

Title: Subjectivities in the digital age and ethics of psychoanalysis.

Author: Octavio Carrasco.

Psychoanalysis works with the real of the remains that constitute the subject of science.

Remains that today, in the digital age, are the circumstantial complement of the offers of certainties that flood the market with objects and discourses. One of those remains, perhaps the most indomitable -still- is anguish. Thus, like in the first globalization which occurred at the time of the discoveries of America, of the Renaissance, of Gutenberg and his characters, with reason making its way in the dark with Copernicus and Descartes in the lead, in those days its other face was the establishment of melancholy as the spiritual evil of his contemporaries (Burton, 2015/1621). Thus, like in that ancient and first expansion of humanity, in the current globalization anguish is the stone guest at the global consumption party. That remain of anguish is that nothingness, a nothingness as Lacan would say, which becomes very real when the fall of an ideal collapses individually and collectively. Funny cadence of the fate of modernity and post-modernity: the more humanity strives to sustain the technological drive – a death drive- with relish, the more of that nothingness of anguish emerges as its shadow; symptom between the technological drive in a wild flow of surplus enjoyment and the anguish of the fissure of the individual myth of the neurotic, or their nothingness itself.

At the dawn of the century of wars -where the being for death (Heidegger's) was updated in an atrocious way-, psychoanalysis opens a different but included path in the subject of science: it gives a place to the neurotic as a citizen with a right to its symptom to extract from it a self-knowledge, an unconscious knowledge that is commonly denied. This place is put into act precisely in the transference, that maneuver -recognized and discovered by chapters- that allowed Freud (1994/1898) to distinguish between current neuroses -or “pure” neuroses-

(neurasthenia, anxiety neurosis, neurosis fate, war neurosis), and defense psychoneuroses: hysteria and obsession.

He named the first group “current” neuroses because, at the time of consultation, the patients were directly subjected to the pathogenic and traumatic factors that made them sick. Some of them could establish significant links to their childhood history and relate them to their suffering, but if they crossed that Rubicon, they were no longer classifiable as current neuroses, to become what we understand today as “transference” neuroses.

Indeed, the second group of neuroses, genuinely discovered by Freud, is the one that could most easily establish those signifiers between the present and the unconscious remains of the subject, in their timelessness and infinity -a very important issue, for example, when it comes to phobias: there, space is that which can always be infinite even with a limit, especially if the scopophilic drive is involved.

The repressed sexuality of Freud's hysterics was the first clinical example of the knotting between the analytic act of listening, the transference bond that sustains it, and the discourse that makes itself known as author's brand name in that other act that we name as the discourse of psychoanalysis. Freud's histories are analytical novels of the subject and their discomfort *of the* culture (it is not only a matter of discomfort *in* culture), where the institution of being for sex tying together pleasure, jouissance and desire fails. The hysterical's hypertrophic sexuality enacted the mental ruins of the alienist doctors -and of others as well-, as illustrated in Charcot's presentations of patients. Of course, the staging did not necessarily include an important place for the word of the hysteric man. And I say of the hysteric man because although some of the word from the hysterical female patients before Freud was recorded, the word acted though not said and not heard is the very desire of the men of science regarding the erotic body of the hysteric woman and its demand exposed to the open sky. Indeed, when the man of science proceeds with his method, he puts into action one of the functions of the obsessive symptom: when telling the truth, he lies. What shortly before had

been the domain of the priests, in the substitution of paradigms after the Enlightenment moved to the side of science. If before the knowledge over the female body was distributed between mother (communion of the man with the Church), wife (copulation of the man with the woman), sister-nun (compassion with the unmarried woman), whore (conflict of the man with the antichrist : the flesh), witch (man's anguish before knowing the occult) or possessed (man's dismay before feminine ecstasy), with science one more is added: the hysterical woman, which has a little of all of them with a plus of jouissance: he has to work. He has to work to fulfill her condition as an idealized object -which today seems to be a necessary condition to sustain the image of infinite pleasure that the market pornotopy offers as pleasure consumption-, and at the same time denounces that this fails. What flaw does the hysteric embody? The failure of the sexual relationship. A failure that promotes its repetition in the form of the regulation of jouissance that any pleasure release operation implies. A failure that without the mediation of desire between jouissance and pleasure makes the symptom its mode of expression, of evocation and summoning the Other who does not necessarily listen.

Being enabled to listen –to the other and to oneself-, that overcoming carried out by Freud, not only implied a reordering of the neuroses, but the foundation of a method that intends to allow space for the repressed signifiers of the subject, establishing an opening to want to know about themselves, their family novel, their individual myth, their object relations, without fear of being forgotten, since one of Freud's first observations on neurotic suffering is precisely the suffering of reminiscences. This suffering is precisely the passage of meaning between current neuroses and possible transference neuroses -to be built, always to be built, like a fragile house of cards.

Passage of meaning that can only be navigated with a series of re-significations with supplementation of the signifiers of the subject (nachträglich said Freud, or après coup from Lacan). These re-significations are the determining difference between pure recollection and

reworking, between the infinite series of the neurotic symptom and the *sinthóma* that proposes the end of analysis.

To conclude, I wanted to make explicit how pertinent this difference between current neuroses and transference neuroses seems to me -for our time. Reviewing my clinic, preparing what I was going to say for this occasion, I tried to focus on the clinical tasks that have most frequently required me in symptomatic presentations in the 30 years that I have been in the clinic's stuff. Possibly highly influenced by what must have become of us after the pandemic, I was forced to repeat many starts of treatment -some of which became analysis- where the anguish and avoidance of the other dominated the suffering of the subject. The singularity of each situation prevents us from going much further than the presentations, which are not much more than that, but they are not something negligible either, since in these repetitions we see something of that malaise of civilization that inhabits us topologically inside and out , *extimacy*.

Producing that passage of meaning from real -current- suffering, that which is always there, to wanting to know about its symptom, is the very movement that proposes the symbolic transference; being warned that the imaginary clothes with which the analyst will be invested are the food of resistance.

References:

Freud, S. (1994/1898). Sexuality in the etiology of neuroses. O.C. Amorrortu Editores.

Burton, Robert (2015/1621). Anatomy of melancholy. Editorial Alianza

