Is Lacan Borderline?

Judith Feher-Gurewich, Ph.D.¹

Abstract

The author begins the paper by pointing to the undeniable “dialogue de sourds” among the various psychoanalytic traditions. More specifically, she has in mind the radical cleft that has grown ever deeper between the French Lacanian School and the American psychoanalytic tradition. While the Lacanians continue to adhere to an Oedipal model thereby revealing their allegiance to classical Freudianism, their American counterparts no longer consider the centrality of the incestuous wish and the accompanying prohibition. For American psychoanalysis, the author explains, anxiety and narcissistic wounds have taken the place of the incestuous conflict and compromise formation. This has had crucial effects on the way diagnostic categories are conceptualized. For instance, Kohut’s insistence on shame over and above neurotic guilt has led to borderline and narcissistic disorders replacing hysteria and perversion. In this paper, the author attempts to bring about a rapprochement between these two long divided traditions. With this aim in view, she puts forward the radical thesis according to which the aforementioned novelties of American psychoanalysis may be aligned with some of “Lacan’s most apparently abstract contributions to psychoanalysis”, namely the formulae of sexuation and the bizarre

¹ Judith Feher-Gurewich, Ph.D. practices psychoanalysis in Cambridge, Massachusetts. She is the publisher of Other Press and has numerous publications on psychoanalysis and the social sciences. She is a member of the Association de Formation Psychoanalytique et de Recherches Freudiennes: Espace Analytique in Paris. Dr. Gurewich for many years was the Director of the Lacan Seminar at Harvard University’s Center for Literary and Cultural Studies.
adage stipulating that “woman is not-all”. The author hopes that the borderline and narcissistic disorders may lose something of their depiction as “antisocial” and “evil” if “their peculiar behavior could be understood within the Lacanian cartography, as a certain inability to rely fully on an unconscious fantasy.” Concomitantly, this seemingly paradoxical wedding of the French and American traditions could also bring “Lacan’s mysterious and quasi-mystical notion of feminine jouissance down to the painful reality of psychic suffering”.

L’auteur commence cet article en exposant le « dialogue de sourds » qui existe parmi les différentes écoles psychanalytiques. Elle s’intéresse principalement au clivage qui existe entre l’école lacanienne et la psychanalyse américaine. Selon l’auteur, les lacaniens, fidèles à Freud, respectent toujours le modèle Œdipien tandis que les psychanalystes américains n’adhèrent plus à la centralité du vœu inconscient et son rapport à l’interdiction. Pour les américains, l’angoisse et la blessure narcissique prennent la place du conflit incestueux et du compromis névrotique. Ceci a eu de grandes conséquences sur la manière dont les catégories diagnostiques sont conceptualisées. Par exemple, l’insistance de Kohut sur la honte au-delà de la culpabilité névrotique a conduit au remplacement des catégories classiques de l’hystérie et de la perversion par les nouvelles catégories de « borderline » et « narcissisme ». Dans cet article, l’auteur cherche à réaliser un rapprochement entre ces deux traditions. Ainsi, elle met en avance la thèse selon laquelle ces nouveautés de la psychanalyse américaine pourraient être alignées avec « les contributions les plus abstraites de Lacan », à savoir les formules de la sexuation et la maxime selon laquelle la femme est « pas-toute ». L’auteur espère ainsi sauver les troubles borderline et narcissique des stigmates moralisateur (antisocial, mal) dont ils sont marqués en montrant que « le comportement de ces gens peut être compris en termes lacanien en tant qu’effet d’une certaine inhabilité de se fier entièrement à un fantasme inconscient ». Conjointement, ce mariage paradoxal entre la tradition française et américaine pourrait aussi servir à ramener sur terre « la notion mystérieuse et quasi-mystique de jouissance féminine en la rapportant à la réalité douloureuse de la souffrance psychique ». (Translation Alireza Taheri)
One hundred years after *The Interpretation of Dreams*, Freud's discovery of the unconscious continues to sap the comfort of our received notions on love, desire, reproduction, violence, or death. Freud's unconscious is a seductive delinquent, always on the go, tracking down desire and its infinite partial objects. Oblivious to debts, to logic or justice, it moves steadily towards death in search of the intervention of a father figure in front of whom it refuses to yield. No wonder that, among Freud's epigones, Lacan stands quasi-alone to plead for that which defies the proper functioning of the law of social and economic exchange. But if Lacan defends the motivations of the unconscious and has fought long and hard for the probation of the Oedipal fantasy and its representation in the dream work, many of his fellow psychoanalysts, especially colleagues on the other side of the Atlantic, have declared the Oedipal complex a quasi-obsolete historical phenomenon. Consequently, they have reverted to a pre-Freudian vision of psychic functioning, according to which the dream work must necessarily be reduced to mere affective states, referring more to anxiety and narcissistic wounds than to the complex relation between the incestuous wish and its prohibition. The effect of this shift brings to the fore either the real of neuro-psychiatry or the imaginary relation between analyst and analysand.

It is as if the unconscious would only speak of the vicissitudes of desire in French, while the pathologies of psychic life have found, in the official language of science or pseudo-science, the means to circumvent the return of the repressed. If I single out American psychoanalysis, it is mainly because it appears to have rejected Freud's discovery, while at the same time keeping the psychoanalytic institution alive. In this sense, Lacan and American psychoanalysis are at opposite extremes: on the one hand, the ethics of desire and an unshakable allegiance to the name of the father, and on the other hand a rejection of the Oedipal fantasy, but also a tolerance for social change matching American psychoanalysis's call for adaptation.
I would like to believe that attempting a rapprochement between these two extremes speaks directly to the question that occupies us today, namely the status of psychoanalysis a hundred years after Freud encountered the psychic reality of the Oedipal drama in his own dream. Psychoanalysis is not a school of thought - Freudian, Lacanian, Kleinian, Kohutian - but is rather a practice which permits us to detach the workings of the unconscious from the intentions and aspirations of the conscious ego. Since Freud, many psychoanalysts have had ideas as to how to revise his original discovery. All of them were sincere in their belief that their own approach would better serve the direction of the cure, and most of them indeed had something useful to contribute. But breaking through theoretical divides, or even political and ideological differences, is rarely at the forefront of analysts' preoccupations. They are caught in the comfort zone of their theoretical and institutional framework, and offer therefore a deaf ear to any theoretical or clinical approach that contradicts their own.

There are of course many good reasons for the present "dialogue de sourds" that is pervasive in the psychoanalytic milieu. On the one hand we have the Lacanians, who apparently refuse to think in terms of adaptation, of affects, of parental deficiencies, of good behavior, and therefore appear to themselves as having been saved from the traps of normativity and the orthopedics of good intentions. These are among the chosen people, who have successfully broken down the divide between good and evil. The unconscious speaks directly to them and it is in its name that they will condemn whatever social formations seem to contradict the good functioning of the Oedipus complex and the desire it produces. Because they have the inside story - and have gone through the Lacanian Seminary on top of that - they set themselves above their critics and are therefore extremely vexed when they are accused of preaching a return to what appears to be traditional family values. When they are pushed too far by radicals of all sorts, whether by feminists, queers, or even American therapists, they pull out their secret weapon, the ultimate proof of their anti-conventionalism, of their profound
allegiance to the truth of desire: the formula of sexuation, or the rather mysterious and unfathomable feminine *jouissance*, which only a few, a very happy few have been invited to encounter. The conversation then stops, since Lacan’s "not-all" is neither a proper diagnostic category, nor is it perceived as an effect of postmodernity on the vicissitudes of psychic life. On the other side of the Atlantic, psychoanalysis, which sits firmly on the side of a good fit between the individual and his social milieu, has long since given up on the Oedipus complex and its vicissitudes, and is therefore free, to a certain extent, to observe the new psychic effects of postmodernity without being encumbered by the complexities of Freudian theory. Psychoanalysis in America started as a medical science and never left the auspices of psychiatric nosography. If social change has modified the classical definition of good behavior, by including within it the various effects of the sexual revolution, it nonetheless remains to a certain extent wedded to the suture of science. In this sense psychoanalysis only defends the course of human desire as long as it remains at the service of the social order. But since the social order has reworked the definition of good and evil, at the end of the day, American psychoanalysis appears paradoxically more liberal than its Lacanian counterpart, which deplores the effects of social change on the good life. This is not to say, however, that American psychoanalysis is better equipped to define the terrain of its transmission. Its contribution seems to consist in having understood that the psychiatric formulations that have informed its teachings are now obsolete. It has discovered, for better and for worse, that hysteria and perversion have given way to borderline and narcissistic disorders because, as Kohut points out, the effects of shame have replaced the neurotic effects of guilt. Social change has a direct impact on the formations of new pathologies, and therefore the Freudian model no longer holds. New therapeutic approaches need to be invented in order to face the new challenges of the actual. So, for American psychoanalysis, there has been a shift both in theory and practice: new diagnoses have forced new therapeutic approaches. The borderline and narcissistic
disorders reveal that something in the relation between the subject and its milieu has changed, and that this transformation affects psychoanalysis and its transmission. The problem with the American approach is that, by focusing on maladies of the ego, which it considers to be central to the new pathologies, it leaves behind the relation of the unconscious to the object a or the Oedipal fantasy. On the other hand, the problem with Lacanians is that they perceive social change as detrimental to the symbolic function, and in that sense they refuse to a certain extent to reevaluate the foundations and application of their theory.

Yet to assure the transmission of psychoanalysis, it is paramount to define a train that would allow for a dialogue between different schools and different clinical approaches. Something of our analytic experience must be amenable to translation. All psychoanalysts will certainly agree that, through the transference, something of the unconscious is bound to appear so as to allow a psychic shift in the patient to occur. After all, it is through their own transferential experiences that people such as Kohut and Kernberg, both originally classical Freudian analysts, have come to decide that new pathologies are in the making. Yet their suggestions for the treatment of these patients remain deeply imbedded in a concept of transference Lacanians would call imaginary. At the same time, their work is not unproductive and their clinical results cannot be simply attributed to a simple strengthening of narcissism; something of the unconscious must have been heard, otherwise they would not have convinced so many clinicians of the value of their contributions. But from the way Americans describe their cases, we get the distinct feeling that the Freudian unconscious cannot breathe under so many resistances, defenses, and aggressions; that the analytic space is filled by the ego and its deficiencies, placing the analyst either in the slot of the law (Kernberg) or in the slot of the positive self-object (Kohut).

The cleft between American and Lacanian psychoanalysis does not only reveal a cultural divide between two radically different ideologies or visions of the world. The
unconscious feeds on the superego both maternal and paternal, which in turn both affirms and undermines the symbolic function, which finds its support in social ideals, whatever they may be. But to bridge the gap between Lacan's defense of the ethics of desire (which seem to exclude social change and its effects on narcissism) and the American condemnation of the Freudian unconscious (in the name of science and social adaptation), one must move beyond this theoretical and ideological divide and ask a straightforward clinical question: Underneath the aggressive defense mechanisms of the borderline patient, do we not discover a classic structure of desire, whether hysterical, phobic, obsessional, or perverse? And further: Can we acknowledge that social change has indeed affected our classical psychoanalytic models, and that therefore Lacan's contribution needs to be revised? Or is that these new pathologies, namely the narcissistic and borderline disorders, which have helped cause the downfall of Freud in the United States (and which contradict the importance of the Oedipus Complex) have shed, paradoxically, a different light on the clinical relevance of one of Lacan's most apparently abstract contributions to psychoanalysis, such the formula of sexuation and his strange statement that woman is not-all, regarding her inscription in the symbolic order?

Such an unlikely rapprochement might, with hope, break down a false dichotomy within the psychoanalytic world, and thus allow Freud's revolutionary discovery to return refreshed onto the psychoanalytic scene. As the talking cure has amply demonstrated, resistance and obedience are often the flip side of each other. To resist psychoanalysis may actually be more instructive than to surrender blindly to its teachings, as we see is done every day in our psychoanalytic circles. Wouldn't the value of Freud's ideas best be recognized if Lacan's insights could be discovered in the very folds of America's resistance to the power of the unconscious? What better way to assure the transmission of psychoanalysis than to let the borderline phenomenon push American psychoanalysis straight into Lacan's arms?
Therefore I would like to suggest that borderline and narcissistic disorders might lose their antisocial characterization so well described by Kernberg - in other words their bad reputation - if their peculiar behavior could be understood within the Lacanian cartography, as a certain inability to rely fully on an unconscious fantasy thanks to which our neurotic construction of the world can be supported. Hence I would suggest that patients manifesting such phenomena are not all inscribed in the world of phallic signification. In other words, the Oedipal fantasy does not cover over completely the lack in the symbolic order; and this in turn causes these patients to confront head on the arbitrary and therefore nonsensical nature of the social order. So what appears in the psychiatric nosography as evil behavior is, in fact, an attempt to fence off the threat of the meaningless nature of social interaction. Such an approach might also offer us a better understanding of how the world appears when the object-a-cause-of-desire cannot support the necessary distortions that make life meaningful. Bringing Lacan's concept of the "not all" together with those of borderline and narcissistic disorders not only offers new therapeutic strategies, but also brings Lacan's mysterious and quasi-mystical notion of feminine jouissance down to the painful reality of psychic suffering. For those who are less familiar with Lacan, let me try to explain in a few words what I understand by his idea of feminine jouissance and his famous dictum that "the woman is not all" (Lacan, 1982: 151).

Basically, Lacan's crucial contribution to Freud's discovery lies in his attempt to break down the fundamental deadlock which led Freud to declare that, because he could not figure out what a woman wanted, he felt unable to move beyond the bedrock of castration and therefore could not find the secret formula to resolve the transference and bring analysis to a close. What Lacan explains is that to a certain extent Freud himself was trapped in the Oedipal fantasy because he believed an answer could be given to the enigma of femininity. Thus Freud himself could not see that what he had thus discovered was in fact the limit of psychoanalytic knowledge. There is no mystery
beyond castration anxiety and penis envy. Instead there is a hole. The system of phallic signification of language, of science, of social interaction falls short in offering the ultimate answer to the enigma. The system in which we are inscribed as human beings does not include an explanation either of its origin or of its function. Beyond the fantasy we create as desiring subjects, there is no secret meaning to be revealed. But this fantasy, or object a, is the best we have to assure the good functioning of desire.

But Lacan also says (and I am simplifying to the extreme) that there are some people - more often women, but not necessarily so - who are not all protected or directed by this unconscious fantasy which would plug the hole in the symbolic order. Something of their drive or their body is left, so to speak, open to receive a peculiar non-message from the place in the Other that is barred. The way I understand this is that the "not all" neurotic self of such beings - because these patients are not psychotic, which of course is the most interesting characteristic of borderlines - has a way of being involved in the world that is peculiar: something of the realm of illusion has been punctured. These people see the world without the glasses of neurotic distortions. Yet this highly metaphysical approach to human existence is not experienced outside the narcissistic boundaries of the ego. It is the ego that bears the brunt of the relation of the body to the hole in the symbolic order. In this sense, feminine jouissance enters into the realm of diagnosis if we agree to say that in psychoanalysis the term diagnosis can only be read as a name for a certain psychic position appearing within the transferential relationship. Therefore we can expect (and here I think are the contributions of Kernberg and Kohut) that borderline patients are prone to experience the transference as particularly taxing on the boundaries of the ego, and therefore that they present a symptomatology that cannot be qualified as purely neurotic.

As Kernberg points out, these patients have enormous narcissistic issues, even though they appear on a purely social level to be particularly well adapted - on the surface - to
the demands of their surroundings. This is what Kernberg says about borderline disorders:

Direct exploitativeness, unreasonable demandingness, manipulation of others without consideration or tact are quite noticeable. These patients may feel superficially quite insecure, uncertain, and inferior in regard to their capacities or dealings with others. These feelings of insecurity and inferiority may be in part a reflection of the more realistic aspects of their evaluation of their relationships to significant others, work, and life in general, and often reflect a realistic awareness of some of their shortcomings and failures. Yet, on a deeper level, feelings of inferiority often reflect defensive structures. It is striking when one finds so often underneath that level of insecurity and uncertainties omnipotent fantasies and a kind of blind optimism, based on denial, which represent the patient’s identification with primitive all good self and object images (Kernberg, 1985: 5).

The narcissistic disorders are not far from this either. Kernberg says, “It is as if they feel they have the right to control and possess others and to exploit them without guilt feelings - behind a surface which very often is charming and engaging one senses coldness and ruthlessness. Very often such patients are considered to be dependent because they need so much tribute and adoration from others; but on a deeper level they are completely unable actually to depend on anybody because of their deep distrust and depreciation of others” (p. 17).

Let us not be too judgmental of Kernberg’s own judgmental perspective. We are all susceptible to come up with similar descriptions of our patients, especially when we have become the objects of their scorn. But we may also choose to think that, since Kernberg has not read Lacan, his ignorance of psychoanalysis proper has led him to
confuse classic neurotic structures of desire with narcissistic and borderline disorders. This is precisely the kind of reaction I find counterproductive if the survival of psychoanalysis remains our principal focus and interest. It may be more productive to give Kernberg the benefit of the doubt (after all he was trained in Argentina and Kohut was trained in Vienna!). It may be more productive to think that the effects of modernity on the psyche (in which I include the particular effects of American life, including the vicissitudes of emigration) need to be elaborated further.

Although it was not Lacan's intent to apply the concept of the "not-all" to a new psychic position that may be related to the effects of modernity (his own tendency was more to look on the side of perversion), this does not mean, a generation later and a on a continent once removed, that such a connection cannot be made.

As always, it is my clinical practice that permits forays into theory. Probably due to the fit between the patient I shall describe and myself, certain circumstances in the following account do not quite resemble Kernberg's description. Thus, in my presentation of the following case material, I leave it to your imagination, and to the fact that this patient had abandoned several previous therapies, to make the connections between the profile of this patient and those of narcissistic or borderline disorders.

An intelligent and insightful young woman - herself clearly a femme fatale for men; extremely successful in her work; highly regarded by her male friends; adored by her husband - came to see me because she felt invisible to others and to herself. It is not that she was clueless, but rather that she experienced herself as only partly inscribed in a world where people appear to know what they want. While she is dimly aware of the fascination that she exercises on men, in turn she is not quite sure whom she desires and why. While sex is for her a source of pleasure and curiosity, she is not particularly invested in uncovering the mysteries of erotic desire.
Her jouissance seems located elsewhere - but in an elsewhere that divests her of any possibility of giving an appropriate libidinal charge to the objects surrounding her. Everything is the same. Although she is a fairly good judge of character and of situations, she can never tell if she likes one person more than another; if she should adopt a child or have her own; if she should live in one place or another. Despite her efforts, she cannot find, in the phallic order, the means to situate herself in relation to others.

By being in part excluded from the phallic order, my patient attempts to discover it’s meaning, yet fails to discover the order of things. More remains equal to less. Her father’s small business, where she worked as a child, is for her of the same magnitude as the big corporation of which she is a director. In other words, she cannot appropriately translate one situation into another. If she is given a project, and her secretary forgets to photocopy a document, she does it herself, working late hours as if the question of hierarchy in her company had no impact on who does what. Unlike the hysterical, who would readily transgress the law, my patient focuses on the task at hand and does whatever needs to be done, assuming that if she is not heard it is because she is invisible and therefore there is nothing she can do about it. Because of her intelligence, efficacy, and charm, she is respected by her superiors; yet she never takes credit for work well done. Her job is her job: not to do it well is not an option. She can identify with her project, yet she cannot fully occupy the position of power the project grants her. Her metaphysical evaluation of the metaphors we live by puts a strange and interesting spin on our own system of values. But she cannot enjoy - in the phallic sense - the originality of her perspective. For her, society operates according to arbitrary laws, and the best she can do is to learn them "by heart." When she encounters a law she does not recognize, she fills in the gaps with the set of received notions she has at her disposal - spending hours photocopying papers, for example, since she cannot figure out why her
secretary did not comply with her request. For her to ask the employee why is not an option.

As the analysis progresses, she discovers slowly that what fascinates her in our work is my deep interest in the ways her unconscious operates. She discovers that what she wants is the analytic process itself. The desire of the analyst becomes for her a space in which this other *jouissance* - the *jouissance* of the lack in the other - can be accepted. The analyst's desire becomes a support that allows her to discover, bit by bit, the links between signifiers and the strange beauty they radiate. It is crucial here to introduce the notion that Lacanian analysis is predicated not on the well being of the patient per se, but on the analyst's desire for the emergence, in the transference, of the unconscious fantasy that causes the dialectic of desire. Yet because such fantasy provides the illusion that castration can be avoided, the neurotic classically resists the analytic process in the sense that he or she believes that the rule of free association is at the service of the realization of the fantasy, thus refusing to entertain the possibility that this fantasy is precisely what needs to be disposed of.

For my patient, however, transference is not structured according to the parameters of the neurotic. I do not possess the secret combination of her desire, because her unconscious fantasy is not the predominant cause of her psychic structure. As she discovers the chain of her unconscious signifiers through my desire for their appearance in the transference, she is given a status that she did not experience before. For the first time she discovers who she is, not at the level of her fragile ego, but at the level of the signifiers which have constituted her as a subject of language.

Recently she told me that the stewardess on a flight she takes regularly for her job recognized her, and that when she got to Avis to rent her usual car, instead of getting it herself in the lot, the agent saw her and drove the car to her. She said to me: "I realize that I am no longer invisible." The more meaningful recognition she had gotten in her life, including a big promotion at work, could not match the beauty of being recognized
by mere strangers. My patient as "not-all" found, through the desire of the analyst, the means to give a more bearable orientation to her other jouissance. She reached a psychic position that made more visible those aspects of her life that are usually indifferent to us common folk, who are trapped in the vicissitudes and rewards of phallic jouissance. I was presenting this patient to an American colleague, whose clinical acumen I trust deeply, and who surprised me when she suggested that this patient was a classic borderline case. After being somewhat baffled by her reaction, I realized that the turn the transference had taken had protected me from being the target of her narcissistic fragility. It is interesting to note, by the way, that Kernberg specifically says that a good match between a borderline and his analyst is crucial for a positive outcome of the treatment (p. 151). After all, it would not have been difficult to fail the test, "to have entered into an imaginary deadlock with her. I must have been so intrigued by the ways this in which woman was describing the minute details of the vicissitudes of everyday life that I was able to keep, without consciously knowing it, a strong symbolic position in the transference. I remember that once I made her wait for over ten minutes, and she left and came back twenty minutes later. She told me that if she was so unimportant to me she was not going to stick around, because if she were invisible to me there would be no point to the analysis. I reacted quite spontaneously by saying that lately I had been late too often; that I was going to try to make an effort; and that she was right to be upset. But I also said that we should use my mistake to her advantage, so that she could come to understand how her perception of the circumstances led her to dismiss my lack of punctuality and only concentrate on her being unimportant. She was able then to retrace other circumstances of the same sort. By keeping my lateness as a fact against which she could test how she lacked the necessary symbolic space to be able to wait and to be angry at the same time (she had actually left, gone for a walk, and come back) gave her the means to begin to read the world slightly differently. It was after this episode that she got a raise and a promotion at work. Recently she pushed the
experiment further by quitting her job and trying to live for a while without the protective identity it had provided.

Another aspect of what I realized, after the fact, could be perceived as a borderline characteristic had to do with the importance of competition in her life. She was for a while very competitive with a woman friend, a repetition of her childhood experience, of a time when she was so jealous of her younger sister's privileged relation with her mother. To see this competition as a signifier rather than as an effect of the mirror stage was also helpful, because it shed some light on the paradoxical position of the father in the family. Feeling competitive operates as a border against feeling invisible, yet at the same time, it leaves her confronted with a profound sense of disarray because she does not want to have or be what the other has or is. It confuses her totally. In fact, competition with another woman never has a man as an object, but rather the vision of a woman's envy. She envies the possibility of feminine envy. In this case she envied her friend's envy of a necklace the friend could not afford. In other words, she envies hysterical desire, and in this way is confronted with the fact that she lacks it. She suffers from lack in the strict sense of the word. The work we have been doing has been to capitalize on the signifiers that circle around the lack in the symbolic and to take advantage of the knowledge that her peculiar position provides her, instead of thinking that this "knowledge" is the proof of her inadequacy. In other words, every time the space she occupies begins to shrink, the focus of our discussion turns to the circumstances that lead her to feel that way. Invariably she discovers that a signifier has been missing in order to make sense of the world around her. In the process something of her physical presence is called into question, and she feels she does not have permission to inquire either within or without so as to figure out what is happening. Instead she dies inside, feeling herself to be at the mercy of an unknown that is not the jouissance of the Other but rather the lack of such a jouissance. There is nothing there.
A story she told me gave me a clue to the origin of this feminine jouissance that plagues her, and this in turn gave us a better sense of the paradoxical position of her father in relation to phallic power: When she was seven years old she went with her family on a guided tour of an old American village, during which, in front of each house, she saw a boot scraper. Since she did not know what it was, she asked the male tour guide, who did not answer. She asked again and again, so eventually someone on the tour explained to her what a boot scraper was, and she was very pleased. When she came home her father screamed at her for having humiliated the tour guide and exposed his ignorance, which is something that she should never do. She was very impressed by her father's violent reaction and never forgot the lesson: What is incomprehensible must remain so, otherwise the man collapses. She never ventured again onto the terrain where phallic knowledge could be questioned. While this experience certainly helped her in her career, it also prevented her from wanting to plug the unknown with a fantasy of how to get to that knowledge. For her, the desire to know can only reveal the fragility of phallic signification. My patient understood too soon that, for her father, castration was an irreparable wound, and that therefore she could not supplement it as a classical hysteric would. If she could become the object of a man's sexual fantasy, she never felt she could become an object of desire - as if she felt instinctively the Real of the Other but not the other's desire of the other. For her to relate to a man meant to sleep with him and to act out his most secret sexual fantasy. Even if the man felt in love with her, this never made any sense to her except on the level of sex.

Here we can see the thin line separating the “not-all” from the hysteric. The "not- all" "knows," to a certain extent, that phallic signification is thwarted. Had her father distinguished the tour guide from other men, no doubt she would have become a hysteric - but he did not. Every situation that involved her desire brought back to her a sense that something was impending; that the other is, by definition, always barred; and that she needs to make due with her own resources, since the Other does not have the
answer. Thus her feeling of being invisible was the best defense against the hole in the symbolic. Her analysis has brought her to the realization that she was right all along to doubt the power of the other, and that she did not need to turn upon herself what she perceived as an outside truth. This gave her a sense of her own boundaries so that she no longer abandons herself to others by doing whatever they want, because she now knows that the narcissistic rewards she got (a short-lived sense of power) failed to get her in touch with her desire. Yet each time she encounters it, her desire appears to her almost by surprise: one by one, instance by instance, moment by moment, and only partially predicated on the Oedipal fantasy or object a. In other words, the objects of her desire are not obviously connected by a chain of signifiers. Rather they seem to operate in discrete units; and when her punctual desire is satisfied, she does not experience, as we do, a sense of sadness or loss. Each experience comes with a quota of gratification, but the next step is never readily available.

Of course I consider myself lucky to have found a patient who allowed me to elaborate a potential link between borderline and "not all." I shall never know whether Kernberg would have perceived my patient as a typical borderline case. But my analyst-friend's reaction had been enough to make me wonder if the hypothesis of the "not all" cannot help clinicians of all persuasions to think differently of their position in the transference, given that what this entails is that it is not exclusively the place of object a that they occupy. It seems to me, rather, that if analysts could understand that the borderline symptomatology masks the nothing that interrupts the flow of phallic signification, which in turn is sustained by the Oedipal fantasy, they would not be so tempted to push through the false self to the narcissistic defenses. Instead they would be able to explain these defenses not only by exposing the castration of the analyst, but also in reference to the metaphysical truth, which plagues the existence of the borderline: In a sense such persons are right to doubt that the phallic order can provide all the answers, but they are wrong to believe that there is no knowledge on the side of
castration. That knowledge is desire, yet desire is a dotted line - for them in particular. Their Oedipal fantasy cannot fully sustain the position they occupy in the world. Something of the real of their existence remains open, and this may cause a fundamental bewilderment at the place where the other is powerless to bring solace, since that other is, by definition, lacking.

While the history of the femme fatale though the ages has given us many examples of the fascination such borderline figures exercise on men, who find in these women the incarnation of mystery, the actual providers of such fascination can only derive limited pleasure from such a position of power. Their only resource is to discover, in the knowledge of their own castration, enough proofs that it is the Other and not they themselves, who does not exist. In other words, the truth of psychoanalysis is in the symptom of the borderline.

References
