

A phantasm called void

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“My heart drains out, like a broken bucket.
To think? to feel? (...). I am a shelf of empty jars”
F. Pessoa: The Book of Disquiet

We are living in inopportune times. Changes accumulate, occurring one after the other and the observation of what occurs in the psychoanalytic practice is no exception; the facts have changed, and the angles from which to observe them have also changed.

These are no longer times of monolithic entities, of conflict free “egos” or of “ids” that only pulsate awkwardly. The structural walls of the psychic apparatus are so flexible they become porous and today, we encounter caesuras and hiatuses that are typical of a postmodern psychic architecture.

Mental operations coexist, neurotic components overlap with psychotic components, the principles of psychic occurrence are regulated according to internal requirements or external demands. Retroactive loops intertwine, body-mind rhizomes combine, live parts and not-live parts feed back into each other at random; such a heterogeneous mosaic even makes a single diagnostic impressions difficult.

These are hypermodern times and psychoanalysis evolves under the protective shelter of complex thinking: by complexifying thought, we are complexifying the unconscious and we are complexifying our discipline.

Edgar Morin (1990) stated that the pathology of the idea is the ideology and that there is no worse ideology than the empire of the simple, since reductionism seeks to annihilate the complexity of a phenomenon with a few lapidary sentences.

The unconscious isn't exempt from simplification, so that we need complex models in order to understand the psychopathology of our time. What is going on with today's subject? What models have emerged in order to listen to his demand? What phantasms hunt down the patient of our time?

Authors from various origins and psychoanalytic schools (Bollas, 1987; Green, 1995; Recalcati, 2003; Ogden, 2003; Lutenberg, 2007) all highlight the ever increasing presence of situations where the clinic of the void, of the absent and of the negative predominates. Today, characters come to our couches who have opted, in the Hamletian dilemma, for the “not-to-be”, characters who favor the link with the absent object over the present one.

Through the various models of this clinic, we are able to get a glimpse of the phantasm called void. This void had always been there but we we had neither created conceptual frameworks, nor designed technical strategies in order to deal with its manifestations. A simple exemple of this is the thought that, even when a patient doesn't come to a session, the session exists in the *negative*, as a *blank* session that can be supervised and about which imaginary conjectures can be made regarding the reasons why the patient missed the session.

The contemporary models allow for and demand the following paradox: what isn't is also worth being thought about; silence communicates as much as speech and not-being^[1] is also a form of existence

and communication. The phantasm of the void presents itself in the logic of what is absent which, like the literary phantasmatic, is always bound to the specter of a being that is not^[2]. Even so, in the psychoanalytic literature, it is not easy to think about “the void”; in part because of the anxiety generated when we experience the presence of what is absent and in part because the phenomena of the void rest within a truth which is outside the prevailing logic, the logic of the representable. The following joke may be of help with this:

“A man walks into a restaurant and says to the waiter: ‘Young man, can you bring me a coffee without cream please?’. The waiter responds: ‘Sorry, but we’ve run out of cream. Can I bring you coffee without milk?’”

The void has an ominous and therefore phantasmagoric existence. The manifestation of what is absent is governed by a silent and neutral principle, an “other logic”. We continue to live in the domain of speech, of representation, of the return of what is repressed, and this keeps us too busy. In today’s clinic however, a lot of the psychic material doesn’t return, since it “was never there”; what is at stake is a kind of unconscious which never had the privilege of being conscious; it was never repressed; it is the not-repressed unconscious, as it is referred to today. What is at stake is some psychic material that doesn’t return, but takes the form of an act; it doesn’t *represent* itself, it *presents* itself and this presentation is a form of inverted psychology, a “negative presentation”, as Green (1955) has demonstrated, or a “virtual” one, as Lutenberg (2007) explained.

What are the consequences of the clinic of the void for today’s patient? I think all authors agree that wherever the phantasm of the void reigns, there are parts of the mind which do not evolve. If we look at this from the point of view of the second topic, following Green’s (1995) or Lutenberg’s (2007) models, the consequence is that the *id* doesn’t become *ego*; so, “where *id* was, prevails the void”, not only because these parts do not “become I”, but because they do not have the willpower to become, which is even more worrisome.

The fact that “id” resists being “I” is not a minor issue; it implies the idea of an *id* that, beyond the drive-reservoir, is an instance that suffers from a conflict, which resists something, which doesn’t want to be modified. How does the resistance of the *id* manifest itself? first and foremost, as resistance to the complexity of mental life. The mind which is governed by the “phantasm of the void” resists becoming more sophisticated, it resists diversifying, complexifying.

In summary, the phantasm called void is a contemporary illness characterized by resistance to complexity and by the resulting fanatic attachment to what is simple. The simple is the neutral, there where attachment is no longer necessary. Bion (1957) could have called it the unbearable stupidity of omniscience.

On the basis of the contemporary models of the “clinic of the void”, it can be understood that the mind which is in good “psychic condition” is prepared to work at the complexification of the emotional events of life. So, in my opinion, complexity is the antonym of void or, if you prefer, void is synonymous with mental simplification. The strength of the phantasm called void is rooted in the attractiveness of simplicity. The mind which suffers from the “phantasm of the void” tends to simplify the occurrences of mental life as if everything were the same and nothing new ever took place, as if everything could culminate into a dominant ideology, an “idea maxima” (Sor and Senet, 2014), where all nuances disappear, where everything is white.

The clinic of the void implies a paradox: the void is filled, filled with nothing; it is a pseudo sanity, a

being-ill with “normality”. We are referring here to hyper-adapted subjects (Lutenberg, 2007), to the “normotics” (Bollas, 1986) and the whites (Green, 1986), which hide behind a psychic pseudo-structuration.

Life governed by the void ends up being a one-dimensional, a-transformative life where there is nothing and where therefore, nothing is. This malaise described by the clinic of the void coincides perfectly with the ideas of the contemporary philosopher Byun-Chul Han (2012, 2014) who talks about the present era as a “Fatigue Society” which suffers from the “agony of eros”.

According to Han, the contemporary era is an “era of tiredness” in which work has ceased being the motor of life and where, without work, conflict also gets annihilated. Work is a substitute for the tiredness, the fatigue. The philosopher proposes a reading of today’s society on two levels; on the manifest level there is a lot of work to do (to be is to do, to be efficient, to multi-task), and on the latent level, there is no psychic work and work is done as if by an automaton, without emotion; it’s a pure act devoid of thought.

The effort of the modern industrial era which used to be rewarded by recognition and wellbeing, has been replaced by psychic apathy; considering the failure of the prevailing economic model, no job rewards the mental orphan or the socially neglected: they are the wretches of postmodernity.

For Han, the contemporary subject is a tired subject who suffers from a metaphorical “liver” pain. Han says: “The liver pain, which in itself is pain-free, is the fatigue. That way, as a subject of self-exploitation, he becomes prey to an infinite tiredness. He is the original figure of Fatigue Society.” (Han, 2012)

The subject suffers from a mental auto-immune illness; his mind creates successive expectations of achievement directed towards a reward which never happens; creating feedback for continuous work-stress, the subject himself attacks his own defensive system and ends up tired of himself.

Let us be clear about the distinction between the exhausted and the depressed; depression itself requires a type of work which is the reverse of the work of mourning, nevertheless, it is work. The exhausted however, no longer works; he doesn’t blame himself, nor does he feel guilty or lament; he simply exhausts himself as if he were no longer a desiring subject; he fights neither for the absent nor for the present object; he doesn’t fight, he exhausts himself. Eros agonizes (Han, 2014).

The exhausted doesn’t produce any dream work either; any mental work is forbidden; the mind has moved ahead to it’s retirement by several years without any further provision than “rest” in life. The subject doesn’t get enthusiastic over any project for the future; he doesn’t dream; he is Ogden’s insomniac patient (2003).

How does one wake up the exhausted? How does one induce love of psychic work? How does passion return to what is complex? how does one defeat the phantasm called void? this is the challenge facing the contemporary psychoanalyst, our challenge.

When the pathology of the void arrives to the psychoanalyst’s office, it seems as though the only one alive, the only one thinking, the only one dreaming and—sadly—the only one working, is the psychoanalyst. There should be a sign saying “we apologize for the inconvenience, psyche at work” to warn the patient haunted by the phantasm of the void.

The analyst’s recourse is to turn to his experience of the analysis, to his “Eros Tejedor” (Botella,

2003), to his “internal frame” (Green, 2005), to his love of method (Bion, 1970). His introjected method serves as a mast he can tie himself to, like Odysseus, in order not to succumb to the sirens’ song. There would be nothing easier than to get tired, nothing simpler than to stop thinking, nothing simpler than to kill complexity.

The contemporary analyst insists on being alive and thinking in spite of so much death and so much anti-thought. The analyst weaves a web with this “almost-nothing” and when necessary, brings in threads from his own worsted, as in “figurability” work (Botella, 2003). This weaving will constitute the Ariadne’s threads which, intertwined, will allow him to build the first outline of a mental uterus (Lutenberg, 2007), the first furnishings of a dream, the first letter of a sentence, the first breath of an emotion; this can happen thanks to the fact that the analyst incorporated into his formation, the love of unconscious truth.

When working with these patients, does the analyst have to be the nothingness? does he have to embody the void? He embodies it any way, since, more than ever, he has to adopt a “negative capacity” (Bion, 1970); he has to tolerate his own not-knowing, not-desiring, not-memorizing; “having faith in the wisdom of the unconscious, he actually invites the void into his mind” (Velasco, 2014, p. 42).

The battle of the analyst dealing with the phantasm called void doesn’t consist in revealing a repressed content, but in building a container. The ultimate objective is the creation of “the word”, the construction of a process, the construction of mental work, of a mode of interconnectedness. What essentially defeats the phantasm is the re-encounter with the complexity of mental life and the connection, thanks to the definitive fact that a mind—that of the analyst— was able to continue thinking and feeling the patient. This is the only antidote against mental tiredness.

The phantasm of the void generated within the psychical origins of the subject by the absence of a person who could think and feel him, can only be reversed by the gaze of the alive, thinking and feeling other who was himself thought and felt; that which was impeded by a human can only be constructed by another human.

Translation by Annie Muir

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^[1] Translator's note: *not-being* can only partially render the author's choice of words: he used the expressions "no ser o no estar". *Ser* and *estar* both mean *to be*. Explanations of the difference usually concur to say that *ser* denotes something permanent, whereas *estar* denotes something temporary.

^[2] Spanish: "un ser que no está"