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Introduction: The Symptom

Linda Edwards and Michael Williams

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Our patient suffers a symptom – a repetitive hand-washing that pervades his everyday life. Anguished, frustrated, trammled by it, our patient is also inextricably entwined with it. Despite his attempts to transcend it, his compulsive handwashing has become indispensable to his assertion of self and identity, and he fears he will be at loss, lose something, fall apart, without it. What motivates our patient's symptom and what does it want to say? How should our patient reply? How does – indeed can – our patient overcome this intolerable, yet embodied, compulsion? And what awaits its dissolution?

In psychoanalysis the symptom occupies a central position – both theoretically and practically. The symptom grounds the play of latent and manifest levels that are the condition of possibility of psychoanalytic knowledge and practice. We approach our patient's hand-washing as an indicator for, and confrontation with, *something else*: abjected, forbidden, unfulfilled, improper, obfuscated. As a "sign and a surrogate," as Freud says, for the "known of old and long familiar" - the self as other - concealed and kept aside only to resurface as the repressed.

The cornerstone of psychoanalysis is the possibility and necessity of the differentiation between latent and manifest, surface and depth; the name for the center of such bi-level play is the symptom. Not only is psychoanalysis unimaginable without the symptom – but psychoanalysis itself cannot imagine our patient’s everyday existence without a symptom.

The symptom also operates as an explanation – as the present trace of an absent cause. We ask that the symptom speak; our patient’s hand-washing is neither innocent nor silent; rather, this symptomatic hand-washing ‘speaks.’ Although “it is very much to be feared,” as Freud says, “that our need for a tangible and coherent ‘ultimate cause’ of nervous disorders will never be satisfied” ¹, it is nevertheless the symptom that presents a trace of this elusive “ultimate cause” of pathology. In a theoretical universe of absence, deferral, and becoming the symptom stands for – and as – presence, stasis, and being. The symptom *explains* the mechanics of psychoanalytic experience. The symptom (like *parole*) presents itself as the tip of the iceberg – of the unconscious. The symptom (like the dream) is the ‘royal road’ to the unconscious. Without the symptom to mark territory and to indicate direction the analyst would be lost in a universe of unanchored texts, dreams, slips, jokes, and signifiers. Without his hand-washing, our patient would have nothing to show for – or as – himself. Or perhaps this is what he fears the most.

In his meta-theoretical text “Inhibition, Symptom, Fear” (1926) Freud enumerates three traits of the symptom: the symptom’s difference from inhibition (indeed: in the title

of Freud's text "Inhibition, Symptom, Fear" it is the latter term – fear – that differentiates inhibition and symptom); the symptom's relation to the self; and the symptom's internal mechanisms of displacement and substitution.

An inhibition is a "diminution" in the function of the ego – in the ability of the ego to execute the functions of everyday existence. An inhibition does not 'speak' in the psychoanalytic sense; it has nothing to say. In contrast, the symptom 'speaks' – it signifies a pathos or a disease – or a disease. The symptom is an "indicator" ², as Freud says, both "sign and surrogate." An inhibition has no relationship to the absent, the deferred, or the becoming; the symptom, in contrast, speaks *for*, speaks *in the place of*, speaks *as* this something else. More specifically, the symptom 'speaks' in the place of the drive-impulse that has been obstructed by the repression process (what Freud, toward the end of the essay, subsumes under the more general category of defense process). ³ Our patient's hand-washing 'speaks' in the place of *something else* – of the repressed drive-impulses of the unconscious whose voice remains audible but muffled. The symptom is a secondary-formation: *Wo Es War* – where drive-impulse was, there shall symptom be. An inhibition offers no such substitution, displacement, or *parole*.

At first the symptom is conceived of – and experienced as – a secondary-formation: a non-integral, non-organic, non-natural appendage of the ego, of the self, of subjectivity, of personhood. Indeed, it is as such a secondary-formation that the symptom presents itself *qua* symptom. Therein lies the difference between normal

(non-symptomatic) hand-washing and our patient's abnormal (symptomatic) hand-washing; unlike the former, the latter *appears as* (and *speaks as*) symptomatic. As Freud says, the symptom is experienced as a "foreign body that constantly generates stimuli and reactions in the tissue in which has become embedded." [4](#) Later on, however, the symptom comes to be incorporated into the self: the ego "adjusts to the alien element within that is represented by the symptom." [5](#) The primary formation assimilates this secondary-formation.

This incorporation – even domestication – of the symptom marks the second characteristic of the symptom: the symptom's relation to the self, to subjectivity, to personhood. By the time our patient finds himself in the analyst's office his compulsive hand-washing has become an integral part of himself; distraught and troubled by his compulsive hand-washing, our patient, at one and the same time, recognizes that he is bound to it. Whereas in the first part of the essay Freud highlights the symptom's difference from an inhibition (and from the ego-organization itself) the later part of the essay stresses the subjectivization – the making one's own – of the symptom. As part of the "illness-gain" of the symptom Freud suggests that the symptom expresses – exerts, asserts, affirms – the self. Freud muses: "Thus the symptom is gradually entrusted with the task of representing important interests; it comes to play a considerable role in the assertion of the self, merges ever more intimately with the ego, and becomes ever more indispensable to it." [6](#) Rather than the "foreign body" and "alien element" that it first appears to be the symptom is now

considered and experienced as inextricable from – and indispensable to – the assertion and exertion of the self, of subjectivity, of personhood. Our patient fears that he will self-destruct without his hand-washing.

If the symptom finally merges into – and emerges as – the subject itself, then is the symptom nothing other than the expression – exertion, assertion, affirmation – of the self? Is the symptom merely the expression of the self as manifest under the strictures of culture, of phallogocentric culture, in particular? Is the symptom the discontented self of civilization? – the text (dream, slip, joke) that expresses itself over and above the processes of repression and defense? Is it as simple as the Freudian *Wo Es War*: where drive-impulses are, there shall symptom be? Our patient's hand-washing subsists as the *sin qua non* of his subjectivity.

This Freudian equation raises the specter of the third characteristic of the symptom: its internal mechanics of displacement and substitution. In its most literal sense the symptom stands in the place of the repressed drive-impulse; the symptom is the product of the battle between drive and law, id and ego, pleasure and reality. In this sense the symptom is a compromise-formation. Subsumed beneath our patient's obsessive hand-washing rests the pathos – idea, signified – of his symptom. This compromise formation is nothing other than the expression of the self – of the repressed drive-impulses whose very repression is the condition of possibility of the self *qua* symptom. This self *is* a compromise-formation, a displacement of and substitution for originary drive-impulses repressed by the rules and laws of culture,

only to return as the repressed. Along the chain of displacements are other symptoms, other signifiers, other “indicators” and “signs” and “surrogates.” The originary drive-impulses constitute the archaic plasm out of which the self and the symptom emerge. From this perspective the anti-Oedipalism of Deleuze and Guattari harken back to a pre-symptomatic, pre-subjective plasm of unorganized drive-impulses – of the body without organs. Rather than an unorganized series of drive-impulses our patient expresses himself in the form of obsessive hand-washing.

What, then, is the symptom trying to tell us? When the symptom ‘speaks,’ what is it trying to say? – or trying to do?

Freud answers this question toward the end of the essay when he contends that the symptom seeks the avoidance of the “danger situation” – that which Freud traces to the loss of the object, abandonment by the mother, the birth process, castration anxiety, and finally death. Freud writes: “Symptoms are created in order to extricate the ego from the danger situation.” 7 Symptom-formation neutralizes the danger situation – the formation of the surrogate and the sign alleviates the danger. If our patient refused his symptom, then he would be left to face the danger situation.

How does the symptom – formerly “foreign” and “alien” – come to be a shield that protects the self from the vicissitudes of loss that comprise the self’s relation to the external world? How are we to conceive of the “danger situation” itself? Is the symptom another mode of “defense” – a defense against the danger situation that elicits fear and anxiety in the subject? In

the abstract the Freudian danger situation consists of the pre-symptomatic (or post-symptomatic) plasm out of which the symptom – and the self – emerge. The danger situation marks the threshold between life and death – individuation (*eros*) and dissolution (*thanatos*) – that the symptom seeks to demarcate and strengthen. The symptom cradles us above the abyss – of death, of dissolution, of fragmentation. The symptom is our hold on life, on the pleasure principle, on the precipice before the leap beyond the pleasure principle into the pure death drive. The self *qua* symptom protects itself against its own death, its own dissolution, its own fragmentation. However, to Slavoj Žižek's superegoic injunction to 'enjoy your symptom!' we respond: 'must we?'

What beckons on the far side of the symptom? – on the nether side of the death drive? If the "illness-gain" of the symptom is nothing more than the gift we receive for the enjoyment – rather than the abandonment – of our symptom, then what is the price to be paid for our adherence to our symptoms? What have we lost as the expense of our symptom *qua* self? What has our patient lost as the price of his obsessive hand-washing? The subject relinquishes the primordial plasm of unorganized drive-impulses (Deleuze and Guattari's body-without-organs) for speech – *lettre pour l'être*, as Lacan puts it. The *jouis-sens* of language – not unconnected to the psychotic's dreamy *parole* – replaces this *jouissance* of the unorganized drive-impulses of the body-without-organs. Like the little boy who renounces his mother and his masturbation for the promise of a future – but inferior – enjoyment the psychoanalytic patient receives the "illness-

gain” of his symptom in exchange for a *jouissance* beyond the symptom, beyond the pleasure principle, in the primordial plasm of a pre-symptomal, pre-subjective body-without-organs. This exchange marks the subjective cost of an Oedipal selfhood and civilization.

What does the symptom ‘speak’? – what is it trying to say? – and for whom? For the discontented subject the symptom says: ‘Is this all? But this is not enough!’ – and so he invariably searches for a pleasure beyond the archetypal father of civilization. Perhaps this is the reason that our patient finds himself at the analyst’s door. For the contented subject the symptom says: ‘This is enough! Beyond it I cannot imagine!’ Fortunately – or unfortunately, as the case may be – the compulsion to repeat assuages the contented subject who finally finds relief in the repetition of his obsessive hand-washing. For the discontented, however, the symptom *qua* self – or the self *qua* symptom – fails to satisfy. Beyond the protection that the repetition of the symptomatic hand-washing offers remains the “danger situation.” Does the subject dare to transgress such a threshold? – to pass beyond the symptom, the repetition, and the pleasure principle? The symptom as practice – like the death drive as theory – may very well be the limit – even if the condition of possibility – of psychoanalytic theory and practice itself.

What do we seek when we engage in analysis? Why has our hand-washer entered the game of analysis? As patients we present – manifest – our symptoms; as patients we perform our symptoms, perform our selves. The later Lacan’s account of the psychoanalytic ‘cure’ – in proper scare

quotes – suggests that an (im)possible termination of the transference (of desire, of recognition, of narcissism, of aggression) awaits after the patient's exhaustive search for his object. This (im)possible point of termination consists of the transition from desire to drive – from the idiot's *jouissance* that 'gets off' on a momentary entrapment of its object – a 'gotcha' that always misses the object's elusive shadow—to the feminine *jouissance* that 'gets out,' so to speak, of the repetitive compulsion of desire's anxious encirclement of its object. This imperceptible difference – between desire and drive, between masculine and feminine – marks the subjective experience of a universe beyond the symptom. At this magical moment – outside of chronological temporality and geometric spatiality – the subject – if such a subject still exists! – experiences what the clinic understands as the end of analysis. It is for this experience that we go to analysis – less for the narcissistic satisfaction of an analysis of our symptoms (a kind of literary interpretation of the symptom) and more for an utter dissolution of those symptoms (those selves) whose banal interpretation we have witnessed, accepted, or rejected. What awaits this subject freed of his symptoms? In the least – the door out of the analyst's office.

The essays in this issue all advance an understanding of, and stimulate a discussion of, the symptom as a return of the repressed.

In the first essay, Dale Bradley examines *ROBOCOP* and argues that the cybersubjectivity revealed in it is a symptomatic response – a return of the repressed – that confronts the inherent

organic bias of psychoanalytic thought with a form of subjectivity that encompasses both the organic and machinic. The real crisis of subjectivity presented in cyborg narratives, Bradley argues, is not defined by the potential loss of a unitary and unproblematic human subjectivity at the hands of technology but that technology reveals subjectivity to be always and everywhere artificial in the sense that it is a construct generated by beings (human or machine) as they exist through their environmental situatedness.

In the second essay, Shane Herron analyzes Freud's joke-book and claims that the joke is itself a symptom of language. Herron suggests that the joke – like analysis – consists of a non-sensical core that resists rational understanding. For Herron the joke is not only *in* language but *on* language.

The locus of the final essay's investigation of the symptom is the mass-mediated fascination of traumatic events, the proliferation of images of disaster and horror and the shifting relationship between the subject and the object of the eye in contemporary visual culture. In his examination of the structuring of visual culture through image-making, Sudeep Dasgupta argues that moving backwards towards the Real is less a movement below in a topology of surface (symptom) and depth (the Real), than of moving sideways, laterally across the different elements of a networked visual culture. The Real appears *beside* the Symptom rather than below it.

1. Sigmund Freud, "Inhibition, Symptom and Fear" (1926), in *Beyond the Pleasure Principle and Other Writings*, ed. John Reddick (Penguin: NY, NY 2003), pp. 221. ↑
2. Ibid, pp. 153. ↑
3. Ibid, pp. 161. ↑
4. Ibid, pp. 165. ↑
5. Ibid, pp. 166. ↑
6. Ibid. ↑
7. Ibid, pp. 212. ↑

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