

“It falls to me to reveal the title of the next Congress of the NLS, to justify it before you and set out a few points of reflection that will be able to serve as markers when it comes to writing up the clinical texts this title calls for. \* (...) The question was (...) one of determining what kind of stress, inflexion and impetus to be given to the theme of the symptom. I’ve weighed this up by drawing on the Course I give in Paris each week, where I examine Lacan and the practice of psychoanalysis today, this practice no longer being altogether that of Freud. Indeed, perhaps it is not at all that of Freud. Secondly, I weighed up the stress to be given to the theme ‘the symptom’ with regard to the place, Israel. And thus, all things considered, I have chosen the following title: *Reading a Symptom*. Those who read Lacan have no doubt recognised an echo of his remark in ‘Radiophonie’ that you will find on page 428 of the collection *Autres écrits*. He underlines that the Jew is ‘he who knows how to read’. This *knowing how to read* is what will be examined in Israel, *knowing how to read* in the practice of psychoanalysis.

(...)

Psychoanalysis isn’t simply a matter of listening, it is also a matter of reading. In the field of language, psychoanalysis doubtless finds its point of departure in the function of speech, but it refers it to writing. There is a gap between speaking and reading. Psychoanalysis operates in this gap. It exploits this difference.

(...)

For me, it is a question of highlighting the limits of ontology, the doctrine of Being. (...) My thesis is that the level of Being calls upon, necessitates, a beyond of Being. (...) Language has the function of bringing that which doesn’t exist into Being. (...) The real would be, as it were, a Being, but one that would not be a Being of language, one that would be untouched by the equivocations of language, one that would be indifferent to make-believe.

(...)

It is with regard to the symptom that we meet the burning question as to the correlation, the conjunction between the true and the real. In this sense, the symptom is Janus-like, two-faced, with a face of truth and a face of the real. What Freud discovered, and which was sensational at the time, was that a symptom can be interpreted like a dream, that it can be interpreted in accordance with a desire, and that it is a truth-effect. But, as you know, there is a second phase to this discovery: the symptom’s persistence after interpretation. Freud uncovered this as a paradox. (...) Our practice goes beyond the point Freud considered to be the end of analysis. (...) Of course, one passes through the moment of deciphering the truth of the symptom, but one gets to the symptomatic remainders and refrains from saying ‘stop’. The analyst doesn’t say ‘stop’ and nor does the analysand. During this period, the analysis consists in the subject’s direct confrontation with what Freud called symptomatic leftovers, and to which we give an altogether different status. Under the name of symptomatic leftovers, Freud came up against the real of the symptom. He came up against that which in the symptom falls wide of meaning.

(...)

Back in the second section of ‘Inhibitions, Symptoms and Anxiety’, Freud was already characterising the symptom on the basis of what he called drive satisfaction, ‘as a sign of, and a substitute for [*Anzeichen und Ersatz*], a drive satisfaction which has remained in abeyance.’

(...)These two sections, along with the article as a whole, clearly need to be worked on with an eye to the next Congress. (...)

What singles out the body of the speaking being is the fact that his jouissance feels the impact of speech. Indeed, a symptom vouches for the fact that there has been an event that has marked his jouissance in the Freudian sense of *Anzeichen*, which introduces an *Ersatz*, a jouissance there ought not to be, a jouissance that troubles the jouissance there ought to be, i.e. jouissance of its nature as a body. It is produced by the signifier. It is precisely this impact of the signifier that makes the symptom an event, and not simply a phenomenon. (...) This jouissance is not primary, but it is primary with regard to the meaning the subject gives it, and which he gives it through his symptom in as much as it can be interpreted.

(...)

In fact, what we listen for is always meaning. And meaning calls for more meaning. All the different psychotherapies stick at this level. They always wind up with the patient having to listen to the therapist. For us, on the contrary, it is a matter of exploring what psychoanalysis is and what it can do at the level of *reading* strictly speaking, when one distances oneself from semantics. Here I would refer you to the precious indications on reading that can be found in Lacan's text 'L'Étourdit', which you will find on page 491 and after, on the three knotting points of homophony, grammar and logic. Reading, *knowing how to read*, consists in putting distance between speech and the meaning it carries, based on writing as outside-meaning, as *Anzeichen*, as letter, based on its materiality. Whilst (...) the interpretation that stays purely at the level of speech only swells up meaning, the discipline of reading targets the materiality of writing, i.e. the letter in so far as it produces the event of jouissance that is decisive for the formation of symptoms. *Knowing how to read* targets this initial shock, which stands as something like a *clinamen* of jouissance – *clinamen* is a term from the philosophy of the Stoics.

For Freud, since he started off from meaning, this presented itself as a leftover, but in fact this leftover is what lies at the very origin of the subject. It is, in a way, the original event and, at the same time, a permanent event, one that is ceaselessly reiterated. (...) Addiction lies at the root of the symptom which is made from the reiteration of the same One. (...) It was in this sense that Lacan said the symptom is an *et cetera*, the return of the same event. (...)

Interpretation as *knowing how to read* aims at reducing the symptom to its initial formula, i.e. the material encounter between a signifier and the body, the pure shock of language on the body. So, admittedly, to treat the symptom you have to pass through the shifting dialectic of desire, but you also have to rid yourself of the mirages of truth that this deciphering brings you and aim beyond, at the fixity of jouissance and the opacity of the real. If I wanted to make this real speak, I would impute to it what the God of Israel says out of the midst of the burning bush, before issuing the commandments that clothe His real: I AM THAT I AM. ”

\*JACQUES-ALAIN MILLER, EXTRACTS FROM HIS 'PRESENTATION OF THE THEME FOR THE TENTH CONGRESS OF THE NLS', DELIVERED AT THE NLS CONGRESS IN LONDON, 3 APRIL 2011.

THE TEXT IN FULL WILL APPEAR IN THE JOURNAL MENTAL 26 IN FRENCH, AND IN ENGLISH TRANSLATION IN HURLY BURLY 6

*(Translated from the French by Adrian Price)*

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The text of Jacques-Alain Miller's presentation will serve as our basis for work in developing several axes: what becomes of the symptom in analysis (the symptom at the beginning and at the end); decipherable symptom and the non-decipherable sinthome; interpretation (on the side of meaning) and reading (on the side of the letter); singularity (a symptom) and types of symptoms (hysteric, obsessional, psychotic, the so called new symptoms...). We read Freud and Lacan, in the footsteps of Jacques-Alain Miller who re-reads the Lacan of the formations of the unconscious from the vantage point of Lacan's last teaching – which does not make the former obsolete and does not save us from going on this route ourselves, by putting ourselves into the reading. A short bibliography and reference texts will be put online throughout the year of preparation for the Congress: [www.amp-nls.org](http://www.amp-nls.org)

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(translated by Natalie Wulfing)