

Laughing at and with Psychoanalysis*

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Abstract: From Oedipus to Hamlet, psychoanalysis has long been associated with tragedy. Our contention is that comedy is a more productive and relevant model. This insight can explain why the psychoanalysts depicted on the screen are often a laughingstock; as if a successful psychoanalysis reaching its termination could not be depicted accurately or seriously on the screen. If the ending of analysis is unique to each patient and cannot be generalized except for a few figures regarding separation and mourning, the recognition of mortality and endings, as well as, coming to terms with one's history, especially as a history of enjoyment that will not budge, then perhaps it is possible that these failed analyses on screen evoke a question of the end *in absentia*. The audience, solicited into the role of supervisor, imagines the better ending, the more ethical analyst, and bears witness to the trap of history and *jouissance* that makes a real ending impossible. They laugh at psychoanalysis, but also with it at the tragicomedy of neurotic life.

Key words: psychoanalysis, comedy, termination, mourning, film

Introduction

From Oedipus to Hamlet, psychoanalysis has long been associated with tragedy. Our contention is that comedy is a more productive and relevant model.¹ Reversing earlier opinions, at the end of his life, French psychoanalyst Jacques Lacan, made it explicit when he proposed comedy as the representative genre for psychoanalysis: "Life is not tragic. It is comic. This is however, why it is so curious that Freud would not find something better than the Oedipus complex, a tragedy, to discuss it, as if that was what it was about... He could have taken a shortcut—comedy."²

This insight can explain why the psychoanalysts depicted on the screen are often a laughingstock. As if a successful psychoanalysis reaching its termination could not be depicted accurately or seriously on the screen. Would it be boring? Would it be exciting? Perhaps something incommunicable about the story of the unraveling of a symptom can only be conveyed tongue-in-cheek. On the screen, all we find is the picture of analysts who fail, but we enjoy watching them fail in what often becomes the tragicomedy of psychoanalysis. These analysts violate boundaries whether in an erotic or aggressive manner, blurring the lines between professional and personal investment. They often reversing roles with the patient by telling their own story or becoming the center of a neurotic drama.

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¹ For a development of this claim, see Introduction, Gherovici and Steinkoler, in *Lacan, Psychoanalysis and Comedy*, Cambridge: Cambridge UP, 2016.

² Lacan, *Seminar XXV, Moment de conclure* 13 December 1977. <http://www.lutecium.org/1977/12/jacques-lacan-le-moment-de-conclure-elp-2/1689>

Abstinence and neutrality are fundamental rules in psychoanalysis, but they are difficult to depict because of the nature of the unconscious and the inwardness of analytic listening. It looks as if the best way to understand neutrality is by way of its ridiculous failure. And the best role for the audience is the supervisor to the unfolding treatment on screen. Beyond the comic and fantastic exaggerations depicted to cause laughter, there is a deeper message about failure in psychoanalysis. Indeed, Lacan said that analysis is a coming to grips with the failure of the 'father' and the fall of the desired object, in particular, with the failure and fall of the analyst whom in the beginning of the treatment is placed by the analysand in the position of the subject supposed to know, as the embodiment of an ideal to make the analyst worthy of their love. The analysand's initial idealization produced by their transference on to the analyst is a precondition to the progress of the treatment. At the end of analysis, this belief is 'vaporized' (Lacan Seminar XI, p. 267) and analysts fall from this place of idealization (ibid. p. 273) producing a separation from fantasy that frees the object of desire. In this vein, we imagine that we are not actually watching failed analyses on the screen but rather witnessing, as audience, something critical regarding the scene of the termination of an analysis.

Bad Psychoanalysts

Most psychoanalysts on film or television are bad psychoanalysts. These bunglers violate boundaries by sleeping with their patients or falling in love with them. They act out aggressively or simply fail to act. They look more troubled than their patient; the point of the farce is to see how they exchange roles with their patients who often end up listening to the analyst's story. On the screen, the transformative power of patients over their therapists is impressive. In *Good Will Hunting* (1997), a shrewd patient (Matt Damon), a working-class math genius forced to be in treatment to avoid jail time, "cures" his therapist (Robin Williams) who decides to abandon his career as a psychologist altogether. The same plot device of reversal of roles is developed in *Don Juan Demarco* (1995). There, Marlon Brando plays a psychiatrist who is saved from boredom by the temporary delusion of his suicidal patient, Don Juan. The skilled storytelling of the young patient (Johnny Depp) reawakens the clinician's romanticism and thirst for life, just as he is on the brink of retirement. In *House of Games* (1987) the psychiatrist's cure results in identification—she becomes a con artist like her patient. In most cases, it seems that the analysts place themselves squarely in the center of a neurotic drama. In fact, the story that is portrayed on screen is often less a story about the patient's unfolding analysis— their history, dreams, fantasies, played out in the transference— than the analyst's cure, as if we were offered a tragic-comedic parable of psychoanalysis. The audience is conscripted

into the role of supervisor as they watch the cataclysmic failed treatment unravel before their eyes.

With a fascination leading to transgressive pleasure like that triggered by watching “funny fails” videos of people doing stupid things and getting hurt, we are invited to see how treatments derail. This is the main appeal of television shows like *In Treatment*, the American HBO drama about Dr Paul Weston, a charming, self-doubting, melancholic who, expectably, ends up responding to the passionate love of his beautiful patient Laura. However, when he tries to consummate the relationship, he is prevented by an anxiety attack. The touchstones in establishing the frame for listening as a psychoanalyst, like neutrality or abstinence, are only brought to bear on the screen by the audience --when the audience has to intervene and wish for the frame not to be broken. This may derive from the fact that a show that depicts a properly conducted treatment would be uninteresting and ultimately boring. There is nothing dramatic or funny when psychoanalysts do their job well. Who would get excited by the analyst’s silences, by empty speech punctuated by the repetition of a phrase that is only meaningful for the analysand, or laugh at the occasional hums, ‘yes, say more,’ and ‘let’s stop here for today’? For those watching, the action glides into something that is the stuff of comedy or when the timing fails, drama, only when the frame slips out of focus or is broken.

The appeal of the plot is that it forces the audience to disapprove of the analyst’s transgressions and thereby it reinstates a classical Freudian frame. This echoes with the fact that Freud’s most conspicuous and useful accounts of his own psychoanalytic cases are accounts of failures (for instance, Dora, The Wolfman, and the young homosexual woman). This is confirmed by *In Treatment’s* format: weeknight episodes each focused on one patient, followed by an end of the week episode in which Paul meets his clinical supervisor, who tries to guide him away from errors of judgment. If Freud was so pessimistic about the portrayal of psychoanalysis in film, and analysts like Glen Gabbard continue to feel the weight of the unrepresentability of our work, one that leads to stupidity if not sheer blasphemy, how as psychoanalysts can we write about film representations?

One interesting aspect to consider is the relationship between psychoanalysis and history. The origins of psychoanalysis are tied to the rise of technology, from the birth of the clinic and modern prisons as Foucault showed,³ to the emergence of the image, with Charcot’s reliance on pictures of hysterics as one of the first uses of film in the service of “science.” When Freud was writing to his colleague, Karl

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3 Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (London: Tavistock, 1973) and *Discipline and Punish: The Birth of the Prison* (New York: Pantheon Books, 1978.)

Abraham in 1924, psychoanalysis was a young discipline that would soon catch fire and spread contagiously, “like the plague” as Lacan claims he said to Jung.⁵ But psychoanalysis was always opposed to the field of vision, with Freud taking the hysteric away from the gaze of the doctor or camera and placing her on a couch where she could not be seen by, nor see, her analyst. Whatever success psychoanalysis may have achieved in the public eye, Freud always felt that its deepest messages would be resisted. Here is an idea that Lacan took further when indicating that psychoanalysis was fundamentally transgressive, at odds with the world, not compromising with the “moral” order and with capitalism more generally. The ethics of the analyst must be somewhere else, namely in relation to the impossible, to lack, to loss, and to absence. It was for these reasons that Lacan was adamantly opposed to the idea of psychoanalytic cure as a successful adaptation to the world. The idea that psychoanalysis and film could have a seamless relationship should perhaps be resisted along just these lines. The failed analyst on screen and the transgressions of analysis, speak the truth in just the right way. We will know we are in real trouble when there are no more movies about “bad” psychoanalysts! Film, as we have seen, shows the productive failure of psychoanalysis and includes the viewer in a psychoanalytic understanding of this process. This is nowhere better shown than in Moretti’s *The Son’s Room* (2001.) The male analyst is listening to a cantankerous female patient, who berates him for his equanimity. The analyst is there, silently listening to the analysand’s angry tirade. We hear his inner thoughts. He concludes that he has not done a good job, that he has failed in his task. We see his sad face as he assumes that this analysis is over. The analyst’s defeated thoughts are interrupted by the patient who blurts out gratefully, “I feel much better.” It is obvious that the analysand will continue the treatment. The scene, not devoid of comedy, shows an incongruity whose resolution is transformative for both. One might wonder if the portrayal of therapeutic failures and transgressions is the only way that one can depict a frame that is essentially silent; a position held by the analyst that is about an encounter with absence itself. To take this one step further, perhaps it is in the context of inducing a wish for psychoanalysis precisely through its failure, that an artful psychoanalytic play can be felt. Through the circulation of objects or people between analyst, patient, and audience, a matrix of desire is structured, bringing a fundamental truth about psychoanalysis to light. And more often than not, this revelation is punctuated by laughter.

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4 “Letter from Sigmund Freud to Karl Abraham, June 9, 1925 “

5 “They don’t realize we are bringing them the plague,” Freud supposedly told his traveling companions, Carl Jung and Sandor Ferenczi, upon arriving into the New York harbor in 1909. Even though those words may have never actually been uttered, Lacan’s story rings true for Freud’s effect was infectious. (Lacan 1966, 403/Lacan 2006, 336)

Take, as a playful comedic example, *What About Bob?* (1991) with Bill Murray and Richard Dreyfuss. This is a story about a manipulative needy patient, who follows his rather narcissistic and rigid psychoanalyst on vacation. As the patient infiltrates Dr. Marvin's family life, Marvin ends up having a nervous breakdown and is taken to the asylum where he had previously failed to lock up his patient. Of course this provides the comedic reversal in the film. However, looking more closely at the plot, one can see that the psychiatrist's narcissism is powerfully linked to an incestuous object, his sister. She is mentioned at several key moments, and her eventual appearance tips the action in the film, sending Marvin over the edge, causing him to exclaim: "Stay away from my sister!" Marvin goes mad and collapses, comatose in a wheelchair.

Marvin's relationship with his sister is presented to us in contradistinction to his contentious relations with his wife, son (Sigmund), and daughter (Anna), and in fact gives substance to his oscillating possessiveness and shallow aloofness. His sister (Lilith) is the fated surprise gift that his family bestows on him, as the Oedipal oracle decreed him to encounter her at the crossroads, on his journey towards his inevitable castration. Bob, of course, ends up marrying her, and through this forced separation from Marvin's incestuous love-object, the psychoanalyst is cured and recovers from his paralytic state. Interestingly, Bob's original symptom was phobia, and of course there is nothing quite like a phobic fear to keeps one incestuously bound to one's home: a theme Freud portrayed in his case study of Little Hans. The psychoanalyst's cure parallels that of the patient, precisely around the analyst's own attachment to an incestuous object and finally, its dissolution.

This leads back to our question: Why these screen fictions of failed psychoanalysts and psychoanalyses? Why, being coerced into viewing these scenes of therapeutic failure, do we enjoy them so much? And finally, what might these films or programs unwittingly depict beyond the reality of "bad analysts"? Might these films, like *What about Bob?* have something more profound to say about the psychoanalytic process? In particular, we would like to show how, within many of these screen depictions that involve psychoanalysts, the tragic-comedic action of the narrative involves a powerful confrontation with failure. This failure recalls what Lacan called castration. For us the bad image of the psychoanalysis we see on the screen can be a productive one as it offers a subtle depiction of what takes place at the end of an analysis.

Analysis Ending and Unending

While an analysis might take several years, a film must come to an end in less than two hours. We don't need Ingmar Bergmann's ingenious introduction of the figure of death into a film to understand the impact of the words

"The End" that always used to mark the close of classical movies. So when considering depictions of the analyst on film, we need to bear in mind both the end of the film and the suggestion of "the end" of the analysis itself. Certainly, as far as psychoanalysis is concerned, termination involves the literal end of a relationship and also suggests a judgment has been made about a possible cure. We might say that the play and process of an analysis takes place around the patient's own fantasies about the end, and their own fantasies of what constitutes a cure. When we speak of "cure" we speak of the desire that brought a patient to analysis to begin with, and what happens to that desire by the "end".

The question of termination haunted Freud till the end of his life. He wrote a pessimistic paper titled, "Analysis Terminable and Interminable" in 1937, that circled around the question of how an analysis ends, or can end. He argued that the end always seems to involve patients confronting what he called "the bedrock of castration", a kind of narcissistic dissolution of one's omnipotent fantasies, exposing the secondary gains achieved through neurotic illness that need to be shed. As the patient in the movie, *The Treatment* (2006) testifies to his analyst, who makes claims to be the last great Freudian, "it's more like a process of exfoliation". Freud said that the dissolution of the transference demands a confrontation with a limit that he called castration— in women, that they will never have a "phallus," and in men, a characteristic repudiation of femininity, meaning that they don't have the "phallus" either. Freud felt that the avoidance of this bedrock was practically a reflex and patients are more likely to choose to remain sick than allow themselves to be "cured" in this way.

Something must be given up in order to be cured and this necessity rubs against the powerful fantasies of patients who believe they are going to be given something by their analysts to make up for a sense deprivation and victimization. Quite to the contrary. The analyst who contains such magical gifts is only the projected omnipotence of the patient themselves. There is nothing but failure for the analyst who falls into this trap laid by the patient, and, of course, this is often exactly how our screen analyst fumbles. In *What About Bob?* Dr. Marvin cannot resist playing the one who "knows". As Lacan put it, the transference is the analysand's fantasy that the analyst is the one *supposed* to know. Analysis is a process in which the dissolution, duping, and destruction of the fantasized analyst's supposed knowledge is the condition of cure. The failure of the screen analysts depicts one of the most crucial subversions involved in the end of analysis.

For Lacan to love is to give what one does not have, meaning that we can only love from a place of castration or loss. The analyst is precisely a figure who knows how to give this nothing, so that this lack can be situated in the analysis, allowing a patient to recover the capacity to desire. A recent film that features a different sort of “therapy” (sex-therapy), *The Sessions* (2012), depicts this meeting between castration and love in stark fashion. The story centers around a disabled man named Mark (who is in most part confined to an iron lung, having survived childhood polio), who loses his virginity with a sex therapist, Cheryl. The frame is rigid—the therapist tells Mark that they are only allowed to have 6 sessions which illustrates the difference between her and a prostitute: her job is to prepare him to leave her, enabling him to move on and love someone else. One might say the same of analysis—a successful cure operates a transformation through which the analysand is able to drop the analyst. At the end of the treatment, analysands not only will be able to let go of the analyst as a prized object but while letting go of this attachment, come to terms with the fact that they are also objects themselves.

Of course, Cheryl falls in love with Mark (and he with her), but because neither act on their feelings, their work is brought to a painful but productive close. Cheryl leaves Mark with a gift: as we see her leaving the motel where they had sex carrying a full-size mirror that she wedges into her car. This gift is a portable equivalent of Lacan’s mirror stage, for in a flashback we see her showing him his own reflection and telling him ‘this is your body’ as if the assumption of their sexual union had led him to fully acknowledge his body. If the acknowledgement of his body is Mark’s gift from the therapeutic relationship, Cheryl’s is the discovery of her own desire, a desire for him. This desire comes at a price and the loss runs in both directions, for both Mark and Cheryl alike. The sexual act between the two protagonists seems less important in the film than the evocative therapeutic discoveries achieved through it.

The Sessions takes up the recurrent theme of the psychoanalyst, therapist or psychiatrist and the patient falling in love, but it does so with a very particular twist, for in this case, falling in love means the end of sexual union. We discover that the end of the film not only depicts the end of their “sessions” but also the end of Mark’s life. We witness the interim period between one end and the other (Mark’s post-analytic life) through the eyes of Cheryl as she listens to the eulogy given by his wife, a woman he met after his therapy with Cheryl. A poem written by Mark and read by Mark’s wife at his funeral is, we know, a poem he had written to Cheryl. This ending is not so dissimilar to the end of *What About Bob?* though it should be noted that *only* the movie about work with a “sex” therapist has an effective termination—the reversal of all reversals since sex with one’s analyst is a therapy that can never terminate since the attachment to the analyst caused by transference is acted out in reality rather than being relinquished and thus resolved.

The loss of the love-object is also a key element in *The Treatment*. The movie opens with Jake Singer, an English teacher in an exclusive Manhattan private school, being rejected by his girlfriend. While she tells him of her marriage plans (she is engaged to someone else) she asks Jake if he is also “seeing” someone, meaning a therapist. In fact, Jake has been in psychoanalysis with the self-proclaimed “last great Freudian” in an effort to work through the failures of his doomed romantic life. He soon falls in love with a beautiful widow, Allegra, whose adopted son attends his school and who is trying to finalize the adoption of a baby-girl who already lives with her. Because she may lose custody of the girl due to her single status, Jake’s analyst suspects that Allegra may be using him in order to improve her chances of securing custody and fool the adoption agency in the process, and so warns him against any emotional involvement with her. The analyst, however, had already admonished Jake for his tendency to prefer women who are unavailable, so this intervention may be a ruse.

At awkward moments, as when in the toilet with a bout of diarrhea triggered by a brief flirtatious exchange with Allegra, Jake hallucinates impromptu visits by his analyst, who admonishes him like the most inopportune super-ego. In his imagined appearances, as well as during his regular analytic sessions, Dr. Morales (morals!) offers pointless advice that Jake ignores every time. Head-over-heels in love, he pretends to be Allegra’s dead husband and almost botches the adoption process, thus depriving Allegra of what she wanted most. Meanwhile, Jake had asked his father to find his deceased mother’s wedding ring, a precious object for both father and son, which Jake does not get a chance to give to Allegra. Only when both lovers accept that they may lose what they desire most, can the couple come together and the happy ending takes place. This reveals the almost chimerical function of the object— it can only come into being when lost. The loss of the object as enabler of love is a common trope in romantic comedies, reiterating the fact noted by Lacan that love is to give what one does not have to someone who does not want it.

The object that causes desire is inaccessible. Lacan calls it “object petit a” to refer to the “little” objects that govern the experience of the child who often ends up wanting to be the object of the attention of the m(O)ther. The child will in due course want to be what the m(O)ther desires and thus become a desirable object. When mother and child separate, thanks to what we call castration (a separation by which both mother and child renounce to a state of fusion), there is, however, a bodily reminder of the union. Something “falls out” from that originary relation of the subject and the Other. Lacan relates these objects that fall from the child’s body to Freud’s drive objects and makes a relatively limited list of them—the breast, feces, the gaze, the voice. While desire has no object other than its satisfaction, the object that causes desire is

“something” that must be lost, a brutally extracted pound of flesh; this is a tale that is often replayed in the end of analysis. The movie *Antichrist* (2009) shows in its tragic dimension the horrors generated by the failure of this process of separation from the object.

Antichrist: The Failure of the Tragic Model

Lars Von Trier’s *Antichrist* has been one of the most controversial films of recent years. It is a cautionary tale that asserts: if you treat your spouse therapeutically, be prepared to learn *all* about castration! While the therapist in the film is not a psychoanalyst but a cognitive behavioral therapist who uses exposure therapy in an attempt to “cure” his wife’s melancholia and fits of panic after the death of their young son (their little boy, Nick, fell from their apartment window while they were having intercourse), we would argue that the movie is keenly aware of psychoanalysis and acts like a parable for its most crucial lessons. Once again, it is best to represent psychoanalysis in absentia.

The film pits the rationalist psychology that defines the contemporary world against psychoanalysis and its historic predecessors, religion and pagan naturalism. “Dreams are of no interest to modern psychology,” quips the wife, “Freud is dead, isn’t it?” to which the husband laughs in approval. His belief in the value of rational and cognitive explanations is questioned by his wife’s stalled mourning, rage, terror of death, and internalization of the war between the sexes (which she calls “Gynocide”).

In fact the drama unfurls as his hyper-rationalism reverses into an even more brutal form of irrationality, while her melancholia deepens into a kind of psychosis. Thus, the confrontation between husband and wife (named only “He” and “She” in the film), centers on this failed “rational therapeutic” encounter, in particular at a place where loss (and all its guises from death to femininity to trauma, to castration and sexuality) must be situated. “Now I can hear what I couldn’t hear before. The cry of all the things that are to die,” she tells her husband. This loss, denied its place, forces it to return in what Lacan calls the Real. This unfathomable realm beyond representation becomes almost perceptible first in the form of this cry, and second, in her acting-out where she attempts to inscribe it brutally in their bodies by cutting off her clitoris with a pair of scissors, smashing her husband’s testicles, and drilling a hole in his leg.

It is important to discuss the opening sequence of the film in order to understand the movie’s violent denouement. It powerfully depicts the primal scene and the subjective consequences of witnessing this act. Trier portrays the act of coitus between husband and wife in explicit, almost pornographic, detail. Against the background of quotidian domesticity (a running laundry machine, a dripping shower, a humble water bottle, an animal wooden puzzle) the intense sex scene unrolls,

taking the couple from the shower to the marital bed. The camera registers in slow motion the passionate sex scene punctuated by the successive falls of objects—a glass with toothbrushes, a water bottle, three metal statues of beggars (that represent pain, grief, despair), the copulating bodies, various toys, and eventually, their child.

The mother, abandoned to her enjoyment, what Lacan calls *jouissance* (that Von Trier is at pains to show on her face throughout) lets her child fall, slip away from her. And the toddler's fall from an open window — shown in excruciating slow motion— is interspersed with this scene of passionate love-making, which the child stops to watch before he climbs out the window. In the exact moment the mother reaches orgasm, the child falls to his death. The next time we see this mother in *souffrance*, she will be at the child's funeral. Love and mourning are tightly interwoven. The camera pointed back at the funeral procession from the hearse with the small coffin, shows this mother— without a trace of emotion on her face in stark distinction to the previous scene—suddenly collapsing to the ground, as her husband, visibly grieving, fails to notice.

This scene is the set-up for the rest of the film, where the husband-therapist will attempt to save his wife from her acute melancholia in their country retreat, "Eden." For Lacan, that which is beyond symbolization is the mix of pain and pleasure that he calls "*jouissance*," especially the *jouissance* of the m(O)ther. *Jouissance* is something terrifying and excessive. Psychoanalysis is often spoken of as a coming to terms with *jouissance*, which our identities, reason, and neurotic symptoms more generally attempt to shield us from. Symptoms act as a barrier against an enjoyment experienced and denied, a history of traumatic pleasure and pain transmitted through the generations. *Jouissance* is situated in the place beyond language that Lacan calls the Real, in a state of radical objectlessness.

It is for this reason that it is so terrifying for any child who, entirely dependent on this Other, need to believe that they are the mother's precious object. That is, the child needs to find a lack or loss in the mother, an empty place that they might try to fill. The lack is crucial for the development of a separate subjectivity. We must construct the object as a representative for this lack or loss in order to contain and separate from an impossible *jouissance*. Such is the function of language, our place as speaking-beings. One might also view the unconscious as that which is used in this process of signifying or constructing loss. This is why psychoanalytic symbolic work has often been described as a process of mourning.

So it is fitting that the cognitive therapist-husband is having difficulty locating the object of his wife's irrational fears. In a piece of paper, he writes a list trying to construct a pyramidal representation of her fears, but *what* she actually fears remains a mystery to him— Is it Eden? Satan? The woods? Death? Initially, while he presses for an

answer, pencil and clipboard in hand, she cannot name the feared object. “Can’t I be afraid without an object?” she asks. Later on, when she tells him about the cry of all that is to die that she heard in the woods of Eden, he feels vindicated: “Eden triggered your fear, you tied an irrational emotional event to a place, it was the catalyst. The scream wasn’t real.” But that night *He* has a nightmare, and when she wakes up and claims to be happy again and cured, we come to understand that this is only the beginning of a series of brutal attacks born out of a wild unhinged sexual-cruelty. The cognitive therapy techniques may have cured her melancholia but they seem to have triggered a madness within her. No longer relegated to unconscious dream-life, they dream the Real awake—the intractable outside, severed from symbolization, can only be half-glimpsed in a nightmarish terror. His attempt to finally fill the hole of her loss with his explanations, and by positioning himself as the agent of all that is real and rational, seems to push her over the edge. “Don’t leave me,” she screams, as if to send him back his desire, to put a lack there where it failed to exist. With this complete circle established between them, loss must literally be created: in the case of *Antichrist* through mutilating her own and his genitals.

“The one who knows how to open the object in the right way with a pair of scissors, is the one who is the master of desire,” writes Lacan (1964-1965, p.105). The psychoanalytic cure finds a way to give representation to absence, playing at the borders of sense and meaning, unraveling symptoms and phantasmic history, which is how its work proceeds as a process of mourning and symbolic castration. Our patient in *Antichrist* enacts this cure in reality, with scissors no less, rather than through speech, dreams, and transference. What is brought to light is the brutality of rationality in the face of a loss intrinsic to the meaning of being human. If Eden is anything, it is a place before the fall, before subjectivity as we know it, and this Edenic nature, far from paradise, is, as Von Trier depicts it in the film, Satan’s church. Our fall is a fall *into* the grace of loss, the “callous grace” according to the ominous words of a wolf who, surprisingly, speaks. The wolf not only talks, it also eats its own entrails at the conclusion of the second chapter of the film, evocatively titled “Pain (Chaos Reigns).” This chaos is the chaos of speech. Paradise is lost in words that transform sexuality into “sin.” Von Trier’s great reversal here is that Eden— as oneness with nature and sexuality— is a horrific, chaotic, unbearable place. Mourning could have been its cure, a humanization of sexuality.

Freud (1908)⁶ said that the child always interprets the primal scene as a sadistic act—kids have no language to understand what is seen. Lacan extends Freud’s interpretation of this encounter to mean a witnessing of a kind of impossible fullness; the primal scene is for

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6 (1908). On the sexual theories of children. SE, 9: 205-226.

Lacan a representation of parental figures that have no lack; sex is seen as a brutal attempt for its participants to possess one another, a terrifying cannibalizing enjoyment. So while the film begins with the child witnessing the *jouissance* of the primal scene, it ends with its enacted interpretation to fatal consequence: in the beginning there was Eden, a lawless world of too much presence, one in which the horror of nature and maternity reign. If psychoanalysis is a coming to terms with both this horrifying world, it is also a draining of it— its *jouissance*— in the direction of radical separation and desire.

Structurally, the mother's melancholy is ultimately incurable because she seems to the audience either psychotic or possessed by the devil. And the fears that her husband tries to dissolve with exposure therapy seem to confirm that at times a phobia can be a spontaneous cure, a sort of holding place, a way to handle something that cannot be otherwise dealt with. Her fears were her idiosyncratic way to maintain her sanity; she goes mad once the phobia is unleashed. Or perhaps she was witch like the women burnt at the stake that she studied in her uncompleted thesis on misogyny. We prefer to venture a different interpretation of the disquieting revelation concerning the son's deformed feet, a disability that has been caused by the mother's inversion of his shoes. Already in the opening scene we see at the bottom of the crib the baby boots inverted, right shoe on the left, left shoe on the right. Later, when the husband questions the wife about this, we witness a flashback of the child crying in pain as the mother forces him to wear his boots on the wrong feet. Not only do we have a horrific display of maternal cruelty, but we see that this child could never be appropriately mourned because he was not inscribed in the Oedipal structure. Oedipus, as is well known, had swollen feet, which allowed him to solve the riddle of man. This son, perhaps persecuted because he is male, was the object of the mother's confused ambivalence, and not yet a separate individual. Therefore, the mother's own mourning is impossible; loss is masked and obtruded, replaced by her psychotic version of melancholy.

We conclude that the husband cannot terminate his treatment with his wife, one which he never should have begun in the first place. Both husband and wife were already in violation of a fundamental law, playing the part of master and God or Satan if you wish, as it is rumored that Lars Von Trier initially had planned to write the script of *Antichrist* to reveal that Earth was not created by God but by Satan. The husband plays a bad psychoanalyst whose violation of the law is turned back against him for just as she is "cured" by him, her symptom re-emerges in even more brutal form: "You wanted to cure me in order to leave me," she screams, and by castrating him (by attaching a weight through a hole drilled in his leg so he "can never leave") she makes him her absolute object. There will be no separation, no loss, no termination.

As we shall in other examples, so many films that depict therapists seem to need to circle around these themes that deal with the role of termination in psychoanalysis. The end of analysis entails a dismissal of the analyst; Lacan went as far as to crudely claim that this meant that the analyst had to be rejected 'like a piece of shit.'⁷

Melancholic Analysis

We have explored elsewhere⁸ the chimerical status of the lost object as key to understanding why some people manage to work through loss and find a substitute for the lost object, whereas others remain inconsolable and refuse to let go and – in some cases, following it to death, as we have seen in *Antichrist*. Mourning and melancholy are themes of interest not just because the clown class and the successful stand-up comedian very often struggle with depression but because the analyst/therapist/psychiatrist who falls madly in love on the screen or is “cured” by the patient, is often melancholic. Let us take a look at *Shrink* (2009) to illustrate this point. This film combines the “falling in love with a patient” trope with the deadly spiral into the self- destruction of melancholy. Henry Carter (Kevin Spacey), a shrink to the stars and author of a bestselling self-help book *Happiness Now*, is clearly in a state of personal dereliction. After his wife’s death, he turns to marijuana. The only source of joy in his life seems to be his drug dealer’s visits. Every night Carter drinks until he passes out, waking up still dressed to resume another grueling day of analytic appointments, which he tolerates by stealing the odd pot-smoking break outside his luxurious Los Angeles office.

Carter’s shift to good health is sparked by his connection to a new pro-bono patient, Jemma (Keke Palmer). She is a poor African American high-school student who aspires to become a filmmaker, often cutting class to see movies. She ends up in his office after being mandated by her school to see him after punching and breaking a mirror. Both Carter and Jemma share a similar grief. We learn that her mother, like Carter’s wife, had committed suicide. An aspiring screenwriter named Jeremy, loosely connected to Carter’s deceased wife, learns of Jemma’s story and steals her clinical file from Carter’s office. Jeremy briefly befriends Jemma and writes a screenplay about her troubled life. By chance, Jemma discovers the script and Carter starts to take responsibility for her feelings of anger and betrayal.

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7 'The end of analysis has never been explained to us like that. What is this analyst who is rejected like a piece of shit? Shit disturbs people enormously. There is not just shit in the object but often it is as a piece of shit that the analyst is rejected. That depends uniquely on the analysand. It is necessary to know whether for him shit is really what was at stake. ' (Lacan, Seminar XV, Unpublished, 27.03.1968.)

8 Jamieson Webster and Patricia Gherovici, 2012

Identified with the lost object, rather than making a scene, Carter, jumps off the stage; he is as lost as his object. Highly intoxicated, he confesses on a live television talk show that his wife committed suicide and storms off the set declaring that his book, *Happiness Now*, is “bullshit.” He stops treating Jemma, who nevertheless seems to have concluded her mourning and reached her own resolution by directing the movie of the script that had so distressed her. Carter learns this, disposes his drug supply, and visits the home of another patient, a beautiful actress to announce to her that he will not see her anymore “... professionally.” She smiles. End of the treatment, beginning of the love story. As the movie closes, for the first time, we see Carter in pajamas going to sleep alone in the big, half empty, marital bed.

In “Mourning and Melancholia” (1917), Freud proposed that the lost object is not the same in mourning as it is in melancholia: “Mourning is regularly the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one’s country, liberty, an ideal, and so on” (Freud 1917, p. 234). Freud makes a distinction with melancholy, where “the object has not perhaps actually died, but has been lost as an object of love.... In yet other cases one feels justified in maintaining the belief that a loss of this kind has occurred, but one cannot see clearly what it is that has been lost.... This would suggest that melancholia is in some way related to an object- loss which is withdrawn from consciousness, in contradiction to mourning, in which there is nothing about the loss that is unconscious’ (ibid., p. 245).

For the mourner, it is the lack of the object that causes the suffering, whereas for the melancholic subject, the object of grievance is not really lost but rather maintained within the subject, buried alive in the ego, from where it remains and causes intense suffering, becoming a devouring vortex of pain. Freud sums this up with his usual eloquence: “In mourning it is the world that has become empty; in melancholia it is the ego itself” (ibid., p. 246).

In counterpoint with Carter’s despondency, Jemma appears deeply saddened and puzzled by the loss of her mother, and yet she is able to move on and choose life—she is a mourner not a melancholic. One should not be misled by the fact that Carter rejects the intervention orchestrated by his friends who try an involuntary hospitalization to treat his addictions with the allegation: “It’s grief. They want you to have some kind of normal response to grief, you know, so they don’t have to watch. But it’s ‘mine’.” While Carter’s pain of existing is palpable, it is clear that he is not really mourning and his “compassion fatigue syndrome” is a cruel melancholic state in which the lost object is buried within. For Freud, melancholics do not know what it is in the lost object that they desire, thus they cannot begin the “bit by bit” psychical symbolic work of mourning that Jemma performs.

Freud describes mourning as the painful passage over the traces that belong to the object in the subject's mind; a way of discovering the object desired and constructed through of a series of representations that was in fact always bound by loss. In one scene, we see Jemma getting rid of a huge collection of movie tickets hanging from her ceiling that she kept as mementos of the films she watched with her mother. She can let them go and accept the loss they represent. The melancholic, however, identifies with and holds onto the lost, abandoned, or dead object in what Freud calls a "hallucinatory wishful psychosis."⁹ Carter does not seem to miss his wife; his ruminations are not about the loss of her, but about death itself: "It's all bullshit. It's all bullshit, and then you die," he tells his father (also a therapist to celebrities), who responds, "We knew that going in." Carter's bestselling book's title is *Happiness Now*, a title that seems to echo the cruelty of his super-ego's demands.

The key to resolving Carter's dereliction is revealed in the signifier "bullshit." He had complained to his father that "It's all bullshit, and then you die." Only when he admits publically, on camera, that his recipe for happiness is bullshit, can he be free from the ferocious grip of his super-ego. If you lie, you know the truth and choose not to say it, but when you bullshit, as Harry Frankfurt (2005) shows, you lose that distinction.¹⁰ Yet when Carter confesses that his book is bullshit, he puts himself at a distance from his own bullshitting and regains a certain truth. No longer rejecting his unconscious, he makes room for loss and thus also for desire— even if it is at the cost of a certain transgression—but now he is finally able to reclaim his side of the empty bed. He had started to mourn, helped, perhaps, by one of the possible embodiments of the object of desire—shit.

Lacan points out that the obscure object that causes desire is a lost object and as such cannot be contained in the image. Since the aim of the drive is not directed at an object but at satisfaction, the object of the drive is nothing. This nothing functions only as a stain or blind spot in relation to an image, much as desire is forever a blind spot with regard to our sense of self. In relation to the question of the analyst on screen, we wonder if staging the object in film through these peculiar transactions around failure is the only way to bring its presence to bear. Freud himself had little hope for film as an effective medium for capturing the work of analysis. As he wrote to Karl Abraham in 1925 about the film *Secrets of a Soul* for which Abraham was acting as a consultant for: '*My chief objection is still that I do not believe satisfactory plastic representation of our abstractions is at all possible ...*' (Freud 1925 p. 547).

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9 Sigmund Freud, 'Mourning and Melancholia,' in *The Standard Edition*, 14:244–45.

10 Frankfurt, Harry (2005) *On Bullshit*, Princeton, NJ: Princeton University Press

For Lacan, a basic psychoanalytic tenet is that at the end of an analysis, the object that becomes crystallized around the figure of the analyst, falls, loses being, and drops away. This making present of absence confronts the subject with choice, and her choice entails a sacrifice: either your life down the toilet or your object of *jouissance*. However, such sacrifice will allow mourning to take place. Short of a position of melancholy, the work with loss, called by Freud “our abstractions,” is hard to portray. An ethical act will only retain its radical edge if this particular kind of failure, loss, and sacrifice, can be represented with it. Psychoanalysis is not a story of Spielberg-triumphalism, but neither is it melodrama; the most productive model for psychoanalysis is comedy because while located at the border between *jouissance* and meaning, it allows us to move a step further from catharsis. As Lacan explains, unlike tragedy where action realizes desire in death (seen in all its gruesome glory in *Antichrist*), in comedy desire exceeds action: “One must simply remember that the element in comedy that satisfies us, the element that makes us laugh, that makes us appreciate it in its full human dimension, not excluding the unconscious, it is not so much the triumph of life as its flight, the fact that life slips away, runs off, escapes all those barriers that oppose it...”¹¹ Perhaps in positioning the ethical desire onto the audience, and failure and loss onto the screen characters, a play can be seen to exist between a subject of desire and the lost object that characterizes the trajectory of analysis. To know for certain, we would have to look further into what Lacan calls the ethics of the analytic act as portrayed by film.

Ethics of Loss

Does Carter’s shrink make an ethical choice? It is not clear, but by no longer compensating the loss with drugs, booze or bullshit, he is closer to realizing a kind of truth. A good example of the necessary ethical decision that needs to occur on the path to “cure” in analysis, is illustrated in the quirky Franco-German humorous neo-noir thriller, *Mortal Transfer* (2001) by Jean-Jacques Beineix, who previously directed *Diva* and *Betty Blue*. In the film, the Parisian psychoanalyst, Michel Durand, drifts off to sleep during a session with Olga, a sexually attractive masochist and kleptomaniac, who is married to an abusive gangster. Upon waking, he finds her dead on the couch from strangulation. Durand places the corpse under the couch and continues his clinical practice but is later (unsurprisingly) dragged into a web of intrigue. One interesting scene pays homage to the pun of the movie’s title. In French “transfer” means both transference, as in the traditional psychoanalytic term and transfer in the sense of relocating something from one place to another, such as a

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¹¹ Lacan, *Seminar VII, The Ethics of Psychoanalysis*, p. 314.

monetary transaction, or movement of assets. Transference is a condition of psychoanalysis: a successful treatment is a “transfer”--it causes symptoms to transform, pass from one state to another. This “transport” relies on a libidinal redistribution in the unconscious economy, bringing about a subjective transformation. Transference conveys a movement that is key to the cure - one that entails a redistribution of enjoyment, a release of symptoms, a surrendering of *jouissance*, a necessary loss that allows for termination to occur.

Among the several characters that Durand engages with, is a homeless man dressed in a Santa Claus outfit who calls himself a “lottery victim” because after winning the jackpot he developed an irrepressible compulsion to burn money. He names himself “Erostratus” for having set everything on fire, and he manages to live off people’s charity by begging on the streets - as long as he’s tossed coins, which he can’t burn. Erostratus eventually becomes Durand’s patient. Initially he offers to exchange small chores for the sessions but soon realizes that he needs to pay for his analysis for it to work. To prove his commitment to treatment, Erostratus arrives with his shopping cart seemingly just full of rubbish from which he produces a wad of bank notes --the millions whose disappearance have led to the murder of Olga.

Erostratus offers Durand this huge amount of cash to pay for his analytic sessions (he admits that since it is paper money, he had already burnt one million), but Durand refuses the offer. Warning Erostratus that an analysis can take an extensive period of time, Durand says he can only be paid at each session rather than in advance. Erostratus has to keep the money and use it for his treatment. This gamble forces him to choose between his symptom and his wish to be cured. The analyst’s intervention encourages the homeless man to pay, and, by the same token, enables him to relinquish his symptom, and profit from the enjoyment of living without it. The analyst’s intervention provides the patient with an opportunity to make an ethical choice. In other words, the entrance into analysis implies a yielding of symptoms, which implies a forced renunciation of *jouissance*, lifting the destructive *jouissance* of arson, symbolized by the money that will not be burned but used at its right place, that of the universal equivalent of value, and in this case used to pay for analysis. The ethical turning point hinges on this object x, money, and the fantasy of having it all or losing it all. The reinsertion of money in the “normal” circuit of exchange reinserts the homeless man into the symbolic system of shared values. This is a rare example of a successful psychoanalytic act depicted on the screen. Nevertheless, despite his abnegation facing the offer of a fortune, Durand is nevertheless a “bad” analyst--he is convinced that he may have murdered his analysand and then, not knowing what to do, hides the corpse under the couch. This aspect of the narrative is a telling allegory of the demise of classical psychoanalysis in France.

There are a number of cinematic variations on this theme of the ethical quandaries of analysts. Of note are Nani Moretti's *Habemus Papam* (2011) and *The Son's Room* (2001). The uncannily doubly prophetic *Habemus Papam* focuses on a pope who steps down from his elected position as well as portraying a supreme pontiff who asks for the help of a psychoanalyst. In 2017, pope Francis revealed that in his early 40s, when he was the leader of the Jesuit order and still living in Argentina, he did a psychoanalysis with a Jewish woman and now he fears nothing. Unlike the actual 2013 abdication of Pope Benedict XVI, Moretti's pope does so before he has taken his holy seat and this "decision of desire" is made as a result of psychoanalysis. His resistance to the office is emphasized by the panic attack he suffers just as he is about to step out onto the Vatican balcony overlooking St. Peter's square to reveal himself to the people as their new pope. The cardinals cover for the delay, by announcing that the (still publically unnamed) pope felt the need for prayer and reflection before taking his vows, when in fact they suspect some form a breakdown and send for a psychoanalyst. What is interesting about the film is the focus on the anxiety around the lack, in particular a lack felt in time as waiting, created by this pope's stepping back or stepping down. One might even say, what is depicted is the anxiety produced by his silence, (not dissimilar to that created in a patient in response to the analyst's silence). The function of the pope is thus to hide an anxiety and to pretend there is no lack or absence. This is illustrated in the paradox of the phrase, *Habemus Papam* (we have a pope) perhaps meaning, we will always have a pope, we must have a pope. It is close to the creed of divine kingship, "the king is dead, long live the king."

The question of loss or lack is at play between the analyst (who has to stay inside the Vatican because nobody is allowed to leave the premises until the name of the new pope is announced while the pope himself escapes and wanders the streets of Rome) and his own wife, also an analyst (the second best after himself and with whom the pope will eventually consult). The male psychoanalyst kept in the Vatican, describes her as a brilliant clinician despite a certain fixation with the idea of "parental deficit." The idea of deficit seems to resonate with the pope, who upon election said he felt a deep feeling of uselessness and just wanted to be allowed "to go away," to "disappear." Interestingly, he seems to need to return to his favorite play, Chekhov's *The Seagull*, which is about mourning for one's life and the problem of stable meaning. One could say that this encounter with lack is what enables him to make a final, ethical decision, resigning from his Papacy with the words, "I am among those who cannot lead, but must be led. I am not the one who can confront all with love and understanding. Pray for me." The irony of course is that someone who is capable of reaching this awareness is much more capable to lead than one who is not as self-reflective.

As we have seen, this is also true of Nanni Moretti's, *The Son's Room*. The analyst tragically loses his son and likewise comes to a decision to step down and retire from his practice. He is wrecked by the loss that he can't stop revisiting every day. Before the devastating loss of his son, the analyst is depicted by his patients as someone with whom "one never feels guilty," someone "so tranquil, so serene," a benevolent figure, and as such, also being a bit bored, boring, and impotent. Another patient even says to him somewhat sadistically, "everything is fine in the face of you, you are so calm and giving, all will be forgiven. Does no one have to pay for anything?" In fact, his son dies in a diving accident at the same time he dutifully visits a patient out of normal office hours, on a Sunday. This forces the analyst to reflect on his place in relation to his patients.

The loss *in* the analyst, and the enactment of this with his patients by abandoning his practice, surprisingly enables his patients to overcome their symptoms. Even his morbidly obsessional patient who controls everything in her day-to-day life (who, for instance, forces her husband to make compulsory appointments (or what she calls "dates:") with her each evening to allay her anxiety), is able to forgo a referral to another psychoanalyst. She says to him, "I think I'd like to try to do without it," and then asks, "When will you return to work?" He says he doesn't know or know if he ever will, and she replies, "I'll wait. It'll be my next date." She can finally tolerate the anxiety of waiting, allowing a break in time and presence. Just as we see with Moretti's *Habemus Papam*, one finds the true position of the analyst at the moment of the ethical decision to stop or end; it is a metaphor for psychoanalysis at its moment of disappearance, failure, and falling away. So, it is not so much that these films are about the failure of psychoanalysis, but rather that they speak of the ethics of act: the position of the analyst as the one who will not suture the lack that defines us. These films create this possibility through playing with the audience's (transgressive) enjoyment and then by confronting them with the possibility of its loss. Only then is the assumption of desire and ethical choice possible, something perhaps best represented in *absentia* or this space in-between. Let us explore this thesis with another bad psychoanalyst, the charming Dr. Saul Benjamin, who engages in acts of moral turpitude.

Lovesick: A Comedic Parable of Psychoanalysis

In his many papers on psychoanalysis and film, Glen Gabbard has criticized the cinema for its inability to depict the accurate work of psychoanalysts (see Gabbard 1985, 1989, 1997, 2001). The distortions, to his mind, are created by unresolved transference fantasies, whether sexual or aggressive, that are harbored by the writer/director of the film. The analyst's failure, in other's words, should be seen as the patient-

writer's failure to contain or prevent their own transference fantasies from influencing depictions of reality within their films. Woe to the psychoanalyst who is so blatantly mischaracterized in movies! We are the hapless victims of patient's everywhere and their imagination gone wild! What will the public at large think? This latter question is of great concern to Gabbard.

Perhaps a more generous interpretation of why these bad psychoanalysts are failing and flailing all over the screens is that these representations *are* an accurate depiction of something important to the analytic process, something which cannot be captured in a narrative structure, especially in often linear imagistic constructions. In fact, would not Gabbard's good analytic film be utterly boring? Would audiences want to watch the analyst with his strict frame, his adoption of supposedly correct interpretations and interventions, who ushers the patient into the sacred halls of health. And is this even really how psychoanalysis works from beginning to end? Is this a depiction of the ethics of psychoanalysis?

Interestingly, *Lovesick* (1983), written by Marshall Brickman who shares writing credits with Woody Allen on *Annie Hall* (1977) and *Manhattan* (1979), is the film that Gabbard sees as the most obvious example of a distortion of psychoanalysis, may prove to be the contrary. Gabbard writes:

Lovesick is perhaps the most insidious and potentially malignant depiction of a psychiatrist acting on erotic countertransference feelings that has ever appeared in film. Other films which have touched on the subject, such as *Knock on Wood*, *Love at First Bite*, and *What's New, Pussycat?* are so ridiculous and farcical that no reasonable audience member would take the psychiatrists' actions seriously. Movies such as the made-for-TV *Betrayal*, based on an actual case of a patient's seduction by her psychiatrist, portray the psychiatrist as a clearly sick man rather than a typical member of his profession. *Lovesick*, by contrast, portrays Moore in a very sympathetic fashion--he is not shown as an outrageous caricature, but rather as an ordinary man in love (1985: 173).

It is especially "destructive" because the depiction of analysis is in fact close to "accurate" while still making a farce of the profession by depicting the sexual transgression of an analyst with a patient. "Countertransference" which technically refers to the reaction elicited in the analyst by the analysand's transference, is often used to describe the analyst's entanglement with the patient's feelings, and is a word often thrown around in the film. One witnesses failed attempts at supervision under the persecutory, disapproving eye of the analytic society. Unlike conventional plots with a moralizing aim, those movies in which lost women always die at the end, here the transgressive psychoanalyst does not seem to show any remorse; he not only gets away with breaking the rules, but lives happy ever after.

The problem for Gabbard is that *Lovesick's* main character, Dr. Saul Benjamin (Dudley Moore), is rather likeable and the film becomes an attack on the orthodox institution of classical analytic elders who look more comical than the benighted doctor in love with his patient. In the end, Benjamin 'escapes' into a more spontaneous world of love and Samaritan aid (he decides to work in a clinic for homeless schizophrenics), while his senior colleagues are left to their 'dead society' and the interminable treatment of rich narcissists that sustain them. To be honest, we aren't sure that this isn't an accurate assessment of the field, especially in the echelons of Upper East Side New York psychoanalysis. The attack may simply be justified. Further, we are quite in agreement with the final word of the film given by a fictional Freud (who acts as Benjamin's conscience): "Psychoanalysis was an experiment, it was never meant to become an industry!"

To push our point further, what isn't mentioned by Gabbard is the origin of the *folie à deux* at the heart of the romantic comedy. As Lacan observed, there is something "irresistibly comical" about people in love¹² and refers to the nonsense of love as "funny business" (*betise*).¹³ Dr. Benjamin has to step into the shoes of a dead man with a secret. Just before his sudden death, his analyst is seen at party confessing to Benjamin that he was madly in love with a patient; Benjamin ends up inheriting this woman as a new patient who is referred to him after the unexpected death of her first analyst. Predictably, like his diseased predecessor, he falls in love with her.

As mentioned earlier, this isn't the first time that death permeates the analyst (and patient) on film. (*Antichrist, The Sessions, Mortal Transfer, Habemus Papam, The Son's Room, The Treatment, The Shrink* and even the comedy *What About Bob?* where psychoanalysts are referred to as "a dying breed"; and where, in the closing titles, we are told "Bob went back to school and became a psychologist. He then wrote a huge best seller: 'DEATH THERAPY'.") Death points to something intrinsic in the analytic process.

Once more, the object becomes central in *Lovesick*. It is triggered by the confrontation with a female patient referred to Benjamin after her own analyst had died. She functions to rekindle the analyst's fantasy life. This awakening causes him to make awkward slips of the tongue; parapraxes such as forgetting the time during the sessions. He takes pills and drinks excessively in an attempt to regulate himself from fits of orality but is overcome by voyeuristic impulses till he finally gives in and confesses his love to her. Following the stern advice of his supervisor, Benjamin tries to break off the affair by explaining to this patient the

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12 Jacques Lacan, *Seminar VIII, On transference*. p. 134 in the French version.

13 Jacques Lacan, *Seminar XX*, p. 12.

concept of transference. She answers “Well, you’re not going to treat me anymore” to which he replies “Treat you? We have been to bed. Hopefully there is no way in the world I could be your patient again.” She quickly corrects him: “Analyst!... you cannot be my *analyst*.” The slip of the tongue reveals the recurrent trope of role reversal and the truth of Dr. Benjamin’s positioning.

Dr. Benjamin even returns the money his patients have paid him, one of many attempts to create a lack. Benjamin states to his supervisor, during an important moment of wrestling with his transgressive countertransference love, “the problem is that my life is tolerable” — namely, there is no lack and so no desire. This proliferation of objects begins to highlight the necessity for a lack to be given representation. Isn’t it precisely in transference love (but here, countertransference love) that one inevitably does this in analysis? Gabbard is annoyed with this scene of supervision; the older supervisor falls asleep during the supervision and seems to be confident that Dr. Benjamin will not act out simply because he trained him. This confidence is asserted in another scene when the supervisor is questioned about his mentoree’s transgression by senior colleagues. But, let us take a look at the “analytic” characters in the film. There is a dead analyst (from whom Dr. Benjamin inherited the patient he ends having sex with) a sleeping supervisor who appears all too comfortable with his power, and the protagonist, Dr. Benjamin, who seems content yet bored with his non-eventful life as a clinician. Dr. Benjamin’s behavior pulls out the rug from under all the bad psychoanalysts in the film (including himself) when he confronts the deadness and indeed slipperiness of his own desire— a desire previously maintained in an objectless “tolerable” state.

The psychoanalytic cure offered by Dr. Benjamin and his colleagues then is, in fact, no cure. Discovering this through a confrontation with the object in his fantasy, he is forced to leave his old, corrupt psychoanalytic identity behind. Their sense of their own authority will never be a means for desire to find its place in relation to radical loss. He is, like the wife in *Antichrist* and the new pope in *Habemus Papam* or the analyst in *The Son’s Room*, coming to terms with the object, as a melancholic would: as something missing, and perhaps for a time felt to be not just a prop but as something utterly useless. “False legs, false thighs, false breasts, ears, and eyes... None of this is any use”, says the wife in *Antichrist*. This confrontation with uselessness as an encounter with the loss *in* the object is a necessary step before one can claim desire, especially the desire *of the analyst*.

This is never a lesson that can be learned by psychoanalytic elders, especially those who believe absolutely in their authority and capacity to cure. Lacan felt that the analyst is challenged by every patient into a new form of uselessness, is duped and destroyed, brought to nothing. Lacan made a pun when speaking about the object, saying one has

to “*faire le tour*” (go around). We turn or circle the object, but in either case, we never lay a finger on it. In the end, the object always manages a disappearing act. If in the beginning of *Lovesick* we have the dead analyst, at the end we have the analyst who has mastered his trick, what we may describe as a thing of nothing: Dr. Benjamin’s, at the dinner designed to redeem him by his fellow society of psychoanalysts, decides to leave altogether, but only before he successfully performs the trick of pulling a tablecloth from beneath the objects set on the table. His former supervisor (the one who was sleeping) celebrates the trick, erupting in a fit of manic laughter. Benjamin exits to meet his lover-patient. Laughter, in a Lacanian perspective, could be a sign of hitting the Real when confronting death, the nothing, the void at the heart of our act as analysts, the tragedy whose other face is comedy. In his *Anxiety* seminar, Lacan highlights the relationship between laughter, death, sex and comedy with a pun: “to *faire l’amour*, if you will, *faire l’amourir*, to do it to death, it is even *à mourir de rire*, to die of laughter. I am not accentuating the side of love that partakes in a comical feeling just for the sake of it. In any case, this is precisely where the restful side of post-orgasm resides. If this demand for death is what gets satisfied, well, good gracious, it’s lightly satisfied because one gets off lightly.”¹⁴ Orgasm, or *la petite mort*, is a lighter ending than the Real ending, one that goes from love (*amour*) to dying (*mourir*) by way of laughter (*rire*), the paradoxical function of death of making life possible.

One last example to conclude: Nicolas Roeg’s wonderful film *Bad Timing: A Sensual Obsession* (1980). The setting is pre-fall of the Berlin wall Vienna. Dr. Alex Linden (Art Garfunkel), an American lecturer and researcher in psychoanalysis at Freud’s Museum, brings to a hospital a beautiful woman, Milena Flaherty (Theresa Russell) after she had attempted suicide with a medication overdose. As doctors try to save her life in an austere operating room, a series of fragmented flashbacks, which do not follow a linear chronology, give us a palpable sense of time while helping us reconstruct the details of their exuberant love affair. The professor of psychoanalysis is interrogated by a police detective, Inspector Netusil (Harvey Keitel), who suspects foul play on Dr. Linden’s part. In order to find out if Milena simply attempted suicide or if something more sinister took place, Netusil proves to be an excellent listener and intervenes in the style of a very skilled psychoanalyst, astutely probing Dr. Linden’s jealousy and repressed unconscious motivations. Once more psychoanalysis appears where you least expect it.

If most psychoanalysts on the screen are such bad, caricature psychoanalysts, it does not mean that the image of psychoanalysis is tarnished. This generates the counter-pole of the good viewer who

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¹⁴ Lacan, 2016, *Seminar X: On Anxiety*, 263 (translation slightly modified).

tends to the position of the good analyst. Isn't it wonderful to find psychoanalysis where you least expect it? And isn't this precisely proof of its enduring truth? A tragic-comic play between image and Other is certainly something Lacan brought to the foreground through his reading of Freud. It was immediately taken up by film theory and media studies. To transfer this possibility back onto the question of clinical psychoanalysis seems to us like an important move, not just for psychoanalytic theory to explain film, but for film to bring us back to what is crucial in psychoanalytic cure.

Comedy is tragedy plus time— death is there, but bound to life. “Life goes by, life triumphs, whatever happens. If the comic hero trips up and lands in the soup, the little fellow nevertheless survives,” observed Lacan.¹⁵ Comedy affirms life in its impermanence, in its happenstance. A similar strategy to embrace contingency is present in psychoanalysis: there, failure becomes linked to life rather than death and silence. Psychoanalysis, just like comedy, will introduce a new relationship to time—not the sequential time, but the subjective temporal dimension of the deferred action (*Nachträglich*) or après-coup, an interior time that is not chronological. Temporal rhythm, the beat or significant pause, these are key in comedic timing as well in a successful interpretation. The point is to know when and when not deliver the punchline. As Umberto Eco's Friar William puts it, the function of comedy is to “make truth laugh.”¹⁶

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¹⁵ Lacan, *Seminar VII, The Ethics of Psychoanalysis*, New York: W. W. Norton, 1997, p. 314.

¹⁶ Umberto Eco, *In the name of the rose*, New York, Houghton Mifflin Harcourt, 2014, p. 527.

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