

PEER-REVIEWED ARTICLE

Can Lacan's conception of the subject cast light on addiction?

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ABSTRACT

The present article attempts to demonstrate that Jacques Lacan's notion of the human subject provides the conceptual resources to come to a better understanding of addiction—a particularly intractable phenomenon, judging by the number of theoretical approaches to it. The structure of the subject in terms of the three 'orders' of the 'real', the 'imaginary', and the 'symbolic', according to Lacan, is briefly discussed as a necessary backdrop to the discussion that follows. It is argued that, because the ego is for Lacan an imaginary construct, one would look in vain to it for 'ego stability' to overcome addiction, and that it is to the '*je*' ('I') of the symbolic that one should turn instead. The function of *desire*, and its relation to *excess*, are noted, before exploring the latter concept in relation to *jouissance* in two contexts. The first relates to *jouissance*, trauma, the 'real', prohibition, and transgression, and the second to *jouissance*, repetition, masochism, and the death instinct. These articulations of *jouissance* are subsequently employed to arrive at formulating possible therapeutic interventions, which are then, in turn, related to the role of the 'talking cure' in the symbolic register. To conclude, the question of power relations in political terms, and the implications of living in a capitalist society are briefly indicated.

KEYWORDS: addiction; Lacan; *jouissance*; repetition; masochism

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INTRODUCTION: LACAN'S SUBJECT

With his conception of the 'tripartite' subject, the French psychoanalytical thinker, Jacques Lacan, may cast some light on the 'problem' of *addiction*, which has given rise to a number of theories, all of which attempt to make this ostensibly intractable phenomenon transparent, but none of which succeed in doing so conclusively. This is pointed out by James Hutton, after examining no fewer than 15 such theories (Hutton, 2023), in the place of which he eventually elaborates preferentially on a Deleuzian theory (which cannot be pursued at length here, but which is thoroughly explained and promoted by Hutton as a preferred theory for dealing with addiction). Although one of the theories of addiction he pays attention to in general terms is the 'psychoanalytic model', I believe that specific attention to Lacan's theory of the subject may add something valuable to what Hutton writes on psychoanalysis. He writes:

The psychoanalytic model states that addiction is not really a problem in itself, but rather is a reaction to past trauma, usually in childhood. Drugs are seen as ways to cope with the negative ongoing effects of the trauma, by either numbing some of the stronger negative feelings, or getting so high that troubles are forgotten, if only for a moment. All the negative effects of addiction are seen as either unfortunate physical side effects, or societal impositions on someone trying to self-medicate. For supporting evidence, this model points to the high incidence of emotional and physical trauma observed in people seeking treatment for addiction... In this model, the problem is seen not in the person or their behaviour, but rather in the addicts' past trauma, which has not been resolved and contextualised into the present day and appropriate present behaviour. Current addictive substance behaviour is seen as indicative of an ongoing attempt to protect the self from past traumatic memories resurfacing. Here, addiction is in the trauma. (Hutton, 2023, pp. 30-31)

To be sure, Hutton is correct in stating, in the last sentence, above, that 'addiction is in the trauma' (here), but this could be unpacked in more detail in terms of Lacan's psychoanalytical thinking, teasing out the implications of addiction instantiating a traumatic event, among other things. One has to begin by considering Lacan's theory of the subject, which enables one to understand the latter as a being which is paradoxically stretched between an ego-pole or *imaginary* register, a linguistic pole or *symbolic* register, and a 'real' pole or register of the supra-symbolic '*real*' (not to be confused with *reality*, which is the amalgam of the first two registers).

This means that it is erroneous, for Lacan, to think of the subject—including the addicted subject—as somehow being able to attain ego-stability once and for all by 'overcoming' a pathologising event, such as addiction, in the name of identifying with something that supposedly escapes the ravages of change or becoming and may therefore be appropriated as a stable bulwark against recurring effects of past trauma. Identifying with something or someone occurs at the level of the *imaginary* register (of the *ego* or self), such as when one first identifies with one's misleadingly unitary mirror image at an early age (Lacan, 1977c), or later, with a person like one's father or mother, or brother, or sports hero, for instance.

Whether one identifies with a person, or with an idea as embodied in an image of, say, a film star, the function of such identification is to impart relative stability to one's sense of self or *moi* (me)—keeping in mind that such 'stability' is never final or unassailable by uncertainties such as unconscious anxieties.

The reason for this is simply that, for Lacan, the ego is primarily a fiction (imaginary), albeit a necessary one—none of us can do without it. Because one's ego, located at the level of the imaginary, is subject to doubt or uncertainty ('Why can't I do anything right?'), counselling an addict to 'believe in him- or herself' in the name of someone, or some idea, is therefore doomed to failure, because no identification is immune from doubt. However, at the level of the *symbolic* register of language—that of the *je* ('I')—the subject is able to surpass the strictures of the imaginary register, where the 'ego' is located, and engage with self-descriptions which liberate one from the ego, when this has become a straitjacket of sorts. The therapeutic value of such symbolic re-invention should not be overlooked, particularly in the case of a person who feels paralysed by their self-image as 'addict'.

Then there is the enigmatic register of the 'real', which surpasses language or the symbolic, and which Joan Copjec (2002) describes as the register that manifests itself where we reach the 'internal limit' of language—when all our efforts to say something intelligible about a phenomenon or experience come up against a wall of inscrutability. Although the 'real' cannot be accessed directly in language, given that it escapes every effort to draw it into the symbolic sphere, endlessly generating more attempts to grasp it linguistically, it could play an important role in therapeutic interventions regarding addiction, as argued below, given that in Seminar 11, Lacan (1981) regards trauma—in the context of repetition—as a kind of privileged event for a 'missed encounter' with the real.

ADDICTION FROM LACANIAN PERSPECTIVES

What is addiction? One obvious way to think of it is that it is a condition or mindset where someone is unable to refrain from doing something because it has become compulsive, such as smoking cigarettes, drinking alcoholic beverages, sniffing cocaine, shooting up heroin, gambling, being unable to refrain from indulging in sex, or simply compulsively eating chocolate. It is the phrase, 'unable to refrain from' that captures what addiction amounts to.

So how does Lacan's model of the subject assist one in understanding and addressing this 'unable to'? Think of it this way: recall that the subject as (*imaginary*) ego differs from the subject of the *symbolic* as speaking being, and from the subject as '*real*', which escapes symbolisation. Additionally, recall Copjec's insight, that the 'real' shows itself (as withdrawing) where we reach the internal limit of language. Now, when an addict stagnates at the point of irresistibly repeating the actions manifesting their addiction, they are simply mechanically (re-)asserting the 'same' subject-identity of 'being-addicted' at the level of the

imaginary, but through *repetition* also, as argued below with regard to Lacan's Seminar 17, broaching the symbolic (with significant implications for therapy). They are unable to release themselves from this compulsively repeated act of identification—identifying with the unconscious image of themselves as someone 'high on marijuana', or 'powerful on cocaine', or 'imperturbably at peace on heroin', on the one hand, but through *repeating*, simultaneously moving on the edge of the symbolic. This is further explicated below.

Furthermore, it would take a deliberate activation of the *je* ('I') of the symbolic register to break free from this compulsion, in so far as the 'I' or *je* marks the position from where one is able to launch a novel self-description, such as 'I don't want heroin (any longer)'. If one feels incapable of acting according to this self-description, one can remind oneself that, where the subject is concerned, the inscrutable 'real' marks the 'place' of something—an unknown capacity of sorts—from where the ability to act according to the 'I don't want this (any longer)' may arise; that is, where the subject is able to surpass what may seem like a self-imposed counter-commandment: 'Thou shalt repeat', as a challenge to the Law: 'Thou shalt not' (addressed further below). Crucially, however, unless one is animated by one's singular (unique) *desire*, it will probably not happen. What does Lacan have to say about *desire*?

Desire is different from *need*. One may need a cigarette, or a whiskey, or something to eat, as opposed to desiring it. When a child says to her mother, 'I am hungry, Mummy', the linguistic expression of *need* hides, even as it *shows*, the child's need for her mother's love. One might say the child *demand*s something (food) that she needs, and according to Lacan the *gap* between the need and its expression in language (the symbolic) as demand is what constitutes *desire* (Lacan, 1977a; Lee, 1990). Similarly, when a person seeks therapy for addiction, in whatever way this need for therapy is articulated in the form of a demand, there is a chasm between the need and the demand, and this chasm is indicative of the addict's unique, but unconscious desire that marks her or him as a subject animated by a *singular universal*. The paradox of the 'singular universal', well-known in psychoanalysis since Freud (who called it the *Wunsch*, or wish), implies that every subject's desire is unique or *singular*, unrepeatable, but that every person (that is, all people), *universally*, is constituted by this desire.

Hence, the therapist's task, far from *telling* the addict prescriptively what to do, is to 'point' them in the direction of their desire, as suggested by Lacan's remark, which gives his 'question the force of a Last Judgment: Have you acted in conformity with the desire that is in you?' (Lacan, 1997, p. 314). As may already be apparent from what was written above, this desire, which is located somewhere between a need and its expression as demand ('Cure me!'), suggests that, like the 'real' (or perhaps because it is located in the 'real'), it surpasses symbolisation or language. The moment one attempts to articulate your desire in language, it manifests itself as demand, expressive of need.

Psychoanalytic therapy as the ‘talking cure’ occurs at the level of the symbolic, however, so how does one gain access to something located at the level of the ‘real’? If one takes note of the effects that the ‘real’ has at the symbolic level, for instance in the case of trauma, which comprises a symbolically *dislocating, disruptive* encounter with uncontrollable and unpredictable events, it is apparent that traumatic experiences may elicit something significant in relation to the world of language, or symbolically mediated experience (‘What have I done for it to happen to me?’). This could happen by being confronted with one’s own (or a loved one’s) possible death in the case of a car accident, or an assault, for example.

The ‘logic’ of desire (in the Lacanian sense) in relation to the ‘real’ here may be articulated as follows. One seldom, if ever, experiences human life as having ‘meaning’ by itself. It usually requires something which surpasses life; that is, it is not self-justifying, but requires a moment of surplus or *excess* for its vindication. The event of suffering through addiction is no exception; it may be experienced as meaningless, or, for that matter, as infusing the addict’s life fleetingly with meaning (that is, providing the required moment of excess in relation to the addict’s life) for as long as the effects of the pathogenic substance or activity lasts, only to make way for a renewed sense of absurdity when the effects have worn off.

On the one hand this ‘excess’ refers to the ‘real’ as the nonsensical, brute, symbolically inscrutable facticity of the experientially ‘given’. On the other it indexes one’s *desire* as that which ‘is not’ insofar as it is precisely what emerges in the gap between need (for therapy) and linguistically expressed demand (‘Cure me!’). If the subject is able to ‘take up’ her or his desire (something that is not necessarily the case) in the face of the symbolically dislocating, traumatic event—such as coming face-to-face with the self-destructive effects of addiction—the possibility of a ‘new’ (or ‘renewed’) personal narrative may present itself—one that deviates from the path of addiction, but cannot avoid acknowledging it in retrospect, albeit with the assistance of the therapist, to the extent that it may be subject to repression, or what Lacan (1977b) calls the ‘censored chapter’ of the subject’s story.

‘Excess’ is also part of ‘excessive enjoyment’, or *jouissance*, as a perceptive critic has reminded me, and it is particularly relevant to the question of addiction, in so far as *jouissance*—excessive enjoyment—takes the addicted subject beyond need and demand, considering the repetition of her or his symptoms in the guise of, for example, the recurrent use of drugs or gambling. One has here an exemplary case of what Lacan (1997), in his 7th Seminar refers to as ‘the paradox of *jouissance*’, or ‘the *jouissance* of transgression’ (pp. 192–197). Why paradoxical, and transgressive? Because *jouissance* is a function of prohibition, as encapsulated in the (moral) Law (‘Thou shalt not’); the very givenness of the prohibition evokes the desire to transgress it. Hence, the more the addicted subject experiences her or his addiction as being subject to (societal) prohibition—which is bound to be the case—the more the desire to transgress this prohibition is reinforced. As Lacan (1997) phrases it:

We are familiar with the *jouissance* of transgression, then. But what does it consist of? Does it go without saying that to trample sacred laws under foot, laws that may be directly challenged

by the subject's conscience, itself excites some form of *jouissance*?... Doesn't the law that is defied here play the role of a means, of a path cleared that leads straight to the risk? (p. 195)

This is one way to approach addiction in relation to *jouissance*—as understood by Lacan in Seminar 7—which means that, given the role of transgression *vis-à-vis* prohibition in terms of the Law, which one encounters in the symbolic order, Lacan situates *jouissance* in the register of the (traumatic) real. However, there is more, with a difference. When Lacan elaborates on *jouissance* in relation to repetition in Seminar 17 he diametrically changes position, by locating it within the symbolic instead (Verhaeghe, 2006). He writes:

What necessitates repetition is *jouissance*, a term specifically referred to. It is because there is a search for *jouissance* as repetition that the following is produced, which is in play at this stage of the Freudian breakthrough—what interests us qua repetition, and which is registered with a dialectic of *jouissance*, is properly speaking what goes against life. It is at the level of repetition that Freud sees himself constrained, in some way, by virtue of the very structure of discourse, to spell out the death instinct. (Lacan, 2007, p. 45)

In what follows this passage, specifically Lacan's discussion of Freud's *Beyond the Pleasure Principle*—keeping in mind the role of *repetition* in the latter text, both regarding the reliving of traumatic wartime experiences by ex-soldiers and in the *fort/da* game played by the little boy in his mother's absence—it is striking that he links this, not merely with a 'return of *jouissance*', but with a *loss* identified by Freud, or what Lacan terms a 'reduction in *jouissance*' (Lacan, 2007, p. 46). Apart from the fact that this goes beyond the logic of desire, transgression and the real as it functions in Seminar 7, it is significant for the theme of the present article that Lacan (2007) elaborates as follows:

This is where the function of the lost object originates in Freudian discourse. And there is really no need to remind you that it is explicitly around masochism, conceived only in the dimension of the search for this ruinous *jouissance*, that Freud's entire text revolves. (p. 46)

The reference to masochism and the 'lost object' obviously pertains to *Beyond the Pleasure Principle* of 1920, given that it was the so-called 'war neuroses' (Freud, 1974, p. 3718) and the *fort/da* game that gave Freud second thoughts about the primacy of the pleasure principle. In both cases subjects engaged in 'activity' which, instead of obeying the law of the pleasure principle, namely, to maintain (only) the minimum of psychic tension or unpleasure, exacerbated such unpleasure instead through repetition.

What is the relevance of all this for the present question of addiction? It seems that both Lacan's earlier notion of *jouissance* as transgression of the Law, bound up with the desire to transgress, itself generated by the Law, and his later conception of *jouissance* as 'necessitating' repetition, are highly relevant for understanding addiction. In short: on the *first* hypothesis—that of transgression—addiction is bathed in the light of a desire to transgress the Law—as embodied in societal 'laws' and mores (values) which prohibit addiction (particularly concerning narcotics). On the *second* hypothesis, however, addiction

embodies the masochistic repetition of an action that produces precisely what Lacan (above) calls ‘ruinous *jouissance*’ in the sense of an alloy of unbearable, but inescapable pleasure and pain.

THERAPY

Considering that, arguably, psychotherapists usually take their vocation as having to provide a ‘cure’ of sorts to their clients—I believe that ‘cure’ (or therapy) should here be understood as something which, at best, enables their patients to carry on living their lives in a society ineluctably governed by conventions of various kinds, even if (to employ a vernacular phrase that means succeeding, bit-by-bit, to extricate yourself from some restraining agent, or force) this simply amounts to ‘muddling through’. Hence the earlier reference to a ‘new narrative’; whatever course the (ex-)addict takes beyond what Lacan (in Seminar 11) calls the ‘missed encounter’ with the ‘real’ (which is what trauma amounts to), they have to construct their new story by negotiating these conventions, which are linguistically articulated, in the symbolic register.

More often than not, however, this means that the person who resolutely decides to act ‘in conformity with’ their desire, discovers that, to be able to live within a society structured by (mostly implicit) conventions, they have to ‘give up’ that desire—as in the case recounted by Slavoj Žižek (1993; see also Olivier, 2005), where one of Freud’s patients (traumatically) gives up her desire for the sake of not disrupting her family ties irrevocably, and lives with the disappointment of having done so for the rest of her life. The phrase ‘family ties’ is significant here: such ‘ties’ denote relationships within which her life was embedded, and which hardly anyone, including addicts, can escape. The addict, too, may find that she or he has to ‘give up their desire’ as far as the addiction, which is experienced as embodying this desire, goes, and as far as embracing social relations is concerned. The point is that, in a more fundamental sense, their desire does not coincide with the temporary ‘relief’ provided by the object of addiction; this is what the subject as addict has to discover.

Addiction amounts to something traumatic, as already intimated above, with reference to Hutton’s valuable research, and to Lacan’s 7th Seminar; if this were not the case, addicts would not seek therapy. We know from the latter Seminar that *jouissance* accompanies transgression of the Law (the symbolic), and hence that it implicates the unsymbolisable real. In Seminar 7 (Lacan, 1997), Lacan inscribes the tragedy of Antigone—culminating in her suicide after being sentenced to death by Creon for disobeying his edict, that no one should bury her brother Polynices for rebelling against him—in this logic. It seems to me, therefore, that it is not advisable for Lacanian psychotherapy to lead the addicted analysand in this direction, lest it fatally exacerbate the desire to transgress convention to beyond the limits of life, and unless—as remarked earlier—the addicted subject could direct her or his

transgression against their self-imposed 'law' of addiction ('Thou shalt repeat'), in this way reversing the earlier transgression of the Law ('Thou shalt not').

The latter possibility is compatible with Lacan's reasoning in Seminar 7 (as well as in Seminar 11, referred to earlier in relation to trauma and the 'missed encounter' with the real): when an addict confronts the trauma of addiction, which—in so far as it is traumatic—is rooted in the unsymbolisable 'real', this 'tear' in the fabric of the symbolic has to be stitched together with novel linguistic utterances (the psychoanalytic 'talking cure'). These unavoidably assume the guise of a (re)new(ed) personal narrative, which may be constituted in relation to the unconscious or 'censored chapter' (Lacan, 1977b) of the addict's narrative, with the help of the therapist, as well as of people comprising the chain of relationships within which she or he finds themselves (inter-)relationally, both in the addict's past and in their present.

The second option, which rests on the reading of Seminar 17, above, appears to be more auspicious, as the humanly inescapable act of repetition—which, as expression of the death drive (instinct) governs *all* human behaviour (Freud, 1974), and not only pathological instances of it—offers itself as something on which therapeutic behaviour could be grafted, and eventually replace, the (itself addictogenic) repetition of acts embodying addiction (whether it is substance abuse or gambling). We know from Freud that repetition—as expression of the death drive (instinct)—manifests itself in the guise of tending to 'return to a previous position'. In his words:

It seems, then, that an instinct is an urge inherent in organic life to restore an earlier state of things which the living entity has been obliged to abandon under the pressure of external disturbing forces... (Freud, 1974, p. 3738)

This tendency permeates everyday living, where one tends to 'return' to one's 'comfort zone' whenever something unsettling has occurred. Hence, taking one's cue from Seminar 17, the addict could learn to overlay the repetition of acts of addiction—which, given their masochistic charge—with repetition in the sense of returning to a 'comfort zone' that has the effect of exorcising, or at least pacifying, the demon of addiction. The question, for the therapist no less than for the addict, is whether exchanging the object of addiction for a reassuring, comparatively safe 'comfort zone', would be worthwhile. In fact, it is entirely possible for the addict to experience the effect of the addiction—such as when one is 'shooting up', or gambling—as itself comprising his or her 'comfort zone', in which case the difficult question of therapeutic motivation in the context of the value of symbolically mediated social relations announces itself.

This is important to realise because, claims to the contrary by the medical approach to addiction notwithstanding (Hutton, 2023), to isolate an addict as a 'case' to be medically or pharmaceutically treated at the level of the brain only, is to miss the point of the traumatically experienced event it instantiates. It is at the level of particularly the (socially shared) symbolic,

that is, language—which is never ‘private’—that the subject is inscribed in the chain or network of language, and hence social relations, and all therapeutic interventions therefore have an impact on the manner in which he or she is situated in this network. Simultaneously, one has to keep in mind that the symbolic—which, once the subject has entered it, overlaps with the imaginary register (where identification originally occurs)—constitutes the register where the subject (with the help of the psychoanalytic therapist, who mediates the analysand’s discourse with the unconscious, or discourse of the Other) is able to engage in a revision or rewriting of their personal narrative, which is therefore ineluctably inscribed in a symbolically mediated social context.

This is relevant as far as the link between psychoanalytical addiction therapy and political empowerment is concerned, because the addicted, and therefore heteronomous, subject arguably lacks the relative (because never complete or absolute) ‘autonomy’ required for meaningful political interaction. This means interaction which pertains to the subject’s participation in a sphere where the symbolic (in the guise of linguistic utterances) positions her or him on a spectrum of power relations, from extreme negative asymmetricality (that is, subjugation) through relative equality to extreme ‘positive’ asymmetricality (that is domination). Political alliances would depend on where the subject is located on the spectrum in question. Given the reciprocity of language (implicating a plurality of interacting subjects), it would be rare for the previously addicted subject to be situated at either of the extreme ends of this spectrum, at least within a democratic political context.

This has to be seen in the light of the fact that, living in capitalist society, democracy is not, as it were, neutral as far as power relations are concerned. Here, everyone is subject to what Lacan (2007) in Seminar 17, refers to as the ‘master’s discourse’ of the capitalist, where ‘surplus value is surplus *jouissance*’ (p. 108), and where the latter functions as a ‘barrier’, in the sense that, in the discourse of the capitalist, ‘it is prohibited, prohibited fundamentally’ (p. 108). One is only allowed, Lacan points out, to take ‘*jouissance* by morsels’. This term is clearly a metaphor for what was alluded to earlier regarding the *fort/da* game of the little boy (Freud, 1974), where the objects the boy masochistically threw out of sight resonate with ‘morsels’—that is, ‘lost objects’—which, therefore, index the masochism inherent in capitalist society. *Jouissance* is not allowed because a ‘fully satisfied’ consumer is inadmissible. Hence, what was written, above, about power relations has to be seen in this light; everyone in capitalist society—not only the (rehabilitated) addict, is relatively disempowered by the prohibition concerning ‘extreme enjoyment’ (*jouissance*). Needless to emphasise, this manifests itself at the level of both the imaginary and the symbolic. In this society, the only route to self-empowerment is via the articulation of the discourse of the hysteric with that of the analyst (Lacan, 2007; Olivier, 2009)—something that cannot be pursued at length here.

CONCLUSION

In sum, given Lacan's understanding of the subject as a complex entity, precariously 'stretched' among three different, but overlapping, registers—the 'real', the imaginary, and the symbolic—the implications of addiction appear to be clear. If the experience of something traumatic (for example, addiction) perforates the symbolic and the imaginary at the level of linguistic self-understanding and the integrity of the (imaginary) self or ego, this *disruption* of self-understanding, which is rooted in the 'real' can, firstly be approached therapeutically by repairing the gash in the symbolic through novel symbolic utterances in the shape of a 'new' personal narrative.

Secondly, however, the route of the link between repetition, masochism, and *jouissance* could be followed, with a view to grafting the repetition of different, non-masochistic actions on those manifesting addiction, and articulating these with social relations at the level of the symbolic in the guise of a (renewed) personal story. This would be further enabling for the subject's participation in meaningful political interaction (given the restorative effect of successful therapy regarding the subject's relative 'autonomy'), with the *caveat*, that the character of capitalist society should be kept firmly in mind. Importantly, this narrative can only be constructed cooperatively between the psychoanalyst and the (addict as) subject, in so far as the latter does not have direct access to the unconscious as a repository of traumatic experiences (Lacan, 1977b; Olivier, 2005).

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