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## Notes on Language in the Clinic in a Lacanian Key

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There is no shortage of therapeutic modalities and interventions at the therapist's disposal. Psychotherapy, because it claims to treat the individual, is necessarily multifaceted and complex. The dimension of language which structures much of our experience should be considered as a starting point for a psychotherapeutic technique. French psychoanalyst Jacques Lacan developed a theory and technique of the talking cure beginning from this assumption: that language structures our experience. In the early 1950s he sought to recover a linguistic Freud: to re-center psychoanalytic psychotherapy on language itself. In this paper, I sketch the theoretical reasons for this turn in Lacan and look at current clinical literature to explicate the technique of this linguistic approach to psychotherapy. I begin first with challenging our everyday understanding of language; then, I explore the theoretical aspects of language and speech; finally, I tie these investigations into a clinical approach with a brief case study and analysis.

**KEYWORDS:** Lacan, language, psychoanalysis, technique, psychoanalytic psychotherapy

### Lacanian Notes on Language in the Clinic

What happens when we speak? Do we directly convey what we are feeling to another person, a listener? Or do we speak mostly in metaphor, only approximating what we think we feel? Why is it that we so often feel misunderstood no matter how well we articulate ourselves? More disconcerting for many of us: why is it that we leave conversations or arguments feeling as if we could have said more, or said it differently?

If this dilemma is not at the forefront of us as social creatures—life would be far too cumbersome if we had to analyze our linguistic assumptions each time we decided to speak—it should certainly be at the forefront of psychotherapists. Psychotherapy, if it is the 'talking cure', relies almost entirely on language and how the client uses it to describe their inner experience, their suffering, and their life story. Should the psychotherapist not be concerned with the speech of his client from the start? Lacan is perhaps most well-known for his linguistic approach to psychoanalysis. In his first seminar, given in 1953-1954, he sought a 'return to Freud'. From that point onward, Lacanians have devoted an immense amount of time and energy to studying the nature and structure of speech as it pertains to effective clinical work (see Fink [2014] and Soler [1996a, 1996b]). I would like to spend some time on this clinically-informed theory of language and see what psychotherapy today can learn from this psychoanalysis. In the end, I am led by the question: What happens when the client speaks to the therapist?

### The Structure of Language

First: a note of distinction. *Big Other* and *little other* signify two separate entities. The former is roughly synonymous with Freud's superegoic structure with the added element of language. In other words, the Other is the field within which social ideals, parental demands,

religious or cultural narratives, etc., are registered (see Glowinski, Marks, and Murphy's [2001] entry on "Signifier"). This is also the field where language resides. 'Little other' has more to do with ego to ego relations, i.e., the interpersonal field. When I speak to my friend, I am speaking to the other; when I speak to God, I am speaking to the Other.

Speech is always in the service of the O/other. It is not for the self or self-serving. By nature, language is social: it conveys something to another. In Colette Soler's words, "speech implies the Other" (1996a, p. 47). The listener occupies the place of the Other in the case of speech, which opens up the space for the symbolic order to enter. There is something significant in this: it is the role of the listener to determine what to do with the subject's speech. This 'role' is reflected in questions such as, "What does this person mean? Is there meaning *behind* what they are saying? Are they demanding something? What kind of response are they expecting from me?" In everyday communication, these questions go largely unanswered. In psychotherapy—psychoanalytic psychotherapy, that is—these are essential. Anyone who has worked in a clinical role has experienced the moment when a patient or client says something directed at the therapist, and the latter is unsure how to respond, evoking a sense of anxiety.

So, a subject's speech implies the Other. The meaning of the speech uttered by the subject is then determined by the Other retroactively. In other words: the speaker *does not determine the meaning of what they have said* (Soler, 1996b). Based on how the listener answers those questions to herself, the meaning of the statement is determined. "The statement is made by the subject, but the message is chosen by the Other" (Soler, 1996a, p. 48). How is this possible? Every statement is ambiguous. We cannot speak and mean only one thing. Herein arises the frustration we observed at the beginning of this paper when we leave a conversation feeling as if the other person did not fully understand what we meant, no matter how long the conversation was, no matter how many times we were able to re-articulate our position. This is not the fault of the speaker: this is the structure of language.

There is a certain 'loosening up' of the chain of speech in the subject. There is a gap or rupture between signifier and signified (between the sound of a word when someone speaks and the visual/imaginary concept he is trying to convey), effectively making some wiggle room in the meaning of a subject's speech (see Fink, 2014). This gap can be understood as ambiguity. Structurally, it is the difference between Saussure's (1916) sign and sound pattern or concept, referred to in subsequent literature as *signifier* and *signified*. Saussure describes two fundamental characteristics of the *sign* and *concept* in the function of language. First, "*the linguistic sign is arbitrary*" (1916, p. 101): there is no intrinsic reason for a connection or association between a particular signifier and its signification other than mere convention and social obligation. For example, the word "tree" has no *inherent* tie to our concept of tree. This is clearly shown by the fact that different languages exist, and that the signification of "tree" means different things in different contexts. Second, "the elements of [linguistic] signals are presented one after another: they form a chain" (*ibid.*, p. 104): there is a fundamental linear direction in the structure of language. One word simply follows another, and the meaning of a statement is not fully understood until after it is uttered, that is, retroactively.<sup>1</sup>

It is between this space—between the signifier and the signified—that we can conceive of ambiguity in the language of the speaking subject. Because there is no inherent anchor by which a signifier is attached to a thing, language 'slides around.' There is no fixed meaning to what we

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<sup>1</sup> The relationship between Lacan and Saussure is complicated in H. Glowinski, Z. M. Marks, and S. Murphy (Eds.) *A Compendium of Lacanian Terms* (2001) in the chapter on the *signifier*, but our treatment of Saussure here is only cursory enough to explore the basic tenets of structuralist linguistics.

say, because there is *no fixed meaning in the structure of the language we use*. The implication of this is that we cannot *directly* communicate what we mean to the other, the listener. This is to re-emphasize what we said earlier about the structure of language in that speech implies the O/other (i.e., speech → Other). The meaning is actually chosen by the other to whom we are speaking, not by the speaker.

We learn early on to communicate our needs to some O/other (caregivers, teachers, older siblings) by way of language, and so we come to associate an internal state (e.g., hunger) with a certain phrase or demand (e.g., “I’m hungry”). This is the true meaning behind the phrase that ‘language is social’: it is social because it is *for* the other (person/mother/father/sibling/teacher). Not only is language determined by the Other, it is *given by* the Other (see especially Soler, 1996a and 1996b). The very medium we use to express how we feel and what we desire is not even *our* medium. In perhaps his most existentialist moment, Lacan tells that one of the paradoxical relations of language and speech is that of “the subject who loses his meaning in the objectifications of his discourse. However metaphysical its definition may seem, we cannot ignore its presence in the foreground of our experience. For this is the most profound alienation of the subject in our scientific civilization...” (1953, p. 233). Alienation, in other words, is the consequence of everyday—and even scientific-philosophical—language, including weighty terms such as “co-dependence” and “trauma”. True speech and expression is closed off by language, but also only possible with language.

### **(Mis)understanding**

In our everyday life, we associate among others via what Lacan calls ‘the imaginary’. That is, we view other people more or less like ourselves. Cognitive scientists may call this our internal “theory of mind” or even more broadly as “empathy”. In this mode of being, which is necessary for smooth social interaction, we approach the world and other people with the intent of *understanding*: we may assume the reason behind another person’s actions or we might use categories to ‘box someone in’ so that they don’t seem so utterly *other* or alien to us. However, in Lacanian psychoanalysis, “Understanding should not be taken as end in itself since it can serve as a resistance” (Fink, 2014). Looking for meaning and understanding in one’s life can often serve as a rationalization for one’s behavior. On the contrary, it is the role of psychoanalysis to *undermine* meaning and to take it apart, to “[remind] analysands that they are *not* masters in their own homes and that part of psychic health is giving up the obsession with mastery” (ibid.). It is only when one relinquishes the demand for a rigid and ‘accurate’ meaning of one’s thoughts and behaviors that one can fully explore the aspects of one’s wishes, desires, longings, fears, and anxieties in a richer and deeper way. This way of thinking is also representative of the difference between developmental-etiological psychology (i.e., finding ‘the source’ of one’s ailments and following it forward) and retroactive-narrative psychology (i.e., reconstituting the past through one’s present discourse), the latter of which Lacan (1975) claims is the proper way to read Freud.

Therapists feel comfortable when their clients fit neatly into a diagnostic manual. However, this is when the psychotherapist is operating *as if* the unconscious contents and inner- and inter-experience of the subject before them is knowable and analogous to theirs. This can stunt further exploration of the subject into him/herself, as it effectively cuts off retroactive meaning and the excitement of pursuing alternative meanings to one’s narrative. Any reader who has been in therapy with a therapist who is quick to diagnose or seems fixated on a certain meaning of an event can attest to the suffocation of this way of working. This would, in Lacan’s term, not take the

alienation *in language* which is constitutive of modern subjectivity into account. Soler tells us that “speech—true or full speech—is an act. An act is something that has a creative function; it brings something new into the world” (1996, p. 47). Using pre-described interpretations drowns the potential creativity of speech.

### **Technique: Language in the Clinic**

In Lacan’s 1949 paper on the mirror stage, he formulates his notion of the ego: the child/infant is a bundle of experiences with no seemingly meaningful connection between them, an experience he refers to as the “fragmented body”. S/he then sees him/herself in the mirror (not necessarily a literal mirror, but more fundamentally some thing or person which has a reflecting function) and perceives him/herself as *single* and *coherent* entity. All of the experiences the infant has undergone are now gathered into a central location: the self (or, as Lacan says, the “ideal-I” or ego). This feeling or experience of the self, then, is always mediated through the Other.

It is at the moment when the subject feels dis-ease or discomfort with her relation to the Other or to her image of herself that she finds her way to the consulting office of a therapist. What occurs in this ‘neurotic structure’ is repression: a signifier (a word or thought that is somehow dissociated from the event, feeling, or affect in its context) is repressed, and is then ‘linked up’ with the chain of signifiers already in operation in the unconscious. This psychodynamic drama what Lacan means when he says that the unconscious is structured like a language, “a kind of foreign language that we are not immediately able to read” (Fink, 1997, p. 113). The repressed is then manifested as symptoms. The ego, as discussed above, is consolidated over time around these repressed signifiers, and as a consequence can become rigid, fearful, obsessive, hysterical, etc. One of the functions of Lacanian psychoanalysis, then, is to *disrupt the ego*: to shake things up, move things around, and so on. (Jacques-Alain Miller suggests that, while the subject is fluid and ambiguous, the ego is static and fixed (1996).) In this way, it evokes a similar response in the subject to that of a near-death experience in which one’s entire world is flipped upside down, often culminating in new existential projects centered around what one had previously feared.

A psychotherapeutic approach centered on language would look like the therapist operating in a kind of negative position in relation to the subject’s egoic discourse. When the subject speaks, the therapist is there to carefully listen and look for associations in the organization of the client’s words, finding the places wherein the ambiguity of speech might be made known. This therapeutic position is made possible due to the principle of the ambiguity of language discussed above. Lacan (1953) reads Freud’s mechanisms of unconscious disguise as linguistic. *Displacement* becomes ellipsis, pleonasm, hyperbaton, syllepsis, regression, repetition, apposition; *condensation* becomes metaphor, catachresis, antonomasia, allegory, metonymy, synecdoche. This is what is at stake in Lacan’s ‘return to Freud’, and what is at stake in his cheeky advice to young psychoanalysts: “Do crossword puzzles” (1953, p. 220), emphasizing the importance of understand how words are related to one another on a purely ‘superficial’ or symbolic level. A short case study might help illustrate this approach to psychotherapy.

### **Case Study<sup>2</sup>**

A few months into a psychoanalytic treatment, the client—whom we will call “M”—was recounting her first depressive episode. M was engaged to a man she did not really love, but who

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<sup>2</sup> The following vignette was graciously given to me by my friend. Details and revealing aspects have been altered.

her parents approved of, and heavily encouraged her to marry. She had been feeling depressed since her engagement, which was about two years in, as she kept finding excuses to put off the wedding. M described her first depression as her “first descent”. In response, the analyst simply stated, “Descent?” This seemingly banal move opened M up to the ambiguity of the signifier “descent”, associating it with its homophonous “dissent”. The client then considered the other possible meaning of her “first dissent” in the form of a depressive episode: her depression was a form of unconscious rebellion against the wishes of her parents to marry this man whom she did not love at all. This awareness led her to consider that she felt ambivalence towards the lost object of *another love* and the lost opportunity which was effectively (symbolically) closed off by her parents’ desires. She was rebelling against the path they chose for her, but because the anger towards her parents was unacceptable to her, it was displaced—moved—and turned inward in the form of depression (thus, the symptoms of negative self-talk, negative worldview, low self-esteem, etc.). This was all a hypothesis for the client herself to consider. Again, a fundamental axiom is *do not understand too quickly*: understanding can often be resistance in disguise. The important thing to keep in mind in this example is the simplicity of the intervention of the therapist and the consequent chain of signifiers and associations it opened up. That is where it should be left for the moment: as an open question.

In this case, the therapist was able to open up a space in the client’s consideration of her psychodynamics by highlighting the ambiguity of a word. On the therapist’s side, they listened for a word which seemed significant to M, and read the potentially multifaceted meaning into it. The *meaning* of the *sound* “descent” was determined by the Other as “dissent”. The hatred towards her parents was effectively repressed, and the aggression manifested as hatred of the self. As a result, the ego of the client, which had in part crystallized around this story she was telling herself and others (“The first depressive episode was my first descent downward...”) was immediately ruptured, and she was able to ‘access’ her unconscious for a moment. None of this indicates that the therapist’s technique was *right* or *wrong*; but, following Freud, it was *productive* by opening up new vistas and pathways in the treatment of the client. That is all the therapist can hope for when they intervene in the subject’s discourse. Why did the therapist intervene exactly at that point? An important point to consider is the therapeutic relationship which is not revealed here: this moment came after months of analysis; perhaps the client had used “descent” before, and seemed to fixate on describing her life in this way. That said, the therapist’s choice to intervene precisely at this point is a question to be put aside for now.

### Conclusion

In the 1950s, Lacan opened up psychotherapeutic discourse to a linguistic reading of Freud. While it is sometimes difficult to find exactly where in Freud Lacan retrieves some of his ideas, it can be more easily understood if one takes into account Lacan’s interest in phenomenology and structural linguistics. By centering psychotherapeutic practice and technique on language, Lacan was able to produce an enormous amount of energy amongst his followers since then. A linguistic-based clinical practice means the primacy of the *word*, of the discourse of the client. This comes from an essential belief shared with many other therapeutic methods that the story the client consciously tells themselves is immensely important. The difference for the theory and technique presented in this paper, however, is that the therapist occupies a *negative* position in relation to the subject’s discourse, only intervening as the Other to highlight the absence of absolute meaning and

rigidity. The ‘goal’ of the therapist is to simply make room in the client’s discourse for insights or ideas heretofore unconsidered.

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