

IF ON A WINTER'S NIGHT...THE PSYCHOANALYST IS AN INN-KEEPER

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The psychoanalyst is a care-taker, a host, an inn-keeper.<sup>1</sup> A stranger comes to visit, hoping for a respite, to take a load off, to rest his weary bones. These are not the weary bones of an exhausted traveler in need of a hot meal and a place to put his feet up. Instead, they are that of the stranger's heavy heart or confused mind. Such a one would not be at the analyst's doorstep if not in need of relief from a suffering he does not understand. Sometimes such suffering is as intense as it is invisible, not only to outsiders but also to the stranger himself. More commonly, the stranger's journey to the threshold of the psychoanalyst's office is wayward and long, painful, frustrating, dispiriting. Relationships have been lost. Opportunities squandered. Regret has accrued as hope has dwindled. Perhaps there is bitterness and isolation, even moments of madness. Perhaps the stranger has had help along the way. Perhaps not. Maybe medicinals have been marshalled in an attempt to ease the stranger's pain. Whatever assistance had been offered or taken, here he is, hat in hand, at the analyst's doorstep. The story of his journey up to that moment of meeting will unfold, over time.

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<sup>1</sup> Samuel Lipton, in his classic paper, "The advantages of Freud's technique as shown in the analysis of the Ratman" (1977), makes clear that from the early days of psychoanalysis the analyst has been, among other things, a host and care-taker of the patient.

The person who greets the stranger at the door is not any old proprietor. The psychoanalyst herself is a peculiar kind of inn-keeper, invested by the stranger with all manner of magical power and secret knowledge. This is a fact that, at times, simply slides past the analyst, as she prefers to see herself as the regular owner of a B & B. In this sense, among others, the analyst is a stranger to herself.

Considerably more is potentially at stake than creature comforts, though neither party, at this initial moment, can clearly see that future, let alone that a life will be considered in full. The question in this first hour is whether the two parties wish to meet once more. The analyst says: “I want to see you again.” And the stranger makes a decision: he decides to continue to visit the analyst. At this moment, the stranger becomes a visitor. After more visits the analyst makes the offer of psychoanalysis: “I want to see you several times a week.” The visitor agrees, and thereby becomes a patient. And the patient has a name. A name that the analyst will never forget.

The psychoanalyst is a gracious host, a listening care-taker. “Where are you from?” “How was your journey?” The patient speaks to her about his travels, his current concerns, his great fears, and his deepest wishes—in an idiom all his own, one that the analyst will come to know intimately. While the analyst is a gracious host—and part of that grace is knowing that she will inevitably reveal some her own concerns and desires to her charge—her attention and concern is directed to the patient for the benefit of the patient. The vector of ethical responsibility goes in one direction. But benefit to the patient gradually takes on a weird complexity, because pain will be a necessary part of this meeting and talking, a key feature of this care-taking. Quite unlike a wayfarer sitting down to a hot meal by a warm fire, the visitor to a psychoanalyst’s

office will, at times, experience deep emotional discomfort and pain. Discomfort and pain that are, in the end, salubrious.

Though an inn-keeper, a care-taker, the psychoanalyst traffics in strangeness. The patient visits. The analyst is there to be visited. The patient talks. The analyst listens. But the patient does not lie on a bed of soft linens and fall into a restful sleep. He lays on a “couch,” looks straight-ahead, and speaks “to” the analyst, who is behind him and essentially out of sight, about whatever is on his mind. Anything might be said. Dialogue is implicit, even if the analyst is silent in her response. There is the direct discourse of positive content: “This happened, and that happened. I feel this way or that way”—the normal currency of conversational relating between parties. There develops “the bond of safe company,”<sup>2</sup> the comfort born of the analyst’s reliable kindness, willingness to speak truthfully, and to meet consistently. The patient sets up a home in the analyst’s mind. An intimacy develops, but it is a strange intimacy, and that strangeness never abates. Whatever closeness comes to be, at the same time, something is inevitably missed, and this something is irreducible. In point of fact, this missing comes to be respected, maybe cherished, as that thing which signifies the very humanity of the visitor, the analyst, and their relationship. What comes to be cherished most is the patient’s singularity: that which he came to change, alter, get rid of, for whatever set of reasons. And so, through a psychoanalysis, there is a coming to terms...a coming to terms with that which cannot be comfortably embraced in thought or cradled by words.

That moment in which the stranger first came to the analyst’s door and knocked will never, no matter what, be filed down through talk into something totally smooth. Running one’s fingers over the planed surface of a life will always find a splinter, and not only one. The

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<sup>2</sup> I owe this apt phrase to my colleague, psychoanalyst Joe Caston.

story...or rather stories that are told will never entirely cohere. Even remotely. This is not only how it should be. This is how it is. There is one moment, then another, and then yet another. This in-coherence is part of the very nature of the psychoanalytic engagement. The splinters felt and the stories told are held together by style and commitment—a dedicated way of being—not by narrative. This care-taking attention, this desire, from the analyst to the patient, is for the latter’s well-being. The analyst’s offer of analysis—an offer that is alive during every session, from the first to the last—places the analyst in a position of ethical responsibility for the other—the other that inheres in the patient’s speech, in the patient as other-person, and for the otherness that inheres in the intersubjective relation and in the manifestations of the unconscious each participant brings to the analytic work.<sup>3</sup>

### Matricial Space

I want to be clear: when I speak of the psychoanalyst as an inn-keeper, I really mean it. I am not speaking only metaphorically. I traced the scene of meeting, that a visitor comes to the analyst’s office and the analyst invites him in. In what way does she greet the patient? Is the waiting room welcoming? Is the analyst’s consulting room at a comfortable temperature, or is it too warm or too cold? What color are the walls painted? Are they adorned with art work, prints, photographs? Is the sound-proofing airtight? How much natural light comes into the consulting room? And later: how is payment arranged? Cancellations? Texting between sessions? Emailing? These and countless other aspects of analytic practice involve questions of safety, care, concern, and while the patient has two clear commitments—to come to the agreed upon

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<sup>3</sup> For a compelling and thoughtful exploration of the “foundational ethics” that the analyst’s offer of psychoanalysis entails, see Humphrey Morris’s “The analyst’s offer” (2016).

sessions and to pay the analyst for them—as I said earlier, the vector of care and responsibility goes in one direction, from analyst to patient. Over the years I have had occasion to drive patients from my office to doctors’ offices and emergency rooms. I have made phone calls on their behalf that they could not. And I have been known to prepare a cup of tea or two.<sup>4</sup>

All of these aspects of practice fall under the umbrella of the *matricial*. Matricial space is that phrase that to me best captures the background conditions that facilitate—that hold, flexibly, steadily—the ongoing conversation that is psychoanalysis. The concrete features of the analytic frame are at the same time signposts of the ways in which the patient lives in this particular psychoanalysis, and gradually takes up residence in the analyst’s mind. At all times these concrete features are invested with transference significance, though much of the time this investment is *sub rosa*, unarticulated, lived in rather than talked about.

The phrase *matricial space*, and the theorization of it, comes from Viviane Chetrit-Vatine. Her book, *The Ethical Seduction of the Analytic Situation* (2014), is an extended investigation into the strangeness and risk that inhere in any meaningful encounter with the other. The foundational encounter with the other is the mother/care-taker in relation to her/his child; the psychoanalytic encounter evokes and re-figures this original relational moment. Chetrit-Vatine leans heavily on Levinas’ focus on the power of the *face* of the other, the baby, in relation to its care-taker. The mother, as Chetrit-Vatine likes to say, is *interpellated* into a practice of care for the other, her child. “The [child’s] face calls me, interpellates me,” she writes. “I answer; I am answerable for it. This response is made of this call that has been heard. Answering means being responsible, [being] capable of answering for it” (2014, p. 102). She

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<sup>4</sup> For a brilliant and clinically wise consideration of these issues from a more practical—how to do it—point of view, see Ralph Greenson’s “Beginnings: the preliminary contacts with the patient” (1992, pp. 1-42.)

especially emphasizes that within this relation is a suffering that “cries out for justice” (p. 33). “Thou shalt not kill are the first words of the face; it is an order,” Chetrit-Vatine writes. “It is an order that comes from on high and concerns alterity, the menace presented by the very fact of encountering the other: this encounter connects me with the other in myself. It points me to the stranger in myself, to what is menacing, and so it disturbs me” (pp. 33-34).

Chetrit-Vatine traces this basic, foundational strangeness, potential danger, and fragility in one’s relation to the other. Who among us has not, when holding a baby in your arms, had thoughts of harming the baby? Precisely because of this fact of human experience in relation to the helpless and harmless, Chetrit-Vatine invokes an *ethical* exigency to “do no harm” that simultaneously alerts us to the “menace” without and within that must be not only acknowledged, but respected.

These conditions are all the more acutely present within the context of what Laplanche calls the *primary anthropological situation* of infancy, that radically dependent relation between the *infans*, the helpless infant, and the adult caretaker. The psychoanalytic situation recapitulates the primary one, and so, like the primary caregivers of a small child, the analyst is in a position of ethical responsibility for the other, her patient.

Consider this meditation from Ralph Greenson on the basic fantasmatic configuration of the patient’s encounter with the psychoanalyst. He gives imaginative content to the disturbing and enigmatic otherness of the other, in this case the analyst in relation to her patient:

For the patient, the physicianly analyst is a powerful activator of the transference neurosis and the working alliance. The patient’s image of the doctor stirs up memories, fantasies, and feelings from childhood of an authoritative, arbitrary, incomprehensible, and magical figure who possessed the power of the omnipotent, omniscient parents. It is the doctor

who takes over when the parents are sick and afraid. It is the doctor who has the right to explore the naked body, and who has no fear or disgust of blood, mucus, vomit, urine, or feces. He is the rescuer from pain and panic, the establisher of order from chaos, provider of emergency functions performed by the mother in the first years of life. In addition, the physician inflicts pain, pierces the flesh, and intrudes into every opening in the body. He is reminiscent of the mother of bodily intimacy as well as the representative of the sadomasochistic fantasies of both parents (1992, p. 39).

We might debate the validity of Greenson's emphasis on the *physicianly* analyst. This emphasis notwithstanding, his overall point, I believe, is right-on. The unconscious stakes for any patient choosing to involve him or herself in psychoanalytic work with a psychoanalyst are extremely high, filled with fear and even terror, and entail great emotional risk.

Chetrit-Vatine situates the analyst's ethical responsibility within *matricial space*, a phrase that suggests something more than a simple reduction of the analyst's position to the "maternal." She rightly wishes to expand our conception of the analyst's ethical responsibility to a transferential field in which the patient's bid for the utmost intimacy, and the risks inherent therein, include but also extend far beyond being open-minded and receptive, holding and containing. Crucially, within matricial responsibility the analyst is alert to degrees of destabilization in the patient from any number of sources, but usually from unwitting actions on the

analyst's part that engender anxiety, alienation, or aggression—in which the strangeness of the other manifests.<sup>5</sup>

As I will describe in more detail in the concluding section of this chapter, the analyst's ethical responsibility for the "other," to that which is not-self, non-identical, different, surprising, uncanny perhaps, includes an embrace of the analyst's fundamental strangeness to herself, to the ways in which she unwittingly reveals and impacts the patient.

Within the matricial bond of safe company is the commerce of speech, a practice so thoroughly rooted in human experience that its structuring features in the psychoanalytic session can be easily overlooked. Psychoanalysis is a talking cure—a speech relation—and the material of this cure consists in all the ways in which the human voice makes sounds in relation to an other. The first question is: "Tell me: what brings you here?" The analyst asks it, offers it. This question, so fundamental, shapes all others within a psychoanalytic treatment.

The patient's speaking, or struggle to speak, is dialogically constituted, in that the analyst is an interlocutor for it. As the patient's interlocutor the analyst "speaks between" the patient's words—reshapes this material—and thus serves as a relay-station of sorts: within the asymmetric, transferenceal valence that is matricial space, the analyst receives the patient's message and sends it back to him in altered form, giving it a new shape, thereby offering new possibilities for meaning, thought, and commitment. The speech relation becomes, in these moments, *speech-*

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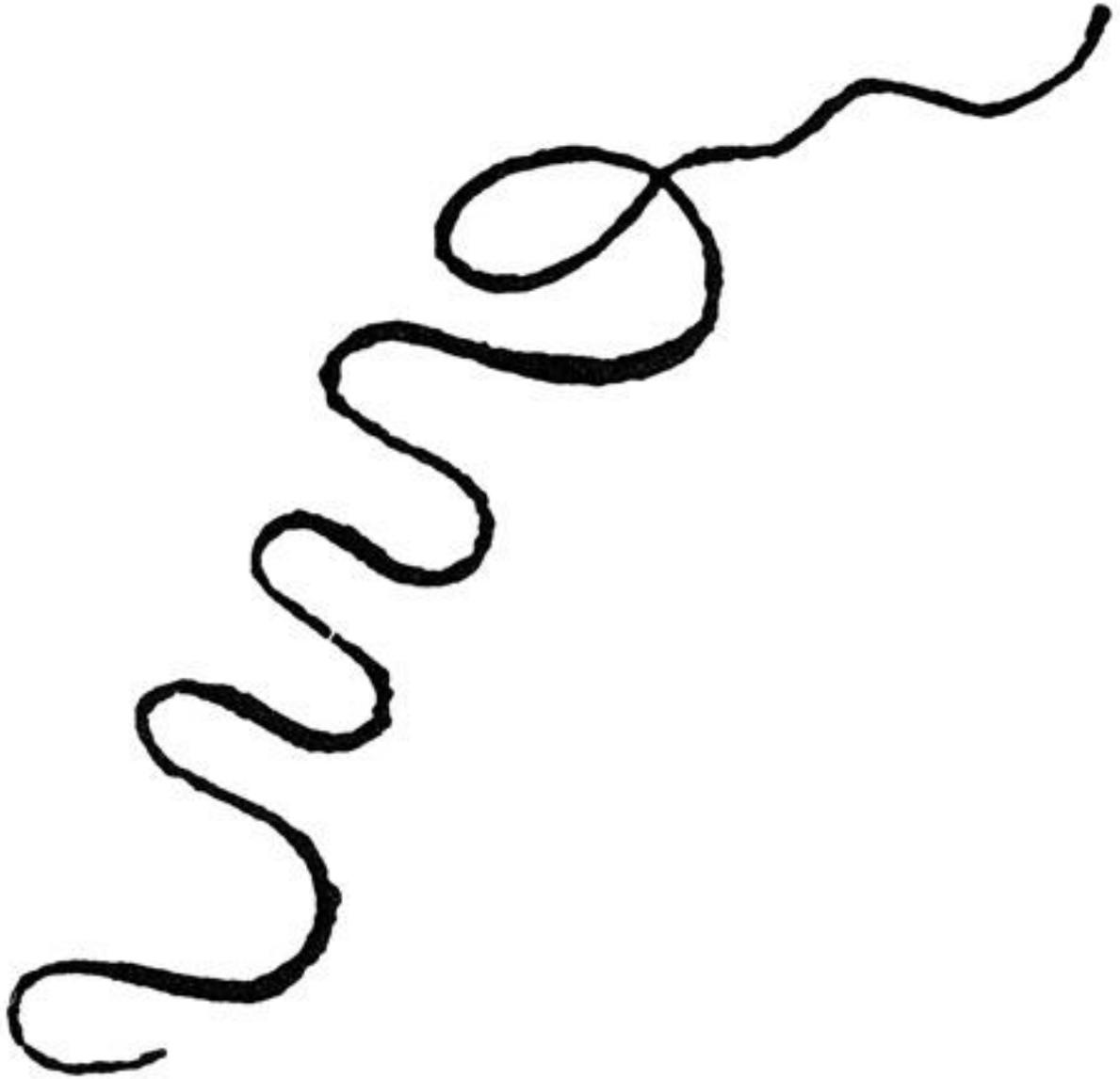
<sup>5</sup> Chetrit-Vatine is hardly the first psychoanalyst to demarcate this space of responsibility and repair. The entire Relational Tradition, following Sullivan and Winnicott, among others, put this field on the map. But I believe that Chetrit-Vatine's work considerably deepens this tradition, puts it on firmer philosophical footing, and retains (rather than collapses) the basic asymmetry that structures the analytic relationship.

*action*, allowing the patient to cultivate “a transitional sense of self” (Goldberg, 2012), less stuck, more alive, more open.

And so, before I venture further into aspects of the matricial to which the analyst must directly mark and engage, I first want to describe in some detail this central activity to which the analyst attends.

### The Speech Relation in Psychoanalysis

If the patient is a visitor—which he most assuredly is—then he comes with a story, an account. This accounting unfolds multifariously, like Corporal Trim’s famous “flourish with his stick”:



(Sterne, 1767/1940, p. 604)

...in lines, and shapes, and shards, wayward and searching, told to stranger who, over time, becomes a—not the—central character in the variously told stories that unfold. If the story told is really *stories* started and stopped, going hither and yon, then this speaking that the patient does often exceeds what the patient intends. And this was Lacan’s fundamental insight: that the “speaking subject” should not be confused with the “individual”:

Is speech like an emanation floating above [the subject], or does it develop? Does it, yes or no, by itself, impose a structure...? A structure that says that once there is a speaking subject there is no longer any question of simply reducing the question of the subject's relations, insofar as he speaks, to an other, but that there is always a third party, the Big Other, who is constitutive of the subject's position, insofar as he speaks, which is also to say, insofar as you analyze him (Seminar 5, 1957-58/2017, pp. 163-164).

The subject speaks beyond the individual; the symbolic exceeds imaginary capture. This structural splitting is true for both analysand and analyst.<sup>6</sup> As an analyst, my effort, at a rock-bottom, fundamental level, is to create conditions within which the patient's talking has a chance to "cure," to be trans-formative, to change the shape of his or her life. I am not referring only to the obvious ways in which speech can dis-locate the subject speaking, such that occurs in a slip-of-the-tongue. What is much more common is that the act of articulation always, at least potentially, has a chance to alter, however slightly, the patient's subject position through the very act of articulation. In speaking about how much he complains, the patient is already less of a "complainer." In talking about her need to "get everything right," the patient, by virtue of that very statement, is a little less in need of that very thing. These are subtle versions of Lacan's important distinction between the subject of the enunciation and the subject of the enunciated: the "I" that speaks is not the same as what the I speaks, and, the "what" has a chance to change the "I."

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<sup>6</sup> Regarding the analyst, I will especially take up this question of a structural split in Chapter 4, Lack and the Analytic Process.

Julia Kristeva, in her paper, “From symbols to flesh and back,” writes:

Freud invented a ‘speech’, a certain version of language which is perhaps not its truth, but one of its potentialities, and it is the formidable privilege of psychoanalysis to reveal it...And it is indeed this displacement of speech in relation to itself, this infinitesimal revolution, constitutive of our practice, which worries people. I fear that we are not sufficiently attentive to the exceptional singularity of “speech in psychoanalysis”—and, worse still, not sufficiently proud of it (p. 431).

In this passage, Kristeva is alluding to the potentiality of a *felt difference*, an otherness, within the regular flow of speech, the infinite ways in which speech can be displaced in relation to itself. We might call this movement, following Laplanche, the ready potential of the enigma of the message—patient’s or analyst’s—through which something new might emerge. And Kristeva is right to call this displacement an “infinitesimal revolution,” because in clinical work such displacements—such potentially transformative moments—are as numerous as they are, in the main, slight, at times modest, and often seemingly insignificant. That they are constitutive of our practice—the very stuff of it—does, as Kristeva avers, worry people, by whom I assume she means psychoanalysts. In most psychoanalytic traditions the speech relation is not only not taught, it is not conceptualized or theorized in any meaningful way. It doesn’t seem to be “deep” enough, substantial enough, “emotional” enough. Speech, in this view, is merely the glossy surface around which or below which the analyst needs to go. And yet, the aural material ready-to-hand that is continually available to the human voice is the water we swim in, the soil we weed and amend, the very air we breathe.

Let's take a closer look at the speech relation in psychoanalysis. We will see that what may seem superficial—the diachronic flow of words and sentences—is conditioned by faults and slips in the structure of live speech that operate like trap-doors, leading to other dimensions of deeply felt emotional experience.<sup>7</sup> In these moments, an *intimacy* between the patient's speech and meaningful emotion comes to be; speech in these cases is anything but a gloss. Matricial space and the analyst's responsibility for the other support these efforts, implicitly, silently, and through them the "bond of safe company" is made more resilient.

This "felt difference," this "otherness within the regular flow of speech," can be illustrated in any number of ways. The first clinical example I want to share is fairly dramatic—not, that is, slight or modest—in that a turning-of-a-sentence towards a different aspect, a different facet, had a noticeable effect on the patient and our work together. Early in his analysis, Paul was merciless in his criticism of me. "You idiot!", "I can't believe you just said that!", and other similarly harsh broadsides were not uncommon observations for him to make. I could never measure up to Paul's former analyst, whose technical rigor was both something the patient admired and that he felt I repeatedly failed to match. While on one level these interactions were unpleasant, they were not, for me, in any way disqualifying. First, they were *what was happening* in those moments. And second, I knew they reflected that Paul's engagement with me was serious and growing in importance. About six months into the analysis, Paul said to me: "I hang on your every word." I replied directly: "You hang me on my every word." He smiled and nodded his head. "Yes, that's very true," he said. Paul's smile was a clear indication that something new had happened. (This is the case more generally: unbidden expressions of humor

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<sup>7</sup> Implicit in these considerations is a critique of the oft-encountered and typically unchallenged dualism *surface* versus *depth*.

and wit are often a sign that something new and important has occurred in the analysis.) And it was a key moment in this early phase of Paul's analysis.

One might reasonably say that I "named Paul's desire" (ala Lacan), or that I "showed him what he was doing" to me (ala Melanie Klein). Though basically correct, these statements miss the pivotal point: the felt difference between the two statements that was created within the re-shaping of the patient's speech by my adding the word "me" and altering the place of emphasis within the syntax of the sentence. This is exactly the material that is constitutive of our practice: the real-time unfolding of speech and its infinite capacity to be re-shaped, re-molded. At moments, the patient identifies with this re-shaping, becomes intimate with it, sees it as his or her own, and commits to its truth. This truth is, of course, personal, and the patient's commitment to it is not of the conscious variety; it is more like an implicit avowal, a concluding affirmation, like a simple nod of the head that requires no further comment.

I emphasize this point about moments of felt-difference within the speech relation because it is so easy, so "natural," to take this entire realm of analytic experience for granted and move quickly from it to two domains with which all analysts are familiar: 1) the generation of meanings, and 2) qualities of relatedness between analyst and patient. Here is one way such a move from the immediacy of the speech relation to the realms of meaning and relating might proceed: *In telling me he hangs on my every word Paul is expressing a kind of anxious love for me, and through my adding to and altering his sentence, this anxious love gets flashed, or lit up, as the aggression I capture in my response reconfigures it. His aggressive criticalness is also reconfigured by that love and anxiety and so takes on different qualities and hues, as his criticalness is seen as a performative vehicle for his love. Relationally, Paul feels relieved that I*

*showed I had survived his attacks, and did it in a way that reached him, and also in a way that he could admire.*

Such a description of the generation of meanings and qualities of relating in this particular clinical exchange seems basically true, but it is important to notice that already I have moved to a higher and more general level of abstraction by utilizing and threading together words such as “love,” “anxiety,” and “aggression,” “survived,” and “admired,” none of which Paul or I used in that clinical moment.<sup>8</sup> It is true that this exchange takes the analytic relationship to a new, more intimate level; the bond of safe company *is* made more resilient. None of this happens without the analyst-as-interlocutor intervening at the level of the speech relation.

Hesitations within the analysand’s speech are common. I often lay stress on such moments. If the patient cuts herself off in mid-sentence, I will ask her about it. Less commonly, a patient’s hesitation divides a sentence in such a way that meaning is then divided as well: something other than the overt intention can be heard. A telling example is from Joan’s analysis. Joan and I had been working together for many years. She initially came to me because she was often easily overwhelmed and anxious, and had recurrent somatic preoccupations. These struggles had changed for the better over the course of her analysis. Now, another summer break is upon us. On the last day before vacation she arrives like any other day, puts her purse on the chair and her coffee on the window sill. After lying down on the couch, she begins, “So I won’t see you again...until August 23<sup>rd</sup>.” Joan’s pausing after “again” is barely noticeable, and could easily have been unheard or, if heard, ignored. I repeat the sentence, but pause a little longer at

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<sup>8</sup> This is also why psychoanalytic work is of a different kind from narrative construction, which is always an abstraction of that work.

the “again,” before finishing with, “until August 23<sup>rd</sup>.” “Yes,” Joan says. “I heard that too. I may never see you again, full stop.” What began as a prosaic accounting of schedules and dates suddenly and poignantly takes on a quite personal aspect. “Roland Barthes walks outside one morning and is hit by a bus,” she muses. “Yes,” I say. “And your mother...” But I don’t finish the thought as Joan interrupts me: “It’s something that I still can’t really think too long about, that she too is gone now.” I don’t know what she means by the second “too,” and I don’t ask. There is a long silence...A siren can be heard in the distance. A dog is barking. The air is thick with loss. Joan had been talking for some time about ending the analysis, or at least venturing into that territory. “We talk about my ending the analysis,” she says finally. “I never really get anywhere with it. But now I’m thinking that part of wanting to end is to stave off the inevitable, that one of us has to go first, and maybe it will be you.”

Analysis is rife with moments in which one word gradually generates a ramifying landscape of personal significance for the patient, and because this significance is known by and shared with the analyst, it becomes part of the specific analytic dictionary that marks and captures the history of the work as it is unfolding. These signifiers, what Bonnie Litowitz (2014) calls “stitch-words,” are key elements that make up the growing symbolic field—a kind of domesticity—of this particular analysis. And the particularity of psychoanalytic work can never be over-stated. Only Joan, and no one else, ever said on that day and at that time: “I won’t see you again...until August 23<sup>rd</sup>.” And only I, and no one else, repeated the sentence back to her with the pause ever-so-slightly extended. The same was true for Paul, of course, as he “hung (me) on my every word.” And the same was true for Genevieve, a professional woman whose struggles with self-hatred and feelings of emptiness were matched only by her equally capacious

intelligence and talent. Intense emotional pain—tunnels and darkness and death—was never far away. Genevieve is telling me about a student she is mentoring. She is especially impressed with, but also somewhat put off by, this student’s “enthusiasm and positivity. She’s so bouncy and so winsome.” Genevieve then muses out loud about her younger self, reflecting on what her mentors said about her back in the day. “Were you in any way winsome?” I ask. “No, I wasn’t. I was intense, and serious, and worked harder than anyone else. Winsome I was not.” “Winsome” gradually took on a particular structural place in Genevieve’s analysis: it was a signifier for that thing she felt she never was and could never be. At times it was that particular way she worried *I* wished she were.

Later in her analysis, when she felt a little more hopeful, and the bond of safe company allowed for a bridging of the occasional and inevitable bumps in the analytic road, Genevieve had found ways to, as she put it, “let things go,” and “give myself a break.” “I guess you win some and you lose some,” she said to me with a wink in her voice. “Yes. No doubt,” I said with a smile.

### Matricial Space and an Ethics of Care for the Other, Redux

These three clinical examples suggest that the inherent play one finds in the psychoanalytic speech relation is unproblematic and is simply generative of new possibilities and engagements. This is often the case, as analyst and patient are working in a felicitous, more or less positive interactive field, with matricial conditions operating in the background. This is what French analysts call working “within” the transference: through the analyst’s capacity to maintain a futural attitude to what might emerge in the now-and-next of the work, and not reduce the potential energy that inheres in the speech relation to things static (theories, explanations,

abstractions), felt differences within the speech relation have a chance to come into being. This transference setting, as Laplanche emphasized, is, at least in the best of circumstances, *hollowed out*. In this hollow the patient is freer to fill the space with his or her subjectivity as represented in what is said, half-said, implied, or not said. Also, these clinical moments show that the transference that is positively conditioning the analytic work is not the same—and should not be confused with—the content of the patient’s thoughts and associations. In other words, the analytic relationship can be quite generative as the patient is talking about something very troubling to her (a difficult relationship, let’s say, or a painful memory). Not all content is an implicit comment on the analytic relationship. The analyst’s care-taking function is in the background, operating in silence yet always present.

If speech’s potential for displacement and the otherness that resides therein is, for me, a central focus of my analytic listening, it is equally true that often enough a different object of analytic desire must be addressed: this is the *patient-as-person*. In these instances, the analyst as care-taker, ethically responsible for the well-being of the other, comes to the foreground. For example, we can easily imagine how each of the three clinical moments I just described could have gone south in a hurry; they could, in other words, each have been cause for an increase in the analysand’s emotional pain and sense of alienation, disrupting the feeling of connection and forward movement of the analysis. The bond becomes frayed; the sense of safety threatened. For Paul, in another mood, at another moment, my saying that he “hangs me on my every word” pisses him off, because it sounds to him as if I am indulging in excessive cleverness. He feels even more put-out, alienated from me, and longs more intensely for his previous analyst. Joan, let’s imagine, is less open to the possibilities one might hear in her seemingly simple statement, “I won’t see you again...” In fact, she’s more tired of the analysis than she has let on, until this

moment in which I repeat her sentence back to her. It sounds to her, in fact, that it is I who is the more fearful one of loss. And Genevieve may have felt that my asking about her “winsomeness” was no more or less than an insensitive criticism of her, even a moment of humiliation, because I know her well, and that, more specifically, the self-hatred she can feel is precisely because she is not at all winsome.

One might simply say of these moments of disruption and emotional pain that the analyst clearly “missed the patient,” failed to empathically grasp where the patient “was at,” and misread the interpersonal context, the emotional tenor and tone of the field in which they found themselves at that moment. This description would not be wrong.<sup>9</sup> But my point here is rather that in moments of more or less traumatic disruption the object of analytic desire shifts from the speech relation to the patient-as-other-person. Matricial space is now in the foreground, in need of attention.<sup>10</sup>

These moments of disruption point to the *strangeness*—better, strangeness—that is always lurking within the analytic setting and analytic relationship. We tend to ignore or gloss over this kind of strangeness, what Freud in his early writings called the *nebenmensch*, the neighbor-as-Thing. We tend to proceed as if everything is basically okay; things are moving along well enough; the bond of safe company is in fact safe. Typically, we disregard this experience or registration of *something* that is askew, that doesn’t fit, that uncannily disturbs.

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<sup>9</sup> I will specifically discuss the whole question of “missing the patient” and its implications for clinical work in detail in Chapter 4.

<sup>10</sup> Lacan was right to lay claim to the speech relation and its structuring effects as the central organizing endeavor of psychoanalysis. He was wrong, however, in so vigorously cautioning the analyst to refuse the personal engagement, and to view with great skepticism any attention paid to the qualities of the therapeutic relationship, reducing—in his terms—the *subject* to an *ego*. As I have already implied, such attention may well be necessary, especially when disruptions (for whatever reason) and their effects must be recognized and talked about.

(This can be true within the speech relation itself, as I have described in the previous section.)

This thing *is* a Thing precisely because it resists domestication by narrative or thinking, though it does give rise to fantasy.

I mentioned that the session with Joan, under somewhat different circumstances, could have gone south in a hurry. I want to imagine how that might have unfolded, to bring out more palpably ways in which aspects of matricial space are, potentially, made present, the strangeness and distress that comes to the foreground, and that the analyst has an ethical responsibility to somehow engage and address these difficulties, which can at any one time feel extreme.<sup>11</sup> Specifically, the ethics of psychoanalysis involve the analyst in pursuing that which is elusive, beyond knowing, and involve the impactful effects of his own activity; these effects can only be considered in retrospect, and partially at that.<sup>12</sup>

Let's say my emphasizing the brief pause after "I won't see you again..." more than annoys Joan. She is clearly upset. The clinical interaction has, in fact, grown much more

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<sup>11</sup> This case is "imagined" for purposes of confidentiality. It is similar in form to actual analyses in my practice. The content is changed, but the dynamic structure of the interaction is close to the same as what "actually happened."

<sup>12</sup> This issue is the subject of the final chapter, "The ethical foundation of analytic action."

difficult, and the suddenness with which the emotional tenor changed is part of the strangeness, the risk, even the potential “menace” alive in the background of any psychoanalytic interaction.

“You haven’t helped me,” Joan says, “to really talk about how you and I can end this analysis. Instead, when you get the chance, like today, you emphasize how this is my struggle, not our struggle or, maybe more to the point, your struggle.”

Surprised that this is where we now find ourselves, I am quiet for a bit, sensing that something grave and serious is unfolding. Finally I say: “Maybe you’re right, about my struggle I mean. Obviously, what I said upset you...What else do you notice, or have you noticed, about how I might be struggling with our ending?”

“I don’t know...I don’t feel like talking about it...It’s something about the way that, lately, you’ve greeted me in the waiting room, when you come to get me. You’re a little more reserved, held back, kind of flat.”

“Oh.” I am, again, surprised to hear this, and consider whether she might be right. Here my de-centered position as analyst is clear: Could I possibly know how, in fact, and in what way

I have greeted Joan lately? I try as best I can to claim this absent place—this “how could I possibly know?”—and follow her lead and see where it goes.

“Yes. I hadn’t really thought about it before now as something that might mean something. I don’t like it.” Joan is getting more upset, and tearful.

The room seems wobbly. The light uncertain. The bond of safe company clearly shaken. “Now that we’re here, and you’re letting me know about it, the waiting room greeting I mean, what do you make of it?”

“That you are having a hard time saying goodbye to me, just like I’m having a hard time really considering stopping my analysis.”

“Saying goodbye to me.”

“Yes. And, also, that you’re having the office painted during this break.” I had told Joan, and the rest of my patients, that new carpet would be installed and the walls painted during the vacation break.

I now get how these features of the matricial setting are suddenly front and center: the waiting room, my greeting, my office changing through new paint and carpet. I say: “Uh-hmm...As if I’ve already said goodbye to you inside without doing any of the real work of

actually saying goodbye and helping you do that work too. Instead, I'm painting my office as if I'm readying it for a new analytic patient.”

“Right. That’s what it feels like to me, and that’s what I worry about. It’s tremendously upsetting. I just want to say, ‘Fuck you, okay? We’re done. Maybe this should be our last session’.” Joan cries more.

Though I don’t, at this point in the hour, think Joan means what she just said about this being our last session, the constructed nature of psychoanalytic work—that it is based, as it were, on a handshake—and the fact that she voluntarily comes to visit me, and, further, that bad feelings have so easily overtaken both of us...all of this together creates the distinct and unmistakable feeling that our entire effort, all the years of analytic work, could fall apart in an instant. The ground simply swallows us up and we’re gone. This kind of experience is at the heart of the strangeness of any human interaction, including psychoanalysis.

It is also why psychoanalysis is, often, demanding work. It takes effort of both heart and mind to-be-with moments like this, and attend as best one can to what is happening in the now and the next of the unfolding, of the not-yet. In this hour with Joan, what is usually in the background, taken for granted, is very present before us. My ethical responsibility for the other, for her care, means that I am also responsible for my actions, including especially those whose significance and meaning have eluded me.<sup>13</sup> With Joan, the imminent summer break, my waiting room greeting, and my office being painted together created the complex emotional field that we

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<sup>13</sup> Matricial space is another way to discuss the analytic frame, but it invests the latter concept, which can, perhaps, feel overly functional, with an ethics of attention, activity, and responsibility.

didn't know we were swimming in, all conditioned by the now looming question of ending the analysis. When she takes note of my waiting-room greeting, I then take note of it too. The same with my office being painted during the vacation break. These are actions I am doing, the impact of which I am having to consider in the now-and-the-next of the hour with Joan. While the proximate cause of her upset was my laying stress on her words and the gaps in-between them, notice how far away we are from anything to do with the speech relation as I described it earlier in this chapter. Though, importantly, Joan and I never really left the soil of speech; now we are simply using it for a different purpose, to rebuild, as best we can, the bond of safe company. In the end, at least in this case, words must be brought to bear on what has been, and is, transpiring.

I extended this clinical vignette of Joan to give the reader a palpable sense of how I reoriented my analytic desire to attend to her, and my, distress as a way of explicating the matricial space and the analyst's ethical responsibility for the other. As I have attempted to demonstrate in this chapter, matricial space and the ethics of care for the other is, in fact, never-not-present as the field condition of any psychoanalytic treatment.

But the lure of identity—how we like to think about ourselves, our “ego-cathexes,” the stories we tell about ourselves and our patients—is ever-present. As Laplanche said: All analysts struggle with “the constant threat of narcissistic closure” (1999, p. 81). So this is where we will next turn, to the question of narcissism, bias, and what Lacan was getting at with the Mirror Stage.