

The Lacanian Theory of the Drive: An Examination of Possible Gains for Research on Autism

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The observation is frequently made that the work of Lacan is disseminated outside of France primarily through those engaged in the field of literary studies. Whilst such an assertion is particularly apposite with regard to English-speaking countries, it also applies to other European countries. Medical circles and, especially, the university hospital milieus, have little or no contact with this work.¹ This is the present-day context within which research on autism needs to be assessed.

Throughout Europe, leading hospital research in child psychiatry is now driven by a common impetus. This can be described as finding the means by which to detect serious illnesses – and with a particular emphasis on autism – before the nosographic picture becomes firmly established. Such a push forward is certainly commendable when we know that there is probably in autism a psychosomatic function, in the sense that the non-psychic use of the neuronal apparatus can result in harm being caused.² The more or less implied hypothesis underlying the race to deal with these very early moments of life is that there could be a way to put back on track structures which are still in the process of being formed.³ When confronted with this particular pathology, the extent to which we find ourselves fighting against the clock is clear.

What is noticeable, however, is the regularity with which all the psychoanalytic models used to understand the psychic functioning of babies have

systematically been abandoned, and have been so in favour of cognitive models. Not only are very well-known consultants doing this, which would be entirely consistent with the times, but so are research clinicians who are otherwise practising psychoanalysts.

The clinic of early troubles, such as autism, has long been the preserve of the Anglo-Saxon school, this being especially so through the work of F. Tustin and D. Meltzer. They have suggested models, accompanied by striking descriptive images, which have allowed their followers to help each other in treating autistic children. Part of current research has been concerned with the decoding of the 'family films' made of such children when they were still infants.⁴ The aim here has been to find out whether it would have been possible to spot early on in these very young children any signs of a future pathology, and to have done so from their speech or from the way in which they relate to their parents. The difficulty is that these same followers of the Anglo-Saxon analysts are unable to find in the psychoanalytic literature the tools which would allow them to interpret these films.⁵ In order to decode them, they are therefore forced to call upon non-analytic models. The problem is, however, that even the cognitive model, although effective enough in accounting for the clinic of children aged around eighteen months, is less so when we are dealing with an infant.⁶ In the clinic of the pre-specular, the cognitive processes are much more uncertain.

And yet it turns out that tools drawn from Lacan's metapsychology can be used to interpret what is played out during these early days. These tools seem to allow a clear reading of the first structural failings, and much earlier than do the models available at present. In the years to come, new research, already being undertaken, will confirm or refute the so-called scientific value of such

tools. If this research turns out to be positively conclusive, then once again we will undeniably have to pay homage to the foresight and rigour of Lacan's work, as it will have proved itself capable of responding to new clinical challenges.

A Research Project Based upon Lacanian Concepts⁷

Theoretical and clinical work of quite some duration has now led to the formulation of the following hypothesis: the primary autistic pathology in a child might be the consequence of the failure to put into place the final circuit of the drive, and this as a result of the absence of its third stage.

This is the time when the future subject, in this case the baby, makes itself the object of another subject.⁸ Before each of these terms is elaborated upon, we can already immediately see that the link to the other (and also to the Other) is fundamental. There is today a consensus of opinion which says that autism is a pathology in the relationship to the other, whatever the aetiological model used, be it psychoanalytic, cognitive or biological.

As it was Lacan alone who emphasised this third stage, the hypothesis put forward can therefore only be understood in the light of his work on the theory of the drive, as it is to be found in Seminar XI: *The Four Fundamental Concepts of Psychoanalysis*. (Lacan, 1977).

Before setting out what can justifiably be called a Lacanian theory of the drive, upon which the whole of this construction rests, let us see in what way this daring hypothesis is innovative, and in what way, if it is found to be corroborated by research data, such a hypothesis could have worthwhile consequences for

public health.

First of all, although metapsychological, this hypothesis is not predicated upon a particular aetiology. The debate that has taken place between supporters of pure psychogenesis and those in favour of organic genesis has proved to be unproductive. Whatever its causes might be, autism is a deficiency in the establishment of the relationship of the drive to the Other, without which the subject cannot come into being. The clinical role of the analyst is, then, to try to get this relationship working.⁹

It turns out that this third stage of the drive circuit becomes observable in data drawn from clinical work, observable data which doctors treating very young children can therefore learn.¹⁰ The significance lies not in mere signs but in clinical elements that are part of a coherent metapsychological whole, and that have a connection with the formation of every human subject, a subject to which doctors can be introduced.

Even if we do introduce this to doctors dealing with very young children, we cannot here touch upon the whole of Lacanian metapsychology as regards the formation of the subject.¹¹ We will limit ourselves instead to what allows us to support the hypothesis, and to what is of especial interest in the appearance of an autistic pathology, namely, the failure of the three-stage circuit of the drive.

The relationship between the infant and the Other is constituted in three registers: the invocative,¹² the scopic and the oral. However, first of all, what are we to understand by the drive?

The Lacanian Theory of the Drive

In Seminar XI, *The Four Fundamental Concepts of Psychoanalysis* (Lacan, 1977), Lacan reviewed at length Freud's 1915 text *Instincts and their Vicissitudes*. (Freud, 1915c). This is a re-reading of the first theory of the drives in the light of the second. Not only does Lacan take up in illuminating fashion a certain number of propositions already implicit in Freud's work, but in some places he goes beyond, and introduces new ideas concerning the drive.¹³

First of all, we will consider those points where Lacan interprets Freud and where he illuminates the text with such rigour that the interpretation produced is now accepted by many analysts in France, even by those who do not follow his teaching.

Lacan begins by tackling one of the major points of contradiction in the Freudian text, that caused by the possible confusion between the register of the drive and that of vital need.

Separating Drive and Need

In 1915 Freud had just invented his concept of the drive, which he himself said would have to undergo revision. The drive is posited as being the psychological representation of excitation coming from within the body, and, if it is, we can understand why Freud gives hunger and thirst as examples. However, Lacan will be bold enough to show that there is confusion here, and that the line of thinking which Freud follows in order to forge the concept leads us elsewhere.

This is how Lacan asks the question: 'Now, is what we are dealing with in the drive essentially organic?' (Lacan, 1977, p. 162).

In order to explicate it, we have the notion of need, as it is manifested in the organism at several levels and first of all the level of hunger and thirst.

(Ibid., p. 164)

What exactly does Freud mean by *Trieb*? Is he referring to something whose agency is exercised at the level of the organism in its totality? Are we concerned here with the living organism? No.

(Ibid., p. 164)

The distinction that Lacan makes here is not purely of conceptual interest, as it also has consequences for clinical practice. This distinction allows the concept of the 'failure of the establishment of the circuit of the drive' to be used in cases such as autism, but without it being possible to make the rejoinder that where there is life, and the maintenance of life, then the drive must be at work.¹⁴

Lacan examines, with the same rigour, the four elements of the drive: its pressure, its aim, its object and its source.

The pressure, or thrust, is described as being a constant force:

[T]he constancy of the thrust forbids any assimilation of the drive to a biological function, which always has a rhythm. The first thing Freud says about the drive is, if I may put it this way, that it has no day or night, no spring

or autumn, no rise and fall. It is a constant force.

(Ibid., p. 165)

Indications of this kind mean that doctors treating very young children are fully entitled to think that all is not necessarily well with an infant, even if its biological functions are working normally.

The aim of the drive is to attain satisfaction; this consists in the circling of a path, of a specific path, in three stages. Lacan is interested in this path through the notion of satisfaction, which he insists on separating radically from any satisfaction of organic need: '... no object of any *Not*, need, can satisfy the drive'. (Ibid., p. 167). And '... the mouth that opens in the register of the drive – it is not the food that satisfies it'. (Ibid., p. 167).¹⁵

Lacan also introduces the notion of the *objet a*, the *object cause of desire*. To the two usual Freudian objects, the breast and the faeces, he adds the gaze and the voice. These latter two have a fundamental place in the clinic of the infant, the anal drive not yet being of concern to him. As for the breast, it remains very much connected to its value as an object of satisfaction of alimentary need. We will also see how much the satisfaction of the oral drive is of another register as it also consists in a closing of a path in three stages.

Finally, concerning the source, Lacan asks:

[W]hy are the so-called erogenous zones recognised only in those points that are differentiated for us by their rim-like structure? Why does one speak of the mouth and not of the oesophagus, or the stomach?

(Ibid., p. 169)

This takes on all its clinical importance when we remember to what extent, with autistic children, these zones do not have a rim-like structure, as can be seen with lips that dribble with saliva, and sphincters that are ineffective. This is because they are not zones of erogenous investment as they fail to be caught up in the circuit of the drive.

What Lacan emphasises with regard to the four elements of the *montage* of the drive is already more or less implicit in Freud's text. However, the fact that Freud then found himself at a time of research and of discovery explains the contradictions and backtrackings of his article. Through his reading, Lacan gives to the text an undeniable order, making of the concept of the drive a rigorous tool in the handling of the clinic of very young children.

The term 'drive' is reserved by Lacan for the partial sexual drives, which is to be distinguished from everything concerning the preservation of the individual – called by Freud the *Ich Triebe*, the ego drives – to which another name would later be given. From this, the whole register of need falls outside of the field of the drive.¹⁶

We have seen that the satisfaction of the drive is nothing other than the completion of a journey in the form of a circuit which comes to close upon its point of departure. While working on the detail of this tracking of the drive in three stages, as described by Freud, Lacan introduces what I think is the most interesting, and yet the least understood part, of his concept of the drive: the appearance of the subject of the drive. Lacan, probably supported

by his clinical experience but, above all, by the internal logic of his argument, in a certain sense forces the Freudian text, a forcing which is itself Lacanian and extremely fertile for a clinic such as that regarding autism.

The Appearance of a New Subject

For Freud, there are three stages to the drive and, at the third stage, a new subject appears.¹⁷ Lacan adds:

[T]his subject, which is properly the other, appears in so far as the drive has been able to show its circular course. It is only with its appearance at the level of the other that what there is of the function of the drive may be realised.
(Ibid., pp. 178-179)

I think that this subject, which appears at the moment of the closing of the drive, has gone unheard in Lacanian circles, and therefore, as a result, so has a great part of Lacan's theory of the drive.¹⁸

Of these three stages, the first, for Freud, is active. The infant (in the case which interests us) goes towards an external object, the breast or the bottle. The second stage is reflexive when the infant takes as an object a part of his own body, for example the finger, or the pacifier. In the third stage, which Freud describes as passive, the infant makes of himself the object of an other, this famous new subject, for example, the mother.

A case presented by an autistic girl has allowed us to translate into clinical terms this third stage of the circuit of the oral drive. In fascination, this child

loved to cuddle an advertisement for nappies. In this advertisement a baby could be seen having his foot 'eaten' by his mother, whose face shone with joy. This advertisement represented the third stage of the oral drive: the 'to have oneself eaten'.¹⁹ Several points have to be emphasised, the first of which is the cleverness of advertising companies. This baby was not passive in the situation; he had quite obviously brought it about himself by seeking to have his foot eaten. This singularly active aspect of the third stage of the circuit of the drive had already been emphasised by Lacan who had called it the stage of 'having oneself be' rather than the 'passive stage' as Freud had named it. This nuance is crucial as far as the clinic is concerned. If the baby in the advertisement, like so many other infants, grabs hold of his foot while having it nibbled, such does not happen with infants who have become autistic, infants whom we have got to know through family films. These children do not contrive situations whereby they let themselves be eaten, or looked at, or heard. Sometimes one of the mothers might happen to try to enter into contact with her infant by, for example, kissing his bare stomach. The excitement is fully felt and, for a moment, the infant cannot avoid the contact or even the gaze of his mother. But this act by the mother, which he did not encourage, is experienced as an intolerable intrusion, against which, in the moments that follow, all he will do is to shut himself off even more. On the other hand, a healthy infant, placed naked on the changing table, wriggles around and pushes his stomach out, an object offered in the anticipation of the oral pleasure of the mother. Then he will attentively look out for the joy which will be registered on the face and in the gaze of his mother, for whom he is so yummy, and who will favour him with a 'my little sausage' or some such turn of phrase. It is precisely this pleasure that he has come here to obtain from her.

A mother will commonly experience the pleasure that goes with 'gobbling up' her baby offered in this way, and then put an end to it in the name of a third principle, saying to him, for example, that he must not become over-excited. The pleasure felt by the mother can only be phallic and, as such, is forbidden to the mother as subject. I shall deliberately leave aside here the case of mothers for whom it would be the case of a different pleasure, one which is unmarked by the forbidden, and one whereby they can potentially make their children psychotic, but certainly not autistic.²⁰ The future autistic child will not know this third stage of the circuit of the drive, that moment when he will make himself the object of a new subject. Two questions arise: is he not able to bring about such a moment? And if he can, is the mother incapable of responding to it? In any case, the result is the same: the circuit of the drive does not close.

But what is the relationship between this pleasure of the other and the drive? For Lacan, the subjugation of the 'I' to a little other has as its aim to obtain its pleasure, and it is this which makes of this little other the 'subject of the drive'. Later, once he has become an adult subject, our former infant `will realise that his desire is merely a vain detour with the aim of catching the *jouissance* of the other'. (Ibid., p. 183).

But it is in this formative moment of his subjectivisation, when he obtains the pleasure of this other, that he will have been able to reach the dimension of the Other, and not just any Other, but the real Other in the field of which he will have come to submit himself.

(Ibid., p. 188).

And thus Lacan concludes:

[W]hat does this brief survey tell us? Does it not seem that the drive, in this turning inside out represented by its pocket, invaginating through the erogenous zone, is given the task of seeking something that, each time, responds in the Other?

(Ibid., p. 196)

We could say then that, through his theory of the drive, Lacan aims to restate the case concerning the appearance of the subject (of the unconscious, the subject of subjectivisation) in the field of the Other, in its connection to the signifier, and within the appearance of the subject in a link of subjugation to the real Other.²¹ The other appears here in its dimension of both little other and Other, a necessary division if we are to be able to speak of its desire or of its pleasure.²²

This division is not so surprising. Already in the Seminar on *The Formations of the Unconscious*, concerning the third person in the witticism, the person who listens and ratifies, Lacan had introduced the notion of a real Other incarnated in the figure of an other to be found in those around us.

But how might the absence of this third stage bring with it the harm that we know of in autism?

Freud's *Project* Brought up to Date by Lacan

It was Lacan who disinterred *The Project* from the oblivion into which Freud

himself had consigned it.²³ Freud feared that in *The Project* he had put forward a psychology that was too biological and oriented towards cerebral localities. Nonetheless, the ideas expressed in this manuscript were very much ahead of their time. Without knowing it, Freud formed in *The Project* the hypothesis of synaptic barriers, which had not yet been discovered, and of neuronal networks, a model which, once mathematised, was to allow, half a century later, important advances to be made in artificial intelligence. It was in the field of cybernetics that all these results were to be exploited. In the 1950s, Lacan was one of the few psychiatrists aware of this research, while Lévi-Strauss had personally taken part in the two Cybernetic conferences which had been held up until then.²⁴ Thus, Lacan quite knowingly gives a completely different place to *The Project*, and offers an interpretation of it which is free from any biologising error.²⁵ By bringing together this text and the 1915 article on the drives, we have constructed for ourselves a valuable tool which allows us to understand the initial putting into place of the psychic apparatus and the failings inherent in autism.

When the third stage of the circuit of the drive takes place, something of the representation of the drive (*Wunschvorstellung*) will inscribe itself in the hallucinatory pole of primary satisfaction. There will not only be a trace of the characteristics of the caring member of the family circle, who is the Other (*Nebenmensch*), but also something of the pleasure of this Other.²⁶ When the baby finds himself alone with his dummy and bottle teat, and he is dreaming, investment will be sent towards the *pole of satisfaction*, and *the representation of desire* will once again be present. This is what Freud says in *The Project*. In the case of the oral drive, we could say that in the hallucinatory experience of satisfaction, the baby will find the laughter of his mother's pleasure. From

there, when the second stage of the circuit of the drive comes back, this stage will be truly autoerotic because as soon as one has passed through the third stage, there is *eros* in the second.

Lacan summarises the humanising role of the hallucinatory experience of satisfaction in the following way:

In the end, in the absence of something which hallucinates it in the form of a system of references, a world of perception cannot be organised in a valid way, cannot be constituted in a human way. The world of perception is represented by Freud as dependent on that fundamental hallucination without which there would be no attention available.

(Lacan, 1992, pp. 52-53)

This circuit of the drive is also the circuit of all of the unconscious *Gedanken*, of the system of unconscious thinking. It is on this basis, on the passage through the hallucinatory pole of satisfaction, that the possibility of unconscious representations will be formed. Indeed, it is the condition *sine qua non* for this. If it fails, if this third stage is not reached, if the circuit blocks between the first and second stages, then nothing can guarantee that autoerotism will not be devoid of the mark of the link to the other, which is *eros*. Now, if we remove *eros*, auto-eroticism is to be interpreted as autism. Nothing then can guarantee that the hallucinatory pole of satisfaction will be in the circuit and nothing, therefore, can guarantee that the whole system of representations and of unconscious thought will be formed: this is because metaphor and metonymy, the processes of condensation and displacement, are absent. It is not surprising that we consequently find cognitive deficit.

A Lacanian Reading of Some Research in Psycholinguistics

Research is currently going in the direction described above, even if it does not know it. Psycholinguistics, that branch of research which only began to be known about widely in 1982, after Lacan's death, now has twenty five years of work behind it. In one of the earliest pieces of research, Fernald, one of the founders of psycholinguistics, noticed that infants have an exaggerated oral appetite for a particular form of maternal speech which has been called *motherese* (in French, *mamanais*). This *motherese* possesses a number of specific characteristics with regard to its grammar, punctuation and scansion, together with a particular form of prosody. The author was, first of all, interested in the prosodic characteristics of *motherese*, and in the effect that it produces on the oral appetite of the infant. Working in a maternity unit with babies aged between one and three days old, Fernald discovered that an infant which is only one day old – so even before the coming of milk – who has not yet had *the experience of alimentary satisfaction*, becomes very attentive on hearing his mother's voice when it is addressed to him, and begins to suck the teat intensely.²⁷ This experience is called non-nutritive because it does not deliver anything: it only records the intensity of the sucking motions. How should we, as psychoanalysts, read this data? The interest of the drive produced in the infant is translated by an intense sucking action: it is the oral translation of the whole experience of interest for an infant. Here there is no object of satisfaction *of need* and we can see very well the radical difference between the *object cause of desire*, that of the drive, and the object of the satisfaction of need. The infant, enthused by something in this *motherese*, furiously sucks its teat and does so even if this *motherese* has been recorded on a tape-recorder. Fernald discovered, however, that if he recorded the mother's words to her

baby without the baby being present, the result obtained was different. They could not find in the speech any prosodic peaks that were as high as those observed before, and the baby showed less interest in the recording. This indicates that when her infant is not there, the mother fails to speak *motherese* as well as she does when he is. And if a mother spoke to another adult, the prosodic peaks then became even weaker, and the baby's appetite became extinguished. Fernald tried to discover if a situation could present itself where an adult speaking to another adult would produce these same specific prosodic highs of *motherese*. Such situations did indeed occur but in order to obtain them an extremely rare situation was necessary, a situation in which there was stupefaction or astonishment and, at the same time, a great pleasure or joy. Thus, the combination of stupefaction and pleasure produces this kind of prosodic peak, although Fernald himself did not draw any conclusions from this.

In his Seminar on *The Formations of the Unconscious* (Lacan, 1988) Lacan worked on the question of the *third person* as described by Freud in *Jokes and their Relation to the Unconscious*. (Freud, 1905c). Analytic practice with autistic children has made it possible to observe that the third stage of the circuit of the drive, the moment when the pleasure of the Other (and of the other ²⁸) is obtained, corresponds to what Lacan takes up again with regard to this third person.²⁹ He says that the third person, on hearing an incorrect word formation as an unintelligible, incomprehensible, enigmatic thing, far from rejecting it as not belonging to the code, allows himself, after a moment of stupefaction, to be illuminated and to recognise in it a witticism. It is precisely upon this third person – who after a moment of stupefaction allows himself to be lit up with pleasure – that Lacan founds his concept of the barred

big Other.

To let oneself be disconcerted, or amazed, is the mark of the bar of the Other. This Other is not, then, one which is whole, as it has a lack.³⁰ And the second stage is one of laughter. The whole of the second part of Freud's book is concerned with this laughter, which is pleasure, *jouissance*. We are not talking here, however, about pleasure in the sense of the pleasure principle, which is above all a principle of non displeasure. With the stupefaction and the laughter of the barred Other, we are in the third stage of the circuit of the drive. Stupefaction and joy are also the characteristics of the prosody of *motherese*, in which the infant is so greedily interested. Fernald's research tells us that right from birth, and before all experience of alimentary satisfaction, the infant has an extraordinary appetite for the pleasure which the sight of his presence sets off in the maternal Other.³¹

Articulation between the Scopic and the Vocative Drives in the Infant

Let us remind ourselves of the function of the mirror stage, that moment when the baby, aged about six months, smiles at his own image, and when he seeks, in the face of the father or of the mother who is carrying him, the reflected confirmation of what he sees in the mirror. The jubilatory moment which follows is essential: we can then be sure that the mirror stage is in place. This is very important for the constitution of the image of the body, for corporeal unity, and for relationships with other infants to be possible. In babies who are to become autistic, the mirror stage will not be constituted.³² What might precede this stage and thus make its constitution possible? We think that this stage only comes about if there has previously been an experience of prosody in the

mother's voice, or in the voice of some significant other. This experience will have allowed the infant to note his own presence as being the object cause of pleasure of this barred Other (that is to say, an Other marked by a lack).

It cannot yet be said that the baby is already a constituted subject, one capable of representing things to himself in this way. And yet, just as he responded with much oral greed to this maternal prosody, so he will not be able to prevent himself from forming with her a circuit of the scopical drive. He will actively seek out the face that corresponds to this particular voice. And moreover, he will seek to make himself the object of the gaze of his mother, in which he will read not his state of distress as an infant but the investment of which he is the idealised object. In fact, the person, male or female, who occupies for the infant the position of primary Other, already sees him as a subject, glorified with the phallic value which their own gaze attributes to him.³³

This does not happen between the baby who will become autistic and his mother. And yet, this clinical sign of the absence of the gaze is not enough to conclude that there is a risk of autism, as it may in fact be a question of *primary defence*, and thus something which is sometimes perfectly appropriate. For example, faced with a depressed mother, it is better for the baby to flee a maternal gaze in which only her own depression is expressed. The question is to know if there is going to be someone who can occupy for the baby this place of *primary Other*.

What happens in the register of the gaze also happens in the auditory register. When a mother speaks to her infant, he is able to emit some sort of sound. The mother also invests this sound phallically; she hears well beyond the little

noise; she interprets it. It becomes, for example, a vocative: 'Mummy!'³⁴ She then answers: 'Yes, my darling baby, I love you'. And so on. And when the husband arrives home, she says to him: 'We've been chatting all morning'.

This madness of mothers is indispensable if one day the subject of speech is to be formed. Someone must be capable of this anticipatory illusion for the baby: to listen to him in his potential as subject of speech, well before speech appears. Psycholinguists speak of *proto-conversation* to describe these turns of speech during which the mother occupies, alternately, the place of the baby, as when she interprets the sound he has produced, and then takes up her own place when she replies.³⁵

It is probable that this term of proto-conversation used by linguists does not correspond to what is played out at that moment. It seems that the infant is often much more eager for prosody, which bears his value as subject in the eyes of the individual, male or female, who is talking to him, than he is for the representations of the words which accompany it. This has been demonstrated by a careful interpretation of the family films made of infants who have become autistic. If, in the events of daily life, there is a systematic absence of interest on the part of the infant, an absence of interest for the maternal discourse which comments on what is going on around, and if nothing indicates that he is making himself the object of some maternal drive, he can nonetheless sometimes reply during certain maternal invocations.³⁶ It is as if the call of the vocative drive were irresistible. These responses are little drops of water in an ocean of indifference, but they raise many questions which once again have given us work to do.

It is highly probable that it will once more be in Lacan's work that we will find the tools necessary to pursue this research.

Translated from the French by Philip March.

notes

¹ An honourable exception is the Ecole Psychanalytique de Sainte-Anne, through its training of psychiatrists from various countries around the world.

² A term suggested by Jean Bergès.

³ This supposes that the first failing would occur before the formation of a given structure.

⁴ These films were made by parents who wished to keep a record of the first months of life of their infant babies, but who did not imagine then that their child would present any kind of pathology.

⁵ I do not think that the reason for this is only the imaginary dimension of the Kleinian models. It is also due to the emphasis put on intra-psychic fantasies, even in infants.

⁶ This refers to a rather specific part of cognitivism, that dealing with pathology.

⁷ This research is led by the Association Préaut.

⁸ The little other which will occupy for him the place of the Primary Other.

⁹ Even if, in the future, plausible genetic factors could be found, this would change nothing for the role of the analyst in his work of putting this link in place.

¹⁰ In current research, the training of doctors aims to avoid any effects caused by the doctor or by the medical treatment.

¹¹ We do this over a period of three whole days.

¹² Added by Lacan.

¹³ These are new ideas with regard to the Freudian text, and with regard to the point where even Lacan had left the question in his seminar on *L'Éthique de la psychanalyse*.

¹⁴ This distinction only exists in French psychoanalysis. Its misunderstanding could account for the inability of writers in Anglo-Saxon countries to see the major significance of the drive in the clinic of the early pathologies.

¹⁵ Lacan himself did not have the time to draw out the consequences of this statement, which implies a complete revision of the theory of anaclisis.

¹⁶ The drive, then, is no longer a concept which bridges the biological and the psychical, but rather a concept which links the signifier and the body, which is not the organism.

¹⁷ This is not 'the subject of the unconscious', a concept invented by Lacan.

¹⁸ Lacan gives to this subject the character of being the first to appear, since it occurs before the closing of the path. 'This articulation leads us to make of the manifestation of the drive the mode of a headless subject.' (Lacan, 1977, p. 181).

¹⁹ This will lead to the 'having oneself sucked' of adult erotic life.

²⁰ Again, we owe to Lacan the concept of *jouissance* and the marking out of its variations (phallic *jouissance*, other *jouissance*...)

²¹ This corresponds to the dual setting out of the graph of desire: below, on the right, the Other, the place of the treasure house of the signifier; above, on the left, the signifier of *jouissance*, of the Other, $S(A)$.

²² Lacan discusses this again in the Seminar on Anxiety.

²³ The manuscript of *The Project* was never published during Freud's lifetime.

²⁴ See El Ganouni, 1998.

²⁵ Including in the seminar *L'Éthique* (Lacan, 1986) and in *Les Quatre Concepts* (Lacan, 1973).

²⁶ Lacan calls this 'the co-ordinates of the pleasure of the *Nebenmensch*'.

²⁷ This research was followed up in various countries, and the data confirmed.

²⁸ Because, for the baby, this Other must be present in the form of a flesh and blood other.

²⁹ With regard to this, see Laznik-Penot, 1995, pp. 175-179.

³⁰ Lacan, 1988, sessions of the 6th and 13th November.

³¹ By following the graph of desire, we read that the pressure which stimulates the infant becomes $S(\mathbf{A})$, which Lacan writes as 'jouissance of the Other'.

³² It can be put in place during a psychotherapeutic treatment.

³³ 'She makes the hypothesis that there is in him a subject', as put by G. Balbo and J Bergès.

³⁴ A more extrovert mother will even hear in this a 'my darling mother!'

³⁵ According to psycholinguists, proto-conversations occur typically between eight and twelve weeks of age.

³⁶ This is upon condition that they do not interrupt any maternal care then being given.

references

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