

## Love, hate, ignorance: Challenges in the direction of the cure

We estimate that when considering the challenges in the direction of the cure, it is not possible to overlook the passions that constitute it and that take place in the field of transference, affecting both the analyst and the analysand with their differences, thus placing in tension the relationship between neutrality and abstinence. The analyst's desire encounters the Subject Supposed to Know, accounting for a function that arises potentially in each new analysis. Only when the SSK is intercepted by the analyst's desire can a transference encounter avoid becoming wild, even when passions are brought into the transference as a challenge, providing the opportunity for the analyst to shift positions. Becoming the support of the analysis entails embodying the "a" as separator and enacting the desire of a subject that sustains it, with the consequent transference implications. This is a function that operates, which does not imply that the analyst knows how to operate. It is, in any case, an unknown knowledge that enables interventions. If there is no analytic act—this does not mean there is no treatment—if there is no analytic act, the analysis fails.

Lacan's notion of "pathema" responds to the fact that the notion of "mathema" forecloses the reality of the body, whereas "pathema" allows for the idea that one learns solely through and after suffering, not without passing through one's own body. The linguistic event that guides the cure connotes the unforeseen, the unanticipatable, the micro-traumatic in terms of the disruption caused by an unexpected and innovative encounter with some aspect of the Real. Here lies the possibility of making *jouissance* a function and assigning it a logical structure, the place of singularity, detached from both the universal and the particular. It involves withdrawing from the Other's demand by affirming oneself in a sustaining order of a point of the Real of the subject, who, with their "but not that," erects an impregnable bastion. Indeed, it is only then possible to decline a dimension of the impossible. By beneficially holding back from the exchange inherent in the Symbolic, the "but not that," or *sinthome*, remains outside the operations managing meaning and endless, hollow verbal slides. In other words, it seeks to maintain the place of enunciation, reducing the effective margin of the enunciated. We refer to the foundation of analysis: the vicissitudes of love and the possible fate of each of the passions at play, vicissitudes which Lacan names in various ways—Subject Supposed to Know, desire of the analyst, semblance in discourse, *sinthome*, or analyst rethor—depending on the moments of his teaching—yet, it is always about love, the passions, and their different manifestations. It must be understood that if it is analysis, it will undo what founds it; it is an invariable, there is no analysis without the unfolding of passions and of love, and there is no

analysis without the unraveling of that love, there is no efficacy of analysis; there may be psychotherapy, but for analysis to occur, passion must be oriented, letting go of the suffering that names it, in order to challenge desire, giving rise to another jouissance, the jouissance of the sinthome.

Regarding jouissance, it is not the same to refer to jouissance, echoing ecolalic repetitions of consecrated formulas as semantic passwords; it is not the same as giving occasion—through the analyst's analysis—to speak from speaking. It is possible to speak without saying, and the challenge encounters the analyst so that it is possible to distinguish the destination of passion by saying something from speaking. The notion of the transference bond links and unlinks those who speak from the disparity of places, affected by the word but differently; the parletre receives influence in what it says and how it says it. Symptoms do not always coincide with the reasons someone seeks out an analyst; the consultation is not equivalent to analysis, the consultation often does not stem from symptoms but from a loss of balance within oneself. The theory that the patient constructs regarding their suffering, symptoms are directed towards the analyst, adversity, anguish in the face of life's absurdity, mourning, losses, and failures continue to be what may lead to analysis, even if they present themselves in different garb. The analytic act belongs to the analyst; it implies traversing the phantasm, not constructing it: changing the conditions of jouissance glued to the place of the subject identified with the object in their phantasm, traversing leads to the object "a" becoming the cause of its own desire and not the plug or having to surrender it due to the violence of the Other. What is sought to be installed is not the object but the subjective effect that must elaborate the mourning before the imagined completeness of the Other, as the mourning for the Other, referring to the violence attributed to the Other. Both positions in the direction of the cure alternate, combine, hinder, and weave themselves in the field of the RSI of transference. Now, by relating the imaginary register of occurrences, the analyst becomes the symptom of what does not work; the transference neurosis predisposes him to become the symptom to create the necessary conditions for the analyst sinthome, considering that the real is contingent just as the imaginary is possible.

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