

Reading Otherwise: The Hermeneutics of Psychoanalysis (Trauma, Repetition, and the Signifier)

Linda Belau
The George Washington University

Insofar as psychoanalysis attempts to address an impossible meaning at the core of traumatic experience, its hermeneutic activity is founded on a translation structured as an open practice of reading rather than a closed system of interpretation. Because the signifier is always marked by an inadequacy--it is born, as it were, into it--psychoanalysis can never hold itself up as an idealism. For this reason, the “truths” it tells, and, in its clinical application, the hermeneutic practice it engages offer nothing to the analysand other than the awareness of the signifier’s fundamental incompleteness. And even this final truth it embraces--the truth is there is no guaranteed truth--cannot be guaranteed. Psychoanalysis, then, does not tell the analysand the truth about his problems. It cannot excavate the original source of his troubles, hand it over to him, and suggest appropriate changes. That is, in addressing an analysand’s particular problem or symptom, psychoanalysis does not make interventions at the level of the signified--an attempt, as it were, to create a content correlate to what the signifier cannot represent--but rather, it works at the level of the form of the signifier--that it is inadequate. Psychoanalysis, in other words does not try to overcome the split in the subject since it always structures its praxis around the inadequacy that characterizes the signifier. This materiality of the signifier is the only absolute knowledge it posits, the only understanding it embraces.

Since something is always lost to memory, and to traumatic memory in particular, a straight-forward interpretive approach must give way to a narrative practice that can account for the unaccountable. This is why psychoanalysis moves from early models of interpretation to the later and more nuanced strategy of construction as it attempts to translate the unconscious origin of the traumatic event into the analysand’s understanding. Simply giving the analysand’s past over to the signifier through interpretation does not deal with what is structurally repressed by this signifier since it does not address the crisis of knowledge that emerges in the form of the symptom. This is the fundamental insight that psychoanalysis will come to as the ethos of its technique. Since the symptom can be seen as a sort of bodily knowledge that exceeds rational understanding, it is necessary to consider the relation between the traumatic symptom and repetition.

The most obvious product of the impact of the signifier, it is the symptom that is the starting point of analysis since the symptom shows us that the inadequacy of the signifier is not simply external to the subject as some prohibited or “lacking” content but, rather, that this inadequacy is proper to it. As a positive marker for the negating effect of the signifier on the subject, the symptom shows us that the lack suffered by the subject as he is constituted by the signifier into the symbolic is really an *excess*, a left-over piece from the passage through *creatio ex nihilo*. According to Dolar, the passage is never complete: “there is...an element of ‘pre-ideological’ and ‘presubjective’ *materia prima* that comes to haunt subjectivity once it is constituted as such.”¹ Dolar invites us to think of the lack in the subject as a remainder produced by the cut of the signifier. What is cut away, in other words, returns in the subject in the form of the unconscious repressed. This does not simply mean that this remainder is inside the subject; the symptom, rather, as a formation of the unconscious, as an excessive remainder of the impossible primordial cut, exists *at the limit* of the subject. The symptom, then, is both inside and outside the subject since it marks both a lack and an excess. According to Dolar,

the remainder produced by subjectivation...is neither exterior nor interior, but not somewhere else either. It is the point of exteriority in the very kernel of interiority, the point where the innermost touches the outermost, where materiality is the most intimate. It is around this intimate external kernel that subjectivity is constituted. Lacan has, as always, coined a fine word for it: extimacy.²

In his seminar entitled “Extimacy” (1985-86) in which he offers a sustained reading of the Lacanian concept, Jacques-Alain Miller considers the “phenomenon” of extimacy in terms of the real in the symbolic so that, as he says, one might “escape the common ravings about a psychism supposedly located in a bipartition between interior and exterior.” According to Miller, extimacy shows us that “the intimate is Other--like a foreign body, a parasite.”³ This is precisely the status of the symptom: it is like an alien invader that is, despite its foreignness, most intimate to the subject. Without the symptom, the subject would never register the lack that marks its excess. And this mark, as correlate to the inadequacy of the signifier, is the only positive “content” the signifier has.⁴ Without the symptom, then, no subject would “exist.”

As the signifier cuts the body and emerges as inadequate for filling the void opened in this cut, it is the symptom that attempts to positivize this negativity. This is why, according to Lacan, the symptom is to be understood as a metaphor. For Lacan, a metaphor is a signifier that stands for another signifier. It is a signifying substitution. Thus, the symptom does not have a fixed meaning but is, rather, the complicated effect of the signifier. And the signifier, as we have said, can never be reduced to its meaning. There is something of the signifier that exceeds meaning,

something inadequate that is its very materiality. The symptom, therefore, as a positivization of this lack/excess, cannot be “cured” through an interpretation based on plumbing to its deepest meaning, its origin, since another symptom will always come in its place. Freud was not a little astonished to discover this in his practice with the treatment of women hysterics. The hysteric always has a symptom to display that seems to point to some origin or meaning. In order to address the hysteric’s symptom, Freud invented the “talking cure” so that his patients might be able to get to the bottom of their trauma. But, as Freud was soon to learn, getting to the bottom of the ailment, to its origin, so to speak, was precisely not the point of analysis. As soon as one symptom was talked through, summarily interpreted, as it were, another arose in its place. Thus, Freud quickly came to see that there was much more involved in discharging the symptom than a simple interpretation or translation of its seeming content.

The question, then, for Freud will be how to translate the symptom. How can one symbolize what the signifier is not adequate to--the unconscious repressed? It is difficult to speak outright about the function of the signifier in relation to the problem of translating the symptom since it is possible to discern two different contexts or dimensions of this relation. First, there is the dimension of the signifier, and translation becomes a kind of method or tool for plumbing its depths. If there is a certain inadequacy to the signifier, perhaps an extremely faithful act of translation can make this inadequacy good. The assumption here is that fidelity engenders truth. This is misleading, however, because this position implies that there is some content to the signifier, to its inadequacy, that translation can decode. The other dimension or perspective from which to consider the relation between translation and the symptom is, of course, the symptom. In order to get to the bottom of the symptom, it would seem, one has only to open one’s mind and understand. The solution to all the suffering, then, is to treat the patient as a kind of lexicon of symptoms. One merely needs to be sensitive to the material of the symptom and to endeavor, as it were, to become a master of solicitude. In this manner, it appears simple enough to transmit the “foreign” material. Just as one translates a foreign language into another, the symptom might be translated into the vocabulary of hidden causes and buried aetiologies. The patient, then, is like an open book to a skilled translator and the talking cure will give this translator the raw materials he needs to make the proper interpretation. This is also a mistaken assumption because the symptom is not characterized by its content. A patient may be suffering a particular ailment, but, as Freud was to discover early on in his studies on hysteria, there is no physiological explanation for the hysteric patient’s symptoms.

Because the symptom is an expression of the unconscious repressed and the patient does not have conscious access to it, it marks what Paul Verhaeghe calls “a splitting in

the psychic functioning.”⁵ In his analysis of the development of Freud’s understanding of the aetiology of hysteria, Verhaeghe suggests that the symptom is necessarily unavailable for translation since the unconscious repressed “content” which is pathogenically active (the symptom shows us this activity) is not consciously available to the patient. The patient, that is, is not able to symbolize the origin of his symptom because it is repressed--it belongs in the realm of the real. “Something that has not been psychically elaborated,” Verhaeghe tells us, “stays within the realm of the Real, and from there exerts a pathological traumatic force.”⁶ This pathological force, of course, is nothing other than the symptom as an expression of the unconscious repressed. According to Joël Dor,

the identity of a symptom is never anything but an artifact to be attributed to the effects of the unconscious. Diagnostic investigation requires us to find our support on this side of the symptom, in the intersubjective space that Freud (1912) described in his famous telephone metaphor as the communication of unconscious to unconscious.

In order to plumb the intersubjective space of analysis as a communication of “unconscious to unconscious” and to understand the symptom in its relation to the mechanism of repression, Freud would have to invent the analytic strategy of construction since any analysis, interpretation, or translation of the symptom necessarily aims at a level of meaning that the analysand has not been aware of.

There are, Freud tells us, certain scenes from infancy that are not reproduced during analysis as recollections. They are, rather, the products of construction. Since we have no direct access to the time before the time of the subject--a time that nevertheless marks him in the most profound way--construction is the only technique at our disposal to access our unconscious recollections. Freud would turn to the phenomenon of fantasy in order to approach this possibility. In his 1919 essay, “A Child Is Being Beaten,” Freud offers an analysis of the various stages of development of a common fantasy. The significant thing about this particular essay is the introduction of the strategy of construction for an analysis of the masochistic second phase of the fantasy since the child’s fantasy of itself being beaten by its father is unavailable to consciousness. Freud is able to discern this second phase of the fantasy as the only logical link between the other two conscious parts.⁸ There is, in other words, a gap in consciousness that Freud would have to address in order to make sense of the entire fantasy. And it is the analytic strategy of construction that he would use in order to give some form to the lost material of this gap. Because this gap is correlate to the gap in the signifier, construction, like the symptom, can be said to function as a positivization of the negative “content” of the unconscious repressed, of the second phase of the fantasy. According to Freud,

This second phase is the most important and the most momentous of all. But we may say of it in a certain sense that it has never had a real existence. It is never remembered, it has never succeeded in becoming conscious. It is a construction of analysis, but it is no less important on that account.⁹

Because of its negativity, this second phase is what counts for the fantasy. And it is also what counts for subjectivity, structured in and through a lost or impossible event. Thus, it is construction, as a practice of reading the negative, that will emerge as the most adequate technique for addressing the symptom in the signifier.

In an attempt to remember an elusive memory that resists representation--a disturbing dream or a traumatic experience, for example--Freud turns to construction in order to access the lost material. Working off conscious material, Freud will have to engage a reading practice that re-constructs the missing part of these memories. Shifting from an emphasis on the interpretation of resistances to the unconscious repressed, Freud introduces construction to account for this "forgotten" stage. In a sort of historical overview of the development of analytic technique, Freud opens Chapter 3 of [Beyond the Pleasure Principle](#) with an a call to this new hermeneutic practice:

Twenty-five years of intense work have had as their result that the immediate aims of psycho-analytic technique are quite other today than they were at the outset. At first the analyzing physician could do no more than discover the unconscious material that was concealed from the patient, put it together, and, at the right moment, communicate it to him. [This is the early function of the talking cure]. Psycho-analysis was then first and foremost an art of interpreting. Since this did not solve the therapeutic problem, a further aim came in view: to oblige the patient to confirm the analyst's construction from his own memory.¹⁰

As a practice of reading the unconscious, construction would jettison Freud beyond the art of interpretation and the efficacy of the talking cure. The analyst's construction, however, insofar as it remains unconvincing to the analysand (as it typically does), opens the space for a repetitive acting out. Freud continues: The patient cannot remember the whole of what is repressed in him, and what he cannot remember may be precisely the essential part of it. Thus he acquires no sense of conviction of the correctness of the construction that has been communicated to him. He is obliged to *repeat* the repressed material as a contemporary experience instead of, as the physician would prefer to see, *remembering* it as something belonging to the past.¹¹

The analysand recoils from the presentation of the unconscious material, Freud claims, precisely because it strikes a chord. There is no negation in the unconscious, and any time a patient exclaims "That's not it!" the analyst can be sure that it *is* it.¹² The analyst's construction, Freud tells us, always hits the analysand with an

”unwished-for exactitude.” Perhaps this is also why the analysand always recoils from the analyst’s constructions. In them, interpretation hits the traumatic real. Whether Freud’s constructions are correct or not is precisely not the point, for, as Bruce Fink points out, “insofar as interpretation hits the real, *it does not so much hit the truth as create it.*”¹³ The analysand, therefore, cannot put the repressed material in the past, he cannot simply refuse it as incorrect--even if he does, lingering doubts will return--or abreact it as a memory--if he does, it will be a false memory (or the wrong memory) since it has never been psychically registered in the first place. The analysand must, instead, repeat the repressed material in the present. This repetition of the forgotten past in the present exposes the analysand to the metaleptic structure of his missed (traumatic) experience, it exposes the analysand to the real. Thus, repetition makes the analysand attentive to another level of meaning beyond the signifier--to a level of meaning, that is, which the signifier is not adequate to. Here we see how the analytic strategy of construction introduces a whole new structural practice into psychoanalysis. With the introduction of construction, Freud essentially opens psychoanalytic practice up to the very logic of repetition. Through this strategy, Freud exposes his analysand to the abyssal structure--the impossible origin--of the symptom, to its elusive and traumatic meaning beyond the signifier.

Moving beyond the talking cure as a mode of discovery to what he will later come to call “the bedrock of castration,” Freud begins the arduous process of pointing us toward this elusive meaning. In the conclusion of his 1937 essay entitled “Analysis Terminable and Interminable,” Freud argues that the terminal point of analysis lies in the subject’s recognition of its own essential structure inaugurated in castration and the Oedipus complex.¹⁴ This is the impossible origin of the symptom that the analysand comes to: the structure of the subject and the inadequacy of the signifier. With this development of his theory of the talking cure, Freud has thus come to the realization that one can move no further in analysis than this impossible origin.¹⁵ This position is radically different from the notion that the talking cure might return one to the source of his troubles. So, while Freud never abandons the talking cure with its emphasis on interpretation, he does envision its function differently, suggesting that the treatment of the symptom should revolve around the repetition of the subject’s impossible origin. This will be the essential point he makes, at any rate, with the introduction of repetition compulsion in [Beyond the Pleasure Principle](#) where he makes a radical shift in his practice toward a sustained analysis of the level of meaning that is beyond the signifier and the logical limits of speech: this will be nothing other than the traumatic meaning of the death drive, an irresistible compulsion to repeat what Freud calls “*an earlier state of things.*”¹⁶

Traumatic repetition means that our misery comes from within, and a simple interpretive approach will never bring one to what is essential in traumatic

experience. In order to access that lost or forgotten material, Freud would have to turn to the strategy of construction as a means of reading the unconscious repressed. As a reading strategy that essentially is able to positivize the negative, construction would become the very approach Freud will utilize in order to articulate the text of [Beyond the Pleasure Principle](#). Thus, it is no surprise that Freud turns again to myth to lead him into a theoretical space that is concerned primarily with articulating an impossibility. As he reaches the limits of scientific inquiry, Freud turns to the literary, to myth, to teach us something about impossible origins:

science has so little to tell us about the origin of sexuality [and the death drive] that we can liken the problem to a darkness into which not so much as a ray of a hypothesis has penetrated. In a quite different region, it is true, we *do* meet with such a hypothesis; but it is of so fantastic a kind--a myth rather than a scientific explanation--that I should not venture to reproduce it here, were it not that it fulfills precisely the one condition whose fulfillment we desire. For it traces the origin of an instinct to *a need to restore an earlier state of things*.¹⁷

Freud's positing of this state is purely speculative, guided not by science and empirical data but by myth and a literary sensibility. Here, Freud uses myth as a statement about the impossible. This is not a weakness in his approach. Rather, it is how he manages to intersect the space of the unconscious. Itself a negative space, the unconscious cannot be empirically proven. This is why Freud offers this disclaimer in the text of [Beyond the Pleasure Principle](#) at the beginning of Chapter 4: "What follows is speculation, often far-fetched speculation, which the reader will consider or dismiss according to his predilection."¹⁸ With the introduction of the death drive and a model for traumatic repetition that is essentially grounded in an impossibility as the only means for accessing the Other scene of the unconscious repressed, Freud shattered the possibility that psychoanalytic technique could be appropriated through either empirical study or a straight-forward practice of hermeneutics. Consequently, Freud's theory of the unconscious—as well as his strategy for accessing the unconscious repressed—can only be pursued through a reading practice that embraces the mythic side of understanding and existence, through a practice of reading otherwise.

In her essay entitled "To Open the Question," Shoshana Felman opens the question: What does it mean to read otherwise? How does reading open onto the possibility of an Other scene, exposing the radical alterity inherent in any discursive act? How is reading intimately related to the movement of repetition? It is most certainly true, after all, that the unconscious, insofar as it exceeds our subjective grasp, always opens onto an Other scene.¹⁹ This scene, which we could call the unconscious, appears as the signifier's difference to itself: that is, what the signifier is both not adequate to as well as what the signifier cannot adequately address. It is

precisely the point of this difference that is significant for Freud's reading of the unconscious repressed and the function of the death drive in the structure of the subject.

Felman's brief essay is a compact meditation on the relation between literature and psychoanalysis. How is it, she wonders, have literature and psychoanalysis come to be read together and what, exactly, is the significance of this relation? Rather than thinking the relation as one of subject to object, Felman invites us to think the possibility of reading literature and psychoanalysis together, not as different forms of the same thing, but as different from each other, insofar as each compromises what Felman calls "the interiority of the other." Thus, according to Felman,

Each is thus a potential threat to the interiority of the other, since each is contained in the other as its *otherness-to-itself*, its *unconscious*. As the unconscious traverses consciousness, a theoretical body of thought always is traversed by its own unconscious, its own "unthought," of which it is not aware, but which it contains in itself as the very conditions of its disruption, as the possibility of its own self-subversion. We would like to suggest that, in the same way that psychoanalysis points to the unconscious of literature, *literature, in its turn, is the unconscious of psychoanalysis.*²⁰

Here Felman calls for a reading of the movement of psychoanalysis as a reading of the limits of literature, while literature can also be read as the borderline element of psychoanalysis. In this sense, she calls for a reading that could address a level of meaning to which the subject is not always immediately attentive.

Thus, we can see how both Freud and Felman are looking to open the relation between two different types of discourse—science and myth or psychoanalysis and literature—in order to consider the function of the unconscious repressed and, especially, of repetition in the life and language of the subject as a practice of reading otherwise. This, of course, is nothing other than a call for a reading of the unconscious repressed, a technique that Freud had devoted the entire field of psychoanalysis to. As a kind of materialist mystic, suspended between the rigors of empiricism and the wonder of myth, Freud forged a practice of reading the unconscious repressed through the strategy of construction and the movement of repetition. In this act of reading—when interpretation hits the real—the truth of the unconscious is created. This involves the very limits of interpretation and meaning. This is precisely why an act of reading in psychoanalysis is not about plumbing to the secret depths of the true content of the unconscious repressed. It is, rather, about engaging the extimate limit of the signifier and the abyssal structure of the subject.

Endnotes

1 See Mladen Dolar, “Beyond Interpellation,” *Qui Parle?* Vol.8, No.1 (1994), p.77.

2 Ibid., p.78. “Extimacy” (“Extimité”) is also the title of Jacques-Alain Miller’s seminar of 1985-86. A condensed exposition of this text, entitled “Extimité,” appears in [Lacanian Theory of Discourse: Subject, Structure, and Society](#), ed. Mark Bracher, et al (New York: NYU Press, 1994), pp.74-87. According to Miller, “the exterior is present in the interior. The most interior--this is how the dictionary defines ‘intimate’ (l’intime)--has, in the analytic experience, a quality of exteriority. This is why Lacan invented the term ‘extimate.’” See “Extimacy,” p.76.

3 Jacques Alain Miller, “Extimacy,” in [Lacanian Theory of Discourse: Subject, Structure, and Society](#), ed. Mark Bracher, et al (New York: NYU Press, 1994), p.75.

4 Here we see that the “content” is really the form. Or, we might say, it is a form without content. This is what constitutes the signifier. The figure of a form without content also constitutes the symptom since it is always the form of the symptom in repression (as the return of the signifier’s cut) and not its particular content that is significant for analysis.

5 Paul Verhaeghe, [Does the Woman Exist? From Freud’s Hysteric to Lacan’s Feminine](#). Trans. Marc du Ry. (New York: Other Press, 1999), p.11.

6 Ibid., p.27.

7 Joël Dor, [The Clinical Lacan](#) (London: Jason Aronson Inc, 1997), p.1

8 The first phase of the fantasy, which is conscious, is of an adult beating another child, This phase, Freud says, is represented by the phrase “My father is beating the child whom I hate.” The third phase, also conscious, contains neither the father nor the child who is producing the fantasy (as in the second phase), and usually a number of children are present. According to Freud, patients typically see themselves as entirely separate from this stage and usually declare “I am probably looking on.” See Sigmund Freud, “A Child Is Being Beaten,” [SE 17](#), pp. 184-86.

9 Ibid., p.185. When Freud says that this phase “never had a real existence,” he is clearly pointing to an instance of the Lacanian real. It is precisely these moments in our existence, according to Lacan, that are real. Everything else is mediated.

10 Sigmund Freud, [Beyond the Pleasure Principle, SE 18](#), p.18.

11 Ibid., p.18.

12 In a footnote added in 1923 to an earlier essay, Freud writes that “There is another very remarkable and entirely trustworthy form of confirmation from the unconscious, which I had not recognized at the time this was written [1901]: namely, an exclamation on the part of the patient of ‘I didn’t think that’ This can be translated point-blank into: ‘Yes, I was unconscious of that.’ See “Fragment of an Analysis of a Case of Hysteria,” [SE 7](#), p.57. See also Freud’s essay “Negation,” [SE 19](#), pp.235-40 and the first two sections of his “Constructions in Analysis,” [SE 23](#), pp.255-265, for a more detailed discussion of the lack of negation in the unconscious.

13 See Bruce Fink, [A Clinical Introduction to Lacanian Psychoanalysis: Theory and Technique](#) (Cambridge: Harvard University Press, 1997), p.158.

14 While Freud came to a seeming impasse with his notion of the “bedrock of castration” as the terminal point of analysis, this is not necessarily the case since the subject’s recognition of such a structure can only open him up to the indeterminacy of his very identity. Freud himself admits, however, that once analysis brings the analysand to the point of discovering castration, a kind of barrier is erected, a bedrock beyond which analysis can penetrate no further. Lacan moves beyond this barrier as he aims the terminus of analysis at a traversing or reconfiguration of the fundamental fantasy. In [The Four Fundamental Concepts of Psychoanalysis](#), Lacan writes that a subject who has traversed his most basic fantasy can live out the drive. In this sense, he is able to move beyond the seeming impasse of the bedrock of castration. See Jacques Lacan, [The Seminar of Jacques Lacan, Book XI: The Four Fundamental Concepts of Psychoanalysis](#) Trans. Alan Sheridan (New York, Norton, 1981), p.273. For an explanation of Lacan’s strategy of traversing the fantasy and how it relates to the terminus of analysis, which Lacan calls the “pass,” see Bruce Fink, [A Clinical Introduction to Lacanian Psychoanalysis: Theory and Technique](#) (Cambridge: Harvard University Press, 1997), pp.212-214.

15 Concerning the efficacy of this analytic strategy, Freud writes that “It would be hard to say whether and when we have succeeded in mastering this factor in analytic treatment. We can only console ourselves with the certainty that we have given the person analyzed every possible encouragement to re-examine and alter his attitude to it.” Sigmund Freud, “Analysis Terminable and Interminable,” [SE 23](#), p.252-3.

16 Sigmund Freud, [Beyond the Pleasure Principle](#), SE 18:36.

17 Ibid., p.57.

18 Ibid., p.24.

19 Freud introduces the idea of the unconscious as another psychical locality—eine andere Lokalität—as early as [The Interpretation of Dreams](#). Here he considers how the scene of action in dreams is different than in our ideational waking life. Freud attributes this insight to G.T. Fechner, who also influenced Freud’s theories of psychic stability that would become so central to his definition of “pleasure” (Lust) and his theory of drive (Treib) in [Beyond the Pleasure Principle](#). See [The Interpretation of Dreams, SE 4-5](#), pp.48, 536. See also [Introductory Lectures on Psychoanalysis, SE 15:90](#).

20 See Shoshana Felman, “To Open the Question,” in [Literature and Psychoanalysis: A Question of Reading: Otherwise](#), Shoshana Felman, ed. (Baltimore: Johns Hopkins University Press, 1982), p.10.

Publications by the Author, Linda Belau:

[Topologies of Trauma](#)

Edited by Linda Belau and Petar Ramadanovic