge social injustice. Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

Despite the clear distinction that is made between the clinical and the social dimensions, Lacanian formulations seem to link up with a more universalistic perspective on humanity that may be relevant to social work's ethical principle of social justice. The following excerpt is an example of how these clinicians articulate the significance of a Lacanian perspective in relationship to a larger social dimension:

There is something that resists always and then wants to come back-the question of ethics-I think that is the key. When this thing comes back, what are you going to do? That is the question that we are living in this moment. It's a question that "Alpha Beta" always says: how far can I go with this quest without separating myself from others? Are we going to get together by obeying rules, out of fear, or of power, exercised by a small group of people that control the world-ten or fifteen rich families? Or, are we going to get together around a project that will necessitate that we create new rules, new laws, not out of fear, or not because of this hunger for power but because of something we need to do?

A Lacanian ethics oriented toward the unconscious may contribute to a deeper and more attuned understanding of what is going on in the world. Moreover, freeing up individuals to have access to his or her unique subjectivity may have reverberations through a wider network of people in society. This sentiment was expressed by one of the clinicians in this excerpt:

Something occurred to me about what I call the “fruits of psychoanalysis.” If things go well and the person has more access to his own subjectivity and his own humanity, that will I think in turn play out in whatever role he has in society...What occurs to me is could there be such a thing as humanizing corporations?

None of the clinicians expressed a particular social or political agenda. However, the themes of choice, creativity, and fullness of expression seem to comprise a unique ethical stance that has social implications. The Lacanian perspectives suggested that there is important value in freeing the individual from unconscious constraints in order to be able to experience a greater number of internal possibilities. The following speaks to the aim of Lacanian work from this clinician’s perspective:

The idea in Lacanian work that you free someone first of all to begin to hear in their own dreams and in the patterns of their own life, including the patterns they are creating in the present, that there is a fantasy at stake in it, that they are beholden to a structure of fantasy that doesn’t allow their own desire to emerge. And, what they call their own ethic, their own moralities, is completely caught up in that. In that sense, and especially if they are symptomatic, they are truly not free. But if those fantasies fall, then there is a period of time when people are...how do I describe it? What guides their lives are no longer the ideals of the society or the family, which doesn’t mean they can just sort of go out and recklessly do whatever they will because that is another version of fantasy, it just

means that once they are free of a fantasy that has driven their lives, than other things become possible in a way that were never possible before. It's not so much outside of society but beyond all the ways of thinking about what society is.

By focusing on the external manifestation of oppression, social workers may be limiting a space in which clients may come to see themselves as creative agents in the midst of structural oppressions. These Lacanian perspectives suggest that an ethic tied to the subject of the unconscious carries a greater weight of responsibility to humanity than a collective ethic that is imposed from the outside. As one interviewee in her response said, “[this] ethics of desire is the strictest ethics I know”. Freeing up consciousness in such a way that allows individuals access to a greater number of possibilities that are “not so much outside of society but beyond all the ways of thinking about what society is” is a new way of thinking about the link between the individual clinical work and social change.

## **Conclusion**

The preceding discussion focused on an examination of social work's core values of “service,” “the dignity and worth of the person,” “the importance of human relationships,” and “social justice” in relationship to Lacanian clinical perspectives. A common thread that emerged in this discussion is the idea that an expanded notion of the individual that includes the unconscious dimension of human experience may be an important for social workers in examining how its clinical and social interventions have fallen short of its professed values. This expanded concept of the individual may have implications in the areas of education, practice, and supervision that will be discussed below.

In the area of educating social workers, much attention is paid to problem solving, and learning how to help clients navigate systems and obtain resources. This is reflective of the value of social justice that mandates social workers to address the concrete realities that affect the lives of clients. Phrases such as, “social workers strive to ensure access to needed information, services, and sources; equality of opportunity; and meaningful participation in decision making for all people,” encourage social workers to come up with solutions for clients’ problems while at the same time encouraging them to participate in this process. Undoubtedly, providing answers and resources for our clients is an important function of the field. However, in the context of rigid institutions, the principles of self-determination and client’s participation in decision-making often do not hold true.

Those who have practiced in institutions and agencies where there is a chronic level of recidivism are aware that our current conceptualizations fall short. The old adage that you can lead a horse to water but you cannot make it drink may have bearing here. Focusing primarily on immediate and concrete solutions for long-term structural problems in education runs the risk of furthering structural oppression. The findings of this study suggest that social workers may benefit from thinking beyond just what can be provided concretely. An expanded awareness of the unconscious that a Lacanian perspective articulates invites social workers to reflect on and think more critically about latent meaning and unconscious processes rather than simply focusing on what is manifested.

Focusing on the concrete manifestations of oppression while neglecting the symbolic or unconscious elements that pattern individuals’ lives may limit how we help clients see themselves as active agents in their lives. In the area of practice, a Lacanian perspective provides an important alternative to social work’s traditional ego orientation. The Lacanians



suggest that helping relationships based on the typical therapist-client formula encourages collusion between players who are unquestioning of the unconscious enactments between them. Instead of simply congratulating, reassuring, or interpreting, Lacanians suggest an alternative mode of listening directed at the deeper layer of the unconscious. This mode of listening invites the individual in therapy to engage in a process of coming to know his or her own unconscious in its singularity. In this respect, the clinician is expected to enter into each session not to participate in the relationship but as a guide listening for the unconscious. Social work may benefit from exploring this alternative mode of listening more fully as we seek to engender an experience of self-efficacy for our clients.

A Lacanian perspective also challenges the established idea that social workers can reach a point of having acquired enough knowledge (i.e. of resources and interventions) to be clinically proficient enough to not require ongoing supervision. This assumption in the field has to do with social work's focus on the practical and administrative end of business in supervision. When the unconscious as a clinical reality is factored in, the importance of ongoing supervision is no longer tertiary. The findings of this study suggest that social workers might benefit from a having a space in which they are able to be curious about unconscious processes between therapist and client within the supervisory relationship. If supervisors are able to open a wider space for the full expression of the supervisee, and to elicit the supervisee's curiosity about his or her unconscious processes in relationship to clients, ongoing supervision may become a primary and ongoing piece of the work.

The clinicians descriptions of analytic listening suggests that a Lacanian approach goes far beyond the conscious ego narrative in order to open up a space for something that may be

more deeply valuable and ultimately freeing for the individual in analysis. The following statement from one clinician speaks to this idea:

What is insisted upon is that psychoanalysis is an ethical practice clearly explains that at the very core of what makes us human is not something to be changed, corrected, or adjusted, not even treated. It is something that refuses to negotiate with what's being imposed from the outside...this capacity to create from within you, the singular ways in which we do things-we work so hard to be like everybody else because we want to be loved especially when we are a child, when we are young, but there is something always that resists and psychoanalysis gives place to that.

Another clinician spoke of the unconscious saying, "everything pales in comparison to [the unconscious]...[and patients] end up discovering that their unconscious will be much more informative for them about that problem in their daily life than will any ego narrative about it."

In not going beyond the conscious narrative and in remaining oriented towards outer circumstances, deeper change processes at the heart of the human experience remain unaccounted for in social work practice. The Lacanian perspectives explored in this study invite social workers to consider other creative ways to engage with our clients, especially when concrete interventions fail to engender the desired change. The concept of the unconscious may be an important tool for social workers in continuing to examine its core values and practices. If social work is to be true to its mandate to ameliorate human suffering, it will be necessary to further explore this essential articulation.

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## Appendix A

### Human Subjects Review Committee Approval Letter

January 13, 2011

Katharine Thomas

Dear Katharine,

Your second set of revisions has been reviewed and all is now in order. We are now able to give final approval to your study.

*Please note the following requirements:*

**Consent Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project. I hope your recruitment efforts are successful. It is often the most difficult part.  
Sincerely,

Ann Hartman, D.S.W.  
Chair, Human Subjects Review Committee

CC: Florence Loh, Research Advisor

## Appendix B

### Letter of Consent

January 27, 2011

Dear Alpha Beta:

I am a master's student at Smith College School for Social Work conducting research on Lacan's articulation of the unconscious as a clinical reality as well as some of the political implications of the practice in today's social context. I have asked you to participate in this study due to your unique knowledge as a Lacanian clinician. Please review this letter of consent and return a signed copy in the self-addressed stamped envelope along with a completed demographic data sheet.

Participation in this study consists of an hour-long interview and filling out of a brief demographic data sheet. Interviews are being conducted during the month of February 2011 in person, over the phone, or on Skype alternatively. Data from the interview will be used for the purpose of my Master's Thesis and may also be used for presentations or publication in the future. The interview will be audio recorded and transcribed by me.

To protect your confidentiality, vignettes or quotes used in the presentation of my findings will be carefully disguised and data will not be shared with my advisor until all identifying information has been removed. Data collected for this study will be kept secure in my home office for a period of three years as stipulated by federal guidelines. If I continue to have data beyond three years, it will be kept securely and destroyed when I no longer need it.

It is possible that participation in the interview could stir up strong feelings due to the fact that one's theoretical orientation may be connected to deeply held beliefs or personal experiences. Participation is voluntary and you may withdraw from this study any time before or up to two weeks after the interview date by contacting me by email or by telephone at 000-000-0000. In the event of withdrawal, any material pertaining to you shall be destroyed. If you have any concerns about your rights or about any aspect of the study, you may contact the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

**YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.**

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix C

### Demographic Data and Background Data

Please answer the following questions that will be used to gain a general picture of some of the characteristics of participants in this study and the patient population served.

1. How many years have you practiced with a Lacanian orientation? \_\_\_\_\_
2. What institution or affiliation did you receive training as a Lacanian? \_\_\_\_\_
3. What degree(s) do you hold: \_\_\_\_\_
4. Please identify yourself as a member of a racial or ethnic group. You may check more than one box.

A). Are you Hispanic or Latina/o?

- No  Yes, I am Hispanic or Latina/o-Background: \_\_\_\_\_

B). Which of the following groups do you consider yourself to be a member? Please check *all* that apply:

- American Indian or Alaska Native-Background: \_\_\_\_\_
- Asian-Background: \_\_\_\_\_
- Native Hawaiian or Other Pacific Islander-Background: \_\_\_\_\_
- Black or African American-Background: \_\_\_\_\_
- White-Background: \_\_\_\_\_

5. Roughly what percentages of your patients are of the following ethnic or racial backgrounds?

A) Hispanic or Latina/o?

- 0%  1-10%  10-25%  25-50%  More than half

B) American Indian or Alaskan Native?

- 0%  1-10%  10-25%  25-50%  More than half

C) Asian?

- 0%  1-10%  10-25%  25-50%  More than half

D) Native Hawaiian or Other Pacific Islander?

- 0%  1-10%  10-25%  25-50%  More than half

E) Black or African American?

- 0%  1-10%  10-25%  25-50%  More than half

F) White including Middle Eastern?

- 0%  1-10%  10-25%  25-50%  More than half

6. Please provide a rough estimate of the percentage of patients in your current practice who fall within the following income ranges:

Lower Income (\$0-25,000)

- None  
 1-25%  
 25-50%  
 More than half

Middle Income (\$25-50,000)

- None  
 1-25%  
 25-50%  
 More than half

Upper Income (\$50,000+)

- None  
 1-25%  
 25-50%  
 More than half



## Appendix D

### Semi-structured Interview Guide

1. How do you work with the unconscious and how does this differ from a position that addresses the ego primarily?

2. What do you believe is the significance of working with the unconscious in this way?

*What can it do for the individual?*

*What limitations does working with the unconscious have in the context of a society that permits or de-permits certain existences?*

3. How do you work with the subjectivity of the patient in relationship to your own subjectivity?

*Do you believe it is part of the clinical agenda to address the effects of institutions on your patients?*

*How do you listen for when it becomes relevant to the patient?*

4. What do you believe is the significance of Lacanian praxis in today's current political and social environment?

*Given the context in which Lacan's theories were developed, how do you see them as contributing to social change or social unrest in our current political scene?*

*Do you see any relevance or usefulness in the way it is practiced clinically to the social context of our world?*