

PSYCHOANALYSIS AND LACAN: A WALK THROUGH THE UNCONSCIOUS AND LANGUAGE

Rawy Chagas Ramos¹

Abstract: This article offers a comprehensive analysis of Jacques Lacan's psychoanalytic theory, emphasizing his critical reinterpretation of Freud and the central role of language in subject formation. Beginning with biographical and theoretical context, the author explores core concepts such as the Mirror Stage, the Imaginary, Symbolic, and Real registers, the Oedipus Complex, and the Name-of-the-Father. The paper also discusses the ethics of desire, the notion of the *sinthome*, and the subversion of the subject in contemporary society. It intertwines psychoanalysis, philosophy, linguistics, and clinical practice, highlighting the ongoing relevance of Lacan's work in understanding psychic suffering and modern subjectivity. According to the author, Lacanian psychoanalysis provides a unique listening framework that resists normative standardization and upholds the singularity of human desire.

Keywords: Lacan; Psychoanalysis; Language; Subject; Desire.

¹ Master's degree in Political Philosophy from the Federal University of Rondônia - UNIR (). Master's degree in Canon Law from the Higher Institute of Canon Law of Rio de Janeiro (2018). Postgraduate degrees: specialist in Counseling and Pastoral Psychology from Faculdade Serra Geral - FSG (2023); in Teaching in Theology from Faculdade Dom Alberto - FAVENI (2023); in Higher Education Teaching from the University Center of the United Metropolitan Colleges - FMU (2023); and in Teaching and Management of Distance Education from Faculdade Focus (2023); in Clinical Psychoanalysis from Faculdade Metropolitana do Estado de São Paulo - FAMEESP (2024). Graduated in Theology from the Theological School of the Benedictine Congregation of Brazil (1998) and Bachelor in Theology from Faculdade Dehoniana (2016). Training in Clinical Psychoanalysis from the Institute of Studies and Human Development SUPERAH and CETEP (Center for Studies in Therapy and Psychoanalysis). Holistic Therapist from the Brazilian Institute of Holistic Therapy (IBRATH) and Parapsychologist from the Latin American Center for Parapsychology (CLAP). Member of the International Council of Psychoanalysis and Integrative Therapies (CONIPT). E-mail: rhawy-cr@gmail.com Lattes CV: <http://lattes.cnpq.br/8499444232725816> ORCID: <https://orcid.org/0009-0009-9677-7634>.



INTRODUCTION TO JACQUES LACAN'S PSYCHOANALYSIS

The psychoanalytic theory of Jacques Marie Émile Lacan (1901-1981) does not only revisit Freud — it revolutionizes him. Lacan proposed a “return to Freud”, but not as mechanical repetition; His return was, in fact, a critical rereading, full of intersections with linguistics, philosophy and anthropology. Instead of seeing the unconscious as a hidden place of the spirit, Lacan (1999) brought language to the center of psychoanalysis. “The unconscious is structured as a language” — this phrase is not just a catchphrase, it is the basis on which he built a more enigmatic, but also a deeper psychoanalysis (Ducrot; Todorov, 1974).

From the 1950s onwards, Lacan began his famous seminars in Paris. His concepts were worked on orally, in presentations that mixed theory, criticism, philosophy and clinical experience (Rudinesco, 1993). The themes of these meetings were not random: language, desire, body, subject, ethics and clinic were revisited in a new light. Lacan proposed that the patient's speech — his words, silences, slips and stumbles — be analyzed as signifying structures (Jorge, 2008).

For Lacan, language is not a mere means of expression (Caselli, 2014). It is what constitutes the subject. What you say not only reveals who you are — it constitutes you as a subject. This linguistic turn has profoundly influenced the clinical and theoretical practice of modern psychoanalysis. For Lacan, the subject of the unconscious emerges in the intertwining between signifiers, which implies that its truth is not interior, but structured by the language of the Other (Fink, 1999).

BIOGRAPHY OF JACQUES LACAN

Training and First Steps

Jacques Lacan was born in Paris in 1901. The son of a bourgeois Catholic family, he showed a rebellious spirit and a brilliant mind from an early age. His initial interest was in medicine, especially psychiatry, where he worked at the Sainte-Anne hospital. He was also an intern of Gaétean



de Clérambault, whom he considered his only master in the psychiatric field. There, he already showed an inclination for psychopathologies, especially paranoia. His 1932 doctoral thesis, “La Psychose paranoïaque dans ses rapports avec la Personnalité: The paranoid psychosis in its relations with the personality”, already made it clear that his approach would be original, demonstrating impressive erudition and sympathy for psychoanalysis, at a time when prejudices hindered its dissemination in France (Dor, 1990; Rassial, 1997).

Lacan actively frequented Parisian intellectual circles, maintaining a dialogue with the surrealists and with philosophers such as Alexandre Kojève, whose Hegelian reading had a significant impact on his theoretical construction of the subject (Juranville, 1987). In 1936, he presented his theory of the “mirror stage”, which would become one of the cornerstones of his conception of the self and the formation of the subject in psychoanalysis.

Lacan maintained constant dialogue with central figures of French thought, such as Raymond Aron, Maurice Merleau-Ponty and Georges Bataille, which contributed to his work becoming a point of intersection between psychoanalysis, philosophy and culture (Vanier, 2005). After joining the Paris Psychoanalytic Society (SPP), Lacan would break with it, founding his own institutions — such as the French Society of Psychoanalysis and, later, the Freudian School of Paris — that would profoundly mark the psychoanalytic field in France and in the world (Harari, 1990).

Personal Life and Intellectual Relationships

He married Sylvia Bataille, ex-wife of the philosopher Georges Bataille, and had a daughter, Judith, with her. His personal life was intense, often controversial, as was his institutional trajectory in psychoanalysis. His presence was remarkable both in clinical and intellectual circles, moving between medicine, literature, philosophy and art, which gave him a unique position in French culture (Rudinesco, 1993; Didier-Weill, 1997).

In 1964, after years of tension with the International Psychoanalytic Association (IPA), he



was formally excluded from the institution — mainly because of his refusal to adhere to the traditional training models and because of his practice of analysis with a variable session, which generated great controversy in the field (Jorge, 2008; Harari, 1990).

This rupture, however, did not prevent him from continuing to teach, publish and profoundly influence the following generations of psychoanalysts, especially through his seminars, which became the main means of transmission of his teaching (Miller, 2005).

The Creation of Psychoanalytic Schools and Institutions

Lacan created and disbanded institutions, such as the Freudian School of Paris (EFP), founded in 1964, and, after its dissolution, the School of the Freudian Cause (ECF), in 1981. Such institutional movements were not only due to administrative issues, but reflected his forceful criticism of the crystallized forms of organization and standardization of psychoanalytic training (Fink, 1999; Nasio, 1993). Lacan maintained that the knowledge of psychoanalysis was not transmitted by conventional diplomas or certifications, but by a singular subjective experience, conducted in the very course of analysis and supervision.

In this context, he proposed the device of the pass, an unprecedented form of validation of the analytic experience, in which the analysand himself presented himself as a witness of the course of his analysis before a commission (Miller, 2009; Dunker, 2011). This proposal marked a radical turning point in the way in which the training of the analyst is conceived – no longer as an accumulated knowledge, but as an ethical and subjective crossing.

THE THREE REGISTERS: IMAGINARY, SYMBOLIC AND REAL

The theory of the three registers consists of one of the central pillars of Lacanian psychoanalysis. Developed by Lacan throughout his seminars, these records represent different dimensions of human



existence and the psyche, functioning as fundamental clinical and conceptual operators (Jorge, 2008; Dunker, 2011).

Imaginary – The Illusion and the Mirror

The Imaginary is the domain of image, appearance and illusory identifications. It is where the ego is born, our image in the mirror, our “ideal self”. It is here that the baby, when he sees himself reflected, believes he sees himself whole, cohesive. But this is a mirage. It is the realm of illusions of completeness. All our vanity, idealizations and search for recognition are born in this record. The risk is to get stuck in a game of appearances, a mirror trap.

Lacan presents this conception based on his theory of the “mirror stage”, developed in 1936, where the subject recognizes himself in his reflected image, forming a matrix of narcissistic identification (Lacan, 1998; Harari, 1990).

Symbolic – Law and Language

The Symbolic is the order of language, culture and law. It is what inserts us into society. Here, the figure of the “Name-of-the-Father” (Lacan, 2005) comes in, which teaches us that not everything is allowed.

This register structures us as subjects. Language crosses us even before we are born. The name we receive, the stories we are told, the speeches that form us — all of this is symbolic. Moreover, desire is mediated by the Other, that is, we only desire what the Other points out to us (Quinet, 2006; Fink, 1999).

Because, the entry into the field of the symbolic marks the symbolic castration, which limits jouissance and inaugurates the subject of desire, introduced into lack and language (Jorge; Ferreira, 2005).



Real – The Unnamable

The Real is that which escapes language and symbolization. It is not “reality”, but what cannot be said. The raw pain, the trauma, the death—all of this is Real. It is the one that always returns to the same place because it does not find inscription in the other records. In Real, we are confronted with the impossible. There are no words to name it. And it is precisely this lack of naming that makes the Real disturb us so deeply.

The Real, in Lacan, is the most difficult register to be approached, because it is the unspeakable and the unrepresentable — that which resists the symbolic and the imaginary (Miller, 2005; Fink, 2015; Kafka, 2015).

THE MIRROR STAGE AND THE FORMATION OF THE SUBJECT

The Mirror Stage is one of the most well-known and fundamental concepts of Lacan’s theory. Originally presented in 1936 and reformulated in 1949, it proposes that, between 6 and 18 months of life, the baby, when he sees himself in the mirror, experiences an experience that inaugurates the “I” – or more precisely, the image of an “I” (Lacan, 1998; Harari, 1990).

This recognition is illusory, because the reflected image appears to be complete and harmonious, while the baby still perceives himself in a fragmented and uncoordinated way. This first identification with the specular image inaugurates the formation of the self in the field of the Imaginary, establishing a constitutive alienation (Jorge, 2008; Vanier, 2005).

Narcissism and the Other’s Gaze

This moment also marks the birth of primary narcissism: the subject loves the ideal image he



sees in the mirror, even though it is not actually that. The presence of the Other's gaze — usually the mother or caregiver — is fundamental, as it validates and sustains this image.

The desire to be seen and recognized by the Other inaugurates the dynamics of human desire, always structuring itself from the desire of the Other (Lacan, 1998; Fink, 1999). The subject, from then on, will incessantly seek this gaze that constitutes and sustains him, which will be central to the constitution of his place in the discourse.

Identification with the Image

The image with which the baby identifies himself is not a faithful reflection of his being, but an idealized form. It is an identification with something external, which already introduces a split in the subject between what it is and what it appears to be (Nasio, 1993). Lacan points out that this alienation is constitutive: we are marked from the beginning by exteriority, by the Other, and by an image that escapes us (Jorge; Ferreira, 2005). This structure prepares the ground for entry into the Symbolic, where language will operate even more decisively in subjectivation.

The Illusion of Completeness

The problem? This image brings an illusion of completeness that is never fully realized. We live trying to rediscover that sense of unity we had in front of the mirror, but we never really succeeded. This endless search feeds our desire, our neuroses, and, of course, our suffering.

In other words, the mirror image offers a promise of totality that is never realized. The child experiences a feeling of unity that becomes a reference, but also a source of suffering. From then on, we spend our lives trying to rediscover this feeling of completeness, but we are always faced with the lack, with the impossible to be filled — which Lacan relates to the field of desire and the structure of neurosis (Miller, 2005; Dunker, 2011). Lacanian psychoanalysis shows that this search for



completeness is the engine of desire, but also of our deepest anxieties.

The Subject of the Unconscious

Lacan proposed a radically new conception of the subject. Contrary to the modern idea of a cohesive, autonomous, and rational “I,” Lacan asserts that the subject is divided, barred, and that its truth lies in the unconscious. This unconscious, in turn, is not the reservoir of repressed contents, as Freud thought in his first topic, but rather structured as a language — a chain of signifiers that escapes the control of the self (Lacan, 1998; Fink, 1999).

The notion of subject in Lacan is born in the tension between the signifier and desire. The subject of the unconscious is an effect of language, not a cause of itself. That is why Lacan affirms that “the unconscious is the discourse of the Other” (Lacan, 1998). In this sense, the subject is an effect of speech, a crack that is formed in the encounter between desire and law (Jorge, 2008). To understand this dynamic, Lacan proposes the four fundamental concepts of psychoanalysis: the unconscious, repetition, Transference, and drive — all crossed by the notion of subject as an effect of language (Lacan, 1985).

THE OEDIPUS COMPLEX AND THE PATERNAL FUNCTION

The Oedipus Complex, fundamental in Freudian theory, was profoundly reworked by Lacan from the perspective of linguistics and the structure of the signifier. He shifts the focus from the biological to the symbolic, demonstrating that desire is inscribed in a network of signifiers that shapes the subject from its entry into language (Lacan, 1998; Dunker, 2011).



The Symbolic Law and the Prohibition of Incest

Lacan reformulated the Oedipus complex based on the notion of structure. For him, the entrance into the Symbolic occurs when the subject is confronted with the Law of the Father – which is presented as the prohibition of incest, that is, the fundamental prohibition of desire for the mother. This interdiction is not only moral, but also the foundation of the subject, as it inaugurates the separation between the subject and the primordial Other (the mother), allowing inscription in language, law and culture (Jorge, 2008; Nasio, 1996). The function of the law is to structure desire, showing that not everything is allowed and that desire is always mediated by lack.

The Father's Name and the Paternal Metaphor

The figure of the father, in Lacan (2005), is not necessarily the real or biological father, but a symbolic function. The Name-of-the-Father is the signifier that intervenes in the field of maternal desire to prohibit fusion with the child. It is a metaphor that replaces the mother's desire and introduces the subject into the field of difference and language (Lacan, 1998; Miller, 2005). When this symbolic function fails — as in the foreclosure of the Name-of-the-Father — the subject is unable to structure his desire symbolically, which can give rise to psychotic conditions (Jorge; Ferreira, 2005).

The Divided Subject and Castration

Symbolic castration, as developed by Lacan, does not concern a physical mutilation, but the entry of the subject into the field of lack. To be castrated, in symbolic terms, is to recognize that one is not everything to the other, that there is a point of loss that constitutes desire (Fink, 1999; Quinet, 2006).

This operation founds the divided subject (*sujet barré*), alienated in language and moved by a



desire that is never fully satisfied. Castration is, therefore, what enables the constitution of the subject as desiring – and, paradoxically, as incomplete (Didier-Weill, 1997). Therefore, the Lacanian subject consists of a divided subject, alienated in language and moved by a desire that is never fully realized.

DESIRE IN LACAN: LACK, METONYMY AND OBJECT

In Lacanian theory, desire occupies a central place. But it is not desire in the sense of something that can be easily satisfied. Desire, for Lacan, is the desire of the Other — it is structured from the lack, from what we lack and that cannot be fully fulfilled (Quinet, 2006; Fink, 1999). This lack is not a sign of pathology, but an ontological structure: we are missing beings from the beginning, and it is this constitutive loss that drives our desire (Jorge, 2008; Harari, 1990).

Jouissance is the term Lacan uses to designate that which goes beyond the pleasure principle — an experience that can be both pleasurable and painful, and that often approaches the unbearable. The subject sometimes seeks jouissance even when it causes him suffering, as in cases of symptomatic repetition (Miller, 2009; Nasio, 1996). This distinction between desire and jouissance allows us to understand symptoms that return, repetitions that insist, even against the rational interest of the subject.

In effect, Lacan revolutionized the way we understand desire. He proposed a profound reformulation of the understanding of desire. It is not a simple will, nor an impulse to be satisfied, but an incessant movement, which is born of the entry into the symbolic – that is, of the moment in which the subject is captured by language. Upon entering language, something is irretrievably lost, and this loss founds the field of desire (Lacan, 1998; Dunker, 2011).

Lacanian desire does not aim at a fixed object. It works in a metonymic way: it slides from one signifier to another, without ever reaching an end point. The subject desires what the Other desires, or what he supposes the Other desires. In this sense, desire is always in displacement, sustained by a signifying chain that constantly refers to a beyond (Ducrot; Todorov, 1974; Fink, 1999).



It is in this context that Lacan introduces the concept of object a, which became one of the pillars of his theory. It is the object cause of desire, not an object that can be fully obtained, but a point of lack that moves the subject. Object a is a leftover from the operation of symbolic castration—a lost part of the subject that returns as the cause of his desire. It can manifest itself in the look, in the voice, in the body, in dreams, in fantasies, in love — but it is never reduced to a real object (Lacan, 1985; Jorge; Ferreira, 2005). Precisely because it never completes itself, it keeps the desire moving.

Desire, therefore, is the very structure of the subject in Lacanian theory. It is lack, it is displacement, it is continuous tension. The human subject is, essentially, a desiring subject — and this is what constitutes him, what makes him live and suffer, what moves him towards the Other, in search of the impossible (Fink, 2015; Vanier, 2005).

LANGUAGE AS A STRUCTURE OF THE UNCONSCIOUS

If there is something that defines Lacanian psychoanalysis, it is the affirmation that the unconscious is structured as a language (Araújo, 2001; Lacan, 1998). This is not a simple metaphor, but a rigorous theoretical conception, sustained by dialogue with structural linguistics. Lacan appropriated the ideas of Ferdinand de Saussure and Roman Jakobson to develop his theory, according to which the unconscious works through signifiers, operating with displacements, condensations and metaphors — just like the mechanisms of language (Ducrot; Todorov, 1974; Saussure, 1945).

Unlike the initial Freudian notion of “repressed content”, Lacan conceives the unconscious as a chain of signifiers. This chain is not irrational, but follows its own logic — the logic of the unconscious, which manifests itself in dreams, faulty acts, symptoms, and formations of the unconscious in general (Fink, 1999; Jorge, 2008). The analyst, therefore, becomes a reader of the subject’s speech, someone who listens to what is said and, above all, what escapes — what the subject does not know what he says.

For Lacan, the signifier is more determinant than the signified. What matters in psychoanalysis



is not so much the explicit meaning of a speech, but how it is articulated in the signifying chain that constitutes the subject. The subject is an effect of the signifier, and not its creator. We are spoken before we speak. Language precedes us and shapes us — it is the matrix that organizes our subjectivity (Lacan, 1998; Fink, 2015).

This point is central: the unconscious manifests itself through language — in lapses, silences, puns, ambiguities. That is why the symptom must be heard as a text, a singular writing of the subject. Each one speaks their unconscious in their own way, with their own word games, deviations and repetitions. The analyst's role, then, is not to correct or interpret in an authoritarian way, but to welcome this speech and help the subject to get involved in it, to locate himself in his own signifying web (Dunker, 2011; Didier-Weill, 2009).

LACAN'S CLINICS: FIRST AND SECOND CLINICS

Lacan developed two major clinical approaches throughout his career, which the psychoanalytic literature came to name as the First Clinic and the Second Clinic (Dunker, 2017; Fink, 2015). These two moments are not rigidly opposed, but represent different ways of understanding and intervening in psychic suffering, based on the evolution of his theory of registers (Imaginary, Symbolic and Real) and the role of the symptom.

In the First Clinic, Lacan is strongly anchored in the logic of the signifier. Influenced by structural linguistics, he conceives the symptom as a formation of the unconscious, structured as a language. The symptom is read as a metaphor — an enigma that conceals a repressed desire — and the analyst's work is interpretative: listening, punctuating, interpreting, working with the displacements and condensations of the subject's speech (Lacan, 1998; Nasio, 1993). The subject, in this perspective, is the barred subject (\$), alienated in language, divided by the desire of the Other. The analyst acts as the one who conducts free association, seeking to pierce the veil of neurotic repetition.

From the 1970s onwards, Lacan began to reformulate his clinic, giving rise to what is known



as the Second Clinic. In this approach, the focus shifts from the symbolic to the Real — that which escapes symbolization. The symptom, now called *sinthoma* (with *th*, in the manner of the old term used by James Joyce), ceases to be something to be deciphered and is now seen as a singular subjective tie, an invention that allows the subject to sustain himself in the face of the unbearable of the real (Lacan, 2005; Miller, 2009). The *sinthoma* is not necessarily pathological; it is, in many cases, what makes the subject's consistency possible. Therefore, it should not be dissolved, but understood in its sustaining function.

This clinical change points to a theoretical and ethical shift: from a clinic of interpretation to a clinic of subjective reconstruction (Didier-Weill; Safouan, 2009). The analyst, in the Second Clinic, ceases to be the one who interprets the truth of the subject and becomes a partner in the journey, someone who sustains the bond and recognizes the singular invention of the analysand. It is a clinic closer to reality, to what is not said, but insisted on — and which can only be supported by the construction of a singular way of existing.

THE BORROMEAN KNOT: A TOPOLOGY OF THE PSYCHE

Lacan has always shown an interest in formal and mathematical structures, using topological figures to think about the unconscious and the constitution of the subject. The Borromean Knot is perhaps one of his most ingenious constructions. These are three rings intertwined in such a way that if one falls apart, all the others also fall apart. This image represents the interdependence between the three registers of psychoanalysis: Real, Symbolic and Imaginary (Lacan, 2005; Fink, 2015).

This topology offers a new way to understand the structure of the subject. Each register — R (Real), S (Symbolic) and I (Imaginary) — fulfills an essential function. When they are well intertwined, even if the subject suffers, he maintains a certain subjective consistency. However, if one of the registers fails or is disconnected from the others, there may be structural ruptures, as in psychoses, where the connection between the symbolic and the real is precarious or non-existent



(Jorge, 2008; Dunker, 2011). For this reason, the Lacanian clinic is interested in understanding how these registers are articulated or disarticulated in each subject, observing the specific modes of their binding.

Later in his work, especially in Seminar 23 – The Sinthoma, Lacan introduces a fourth link to the Borromean Knot: the *sinthoma*. This element, inspired by his reading of James Joyce, is not to be confused with the traditional symptom, but is understood as a subjective invention that allows the subject to sustain himself even when there are flaws in the binding of the three registers (Lacan, 2005; Miller, 2009). The *sinthoma* operates as a kind of supplementary knot, which holds together the subject's psychic plot.

This Borromean approach represents one of Lacan's most innovative contributions to the clinic. It breaks with the idea of a universal structure of the psyche and proposes that each subject builds his or her own knot, with unique ways of tying together. Clinic, in this context, becomes an art of listening and recognizing this singularity — it is no longer a matter of interpreting in the classical sense, but of respecting and sustaining the singular mode of existence that the subject has produced in order to live (Didier-Weill; Safouan, 2009; Nasio, 1996).

PSYCHOPATHOLOGY IN LACAN: NEUROSIS, PSYCHOSIS AND PERVERSION

Lacan kept the three great clinical pictures inherited from Freud – neurosis, psychosis and perversion – but gave them a new, structurally based approach. Instead of categorizing subjects by manifest symptoms, Lacan proposed to understand these structures from the subject's relationship with the signifier, castration and the Other (Nasio, 1993; Jorge, 2008).

In neurosis, there is a successful paternal metaphor: the subject undergoes symbolic castration and accepts the interdiction of incestuous desire. However, this acceptance is not without consequences. The subject suffers from symptoms, inhibitions and anguish, the result of the tension between the repressed desire and the symbolic law. The neurotic is immersed in an excess of signification —



everything has a “why”, a meaning to be unveiled. The symptom, in this case, functions as a substitute formation for the fulfillment of the forbidden desire (Fink, 1999; Dunker, 2011).

In psychosis, on the other hand, the foreclosure of the Name-of-the-Father occurs, that is, the paternal metaphor fails to take hold. Without this organizing signifier, the subject does not fully enter the field of the symbolic, and the real erupts in a brutal way. This can manifest in delusions, hallucinations, and psychotic triggering phenomena. Language, here, does not function as structuring mediation, but as fragmentation and rupture — the symbolic cannot buffer the real (Lacan, 1998; Harari, 1990; Jorge; Ferreira, 2005).

Perversion, in the Lacanian conception, is not a moral deviation, but a stable clinical structure. The wicked do not reject the law, but place themselves as an exception to it. Instead of being castrated, he positions himself as the one who embodies the object of the Other’s desire, operating in a logic of challenge and staging of castration (Nasio, 1996; Fink, 2015). The perverse, unlike the neurotic, does not suffer for desiring what he cannot, but makes the Other suffer, placing himself as an instrument of the Other’s jouissance.

Psychopathology in Lacan, therefore, is not a descriptive classification of symptoms, but a structural reading of the subject. Each structure determines a singular form of relationship with desire, language and the Other. It is this structural position that guides the analyst’s work, much more than the symptomatic appearance (Didier-Weill; Safouan, 2009; Miller, 2005).

THE ETHICS OF PSYCHOANALYSIS IN LACAN

Ethics, for Lacan, is not to be confused with moral codes or universal rules about good and evil. It is an ethics of desire, in which the subject is called upon to take responsibility for the position he occupies in relation to what moves him. Lacan takes up the Freudian tradition, but shifts psychoanalysis to a territory where there is no place for ideals of adaptation or social conformity (Lacan, 1988; Fink, 1999).



In Seminar 7 – The Ethics of Psychoanalysis, Lacan (1988) states that the only ethical commandment of psychoanalysis is: “Do not give in to your desire”. This maxim does not invite unconscious impulsiveness, but proposes that the subject does not betray himself by renouncing what constitutes his most authentic desire. To do so, it is necessary to break with the expectations imposed by the Other — whether social, family or ego ideals — and confront the singular truth that inhabits the subject (Didier-Weill; Safouan, 2009; Dunker, 2011).

This ethic is anything but comfortable. It requires the courage of the subject to endure anguish, lack, and the impossibility of plenitude. It also requires the willingness to let go of protective fantasies and face the division that constitutes it. The ethics of desire is, therefore, an ethics of truth, in which the subject is implicated in his speech and responsibility, without appealing to external justifications or blame (Freud, 1996; Bleichmar; Bleichmar, 1992).

Lacan harshly criticizes the so-called “adaptive psychotherapies”, which intend to adjust the subject to the current social norm. For him, psychoanalysis does not aim at the normalization of the individual, but at the recognition of his subjective singularity, even if this makes him strange in the eyes of the world. The Lacanian clinic, therefore, sustains a radical ethical position: it does not seek to cure in the traditional sense, but to make room for the subject to invent his own way of living with desire (Miller, 2005; Nasio, 1996).

Lacanian ethics, therefore, is profoundly subversive. It does not promise happiness or adjustment, but invites the crossing of subjective truth. Like a lighthouse, desire illuminates the path — not the destination, but the path, always singular, always under construction (Simanke, 2002; Fingermaun; Ramos, 2009).

THE SINTHOMA CLINIC

The concept of *sinthoma* (with “th”) represents one of the most important inflections in Lacan’s theory and clinic. If, in his first clinic, the symptom was understood as a formation of the



unconscious to be interpreted – an enigma to be deciphered – in the turn promoted from Seminar 23 – The Sinthoma, Lacan himself states that there are symptoms that cannot be interpreted, but that must be sustained by the subject (Lacan, 2005; Fink, 2015).

Unlike the neurotic symptom, structured as a metaphor for repressed desire, the sinthoma is a singular form of jouissance, a solution invented by the subject to deal with the real, which escapes symbolization. It functions as a tie between the Real, Symbolic, and Imaginary (RSI) registers — and may be the only way in which the subject finds some psychic consistency (Miller, 2009; Dunker, 2011). The clinic of sinthoma does not aim at healing in the traditional sense, but at the possibility of doing something with suffering, transforming it into a way of existing.

Lacan is inspired by the work of James Joyce to develop this conception. In Joyce, he sees a subject who, faced with the risk of psychotic triggering, has invented a way to tie the records together through literary writing. His work was not only art, but sinthoma — a subjective solution that allowed him to escape destructuring (Lacan, 2005; Fingermann; Ramos, 2009). This reveals how, beyond the classic clinic, the creative act can be a legitimate form of tying.

In this clinic, the analyst no longer occupies the place of decipherer, but that of witness and partner on the journey. Its role is to sustain listening, to accompany the subject in the construction of a new relationship with his synthoma, allowing him to find a less painful way of inhabiting it (Didier-Weill; Safouan, 2009; Mezêncio et al., 2014). Instead of seeking the disappearance of the symptom, Lacanian psychoanalysis proposes that the subject reinvent his position in the face of jouissance.

This approach proves to be particularly potent for non-neurotic cases or cases outside the traditional diagnostic norm. It inaugurates a clinic of the singular, which respects subjective solutions and recognizes that each one must find their own way to tie the knot — even if this form does not pass through language, but through art, writing, and everyday invention (Rabanal; Millet, 1998; Souza; Guarreschi, 2018).



THE ROLE OF THE ANALYST IN LACANIAN PSYCHOANALYSIS

In the Lacanian clinic, the analyst is not a counselor, a spiritual guide or a technician of the mind, as Safouan (1985) emphasizes. Its role is much more complex and subtle: the analyst must sustain the place where the subject can speak, listen to himself and find his desire. It acts as a support for the analysand's desire, without seeking to impose meanings or adapt the subject to social norms (Lacan, 1998; Bleichmar; Bleichmar, 1992).

Unlike the classical neutrality of the Freudian tradition, the Lacanian analyst operates with acts. A silence, a precise intervention, a repetition or even the cutting of the session can have effects of rupture and transformation. The analyst is attentive to the signifiers that return, to the lapses, to the inconsistencies of speech — he listens to what escapes the subject's conscious control (Miller, 2005; Nasio, 1996).

A key concept in this perspective is that of the “Subject Supposed to Know” (S.S.S.). When entering into analysis, the subject attributes to the analyst a knowledge about his unconscious. It is this assumption of knowing that sustains transference and drives the desire to know. However, the analyst does not respond with knowledge — he sustains the emptiness, the lack, allowing the analysand to construct something of his own, a knowledge that can only emerge from the crossing of analysis (Dunker, 2011; Safiouan In Didier-Weill; Safouan, 2009).

Another fundamental aspect is the function of the cut, Lacan's technical innovation. The session of variable duration does not follow chronological time, but is conducted by listening to the exact moment in which something from the unconscious is revealed. The cut creates a hole in the signifying chain, a point of suspension that can make desire emerge or break the repetition of jouissance (Lacan, 1985; Fink, 2015; IF-EPFCL, 2008). This gesture is, at the same time, clinical, ethical and political.

The analyst, in this logic, is an operator of desire and language. Its function is minimal, but decisive. He does not lead, but leads astray; it does not interpret authoritatively, but punctuates



accurately. Their presence is marked by a radical listening that allows the subject to take responsibility for his speech and for his truth (Jorge, 2008; Fingermann; Ramos, 2009). The Lacanian clinic is thus a clinic of subjectivation and singularity.

THE SUBVERSION OF THE SUBJECT IN LACAN

Lacan did not want to adapt the subject to society, to common sense or to normality, that is, he did not propose a psychoanalysis aimed at adapting the subject to social norms, to the ideal of the ego or to common sense. His project was different: to subvert the subject. This subversion occurs in the field of the unconscious, by making the subject confront what he does not want to know about himself, what returns in symptoms, dreams, and faulty acts, as a repressed truth that insists on emerging (Lacan, 1998; Freud, 1996; Fink, 1999).

Lacanian psychoanalysis does not aim at healing in the medical sense of the term, but at the transformation of the subject through speech. Lacan recovers the Freudian notion that the subject is divided — the famous barred subject (\$) —, structured in and by language, and crossed by the desire for the Other (Bleichmar; Bleichmar, 1992; Nasio, 1993). It is not, therefore, a matter of finding a “true self” or a hidden essence, but of assuming the structural lack, which is constitutive of the human condition.

To subvert the subject, in this context, is to lead him to recognize that he is not the master of his own desire, that he does not control his speech, and that he does not dominate what he says or does. This does not lead to hopelessness, but to what Lacan calls ethical responsibility in the face of desire. When the subject accepts his lack, he can invent new forms of existence — less alienated, more singular (Lacan, 1988; Dunker, 2011; Didier-Weill; Safouan, 2009).

This subversion also has ethical, political, and social consequences. It destabilizes normative ideals, standards of behavior, totalizing discourses about what is right or healthy. Lacanian psychoanalysis, in this sense, is radically critical: it invites the subject to think of himself as an



exception, as a singularity, as an invention. It rejects normalization and affirms the value of the symptom as a way of existing (Rabanal; Millet, 1998; If-Epfcl, 2008).

The subversion of the subject is, therefore, also a form of freedom. Not freedom to do everything you want, but freedom not to be reduced to what the Other expects. A freedom that is born from listening to one's own speech and the desire that insinuates itself there.

LACAN AND CONTEMPORANEITY: WHY DOES IT STILL MATTER?

Even after his death in 1981, Lacan remains one of the most provocative and indispensable thinkers for understanding the subject in contemporary times. In a world marked by a logic of performance, medicalization of suffering, and emotional positivism, Lacanian psychoanalysis offers a radical listening, which resists the norms of “functioning well” (Dunker, 2011; Fink, 1999).

Lacan teaches us that suffering is not a defect to be corrected, but an expression of the unconscious, something that insists on returning — and that only finds acceptance when there is space for speech. The symptom, far from being an “error of the system”, carries an enigmatic message that can be deciphered or simply listened to, without haste, without ready answers (Lacan, 1998; Bleichmar; Bleichmar, 1992). This position goes against contemporary discourses, which often try to erase the malaise with immediate interventions and standardized solutions.

In times of toxic positivity, social networks, and idealizations of the “happy self”, Lacanian psychoanalysis proposes another way: listening to what escapes the image, what pierces the discourse, what does not fit. The unconscious continues to produce effects, desire continues to operate, and language continues to mark the subject — even if he tries to silence them (Simanke, 2002; Fingermann; Ramos, 2009). The Lacanian clinic remains one of the rare spaces of singularity, where the subject can speak without being judged, corrected or adapted.

Indeed, Lacan matters and he reminds us that the human is not total, it is not complete, it is not perfect. It is lack, it is desire, it is incompleteness — and that is precisely what moves us. In a



world that values excess and overcoming, Lacan bets on limitation as a possibility of creation. His work does require effort. But it is this effort that produces displacement and truth (Miller, 2005; Didier-Weill; Safouan, 2009).

More than ever, Lacan matters. He reminds us that the human is lack, it is desire, it is uniqueness. And that there is beauty and power in it. His work is not easy, but it is necessary. And it continues to challenge generations to think, feel and listen differently.

Lacan's relevance is, therefore, not in offering answers, but in sustaining good questions. And this is what makes his psychoanalysis so alive, so challenging and so necessary in the twenty-first century.

FINAL CONSIDERATIONS: THE LACANIAN CROSSING OF THE CLINIC OF WORD AND DESIRE.

Jacques Lacan's work is, without a doubt, one of the most challenging and thought-provoking milestones in the history of psychoanalysis. He not only took up Freud's concepts, but took them to a new level, bringing language, topology, mathematics, and philosophy to the center of clinical debate.

Throughout this article, we have seen that Lacan does not offer easy answers. On the contrary, it complicates — in the best sense of the word. Because understanding the human subject requires this: to get out of the commonplace, abandon simplistic solutions and open oneself to the enigma that is desire, speech, and symptom.

Lacan shows us that there is no “cure” in the traditional sense. There is listening, welcoming, elaboration, invention. Psychic suffering is not an error to be corrected, but a legitimate expression of what is missing – and what constitutes us. Each subject is unique, and your clinic should be too.

Today, in times of excessive medicalization, the rush for diagnoses, and a market logic that seeks to standardize even human suffering, Lacanian psychoanalysis remains an act of resistance. It sustains listening to the singular, valuing the unconscious, respecting the subject's time.



Jacques Lacan remains alive in his work, in his seminars, in his readers, in his analysts — and above all, in the subjects who continue to ask themselves the question: “What is it that moves me?” And it is precisely this question that keeps psychoanalysis alive.

Indeed, in times marked by totalizing discourses, quick solutions and a growing homogenization of the human experience, Lacanian psychoanalysis imposes itself as a way of ethical, rigorous and profoundly human listening. Lacan invites us to think beyond the surface, to face what is most intimate and enigmatic in the subject: his desire, his lack, his truth.

His work, often considered arid or hermetic, reveals itself, on the contrary, as an open map to the uniqueness of each one. An invitation to read, to listen and, above all, to take responsibility for what constitutes us. Lacan reminds us that the subject’s knowledge is in his speech — and that psychoanalysis, when faithful to it, remains not only current, but necessary.

Therefore, more than a theoretical system, Lacanian psychoanalysis is an experience. A journey that begins with the word, but which is only sustained by desire — that silent, insistent and unfinished engine, which pushes us to live, to repeat, to desire... and, perhaps, to reinvent it.

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