Space, Nodality, Phobia.

Room 101: Room one – o – one (or: one – no one)

You probably remember this passage from Orwell's 1984, where the hero, Winston, after being interrogated and tortured, undergoes the final test of his re-education. His torturer, O'Brien, addresses him in these terms:

You have sometimes asked me what is in Room 101. I have told you that you already know. Everyone knows. What is in Room 101 is the worst thing in the world.
...
There is something that every individual cannot bear, cannot contemplate. It is not a question of courage or cowardice. It is simply an instinct that cannot be disobeyed. For you, it is rats. You cannot bear them.
...
Winston could hear the blood rushing in his ears. He felt completely alone. He was in the middle of a vast empty plain, a flat desert parched by the sun, through which all sounds came from infinite distances.
...
There was an explosion of shrill cries in the cage. They seemed to come from far away.....He also heard a deep groan of despair. That too seemed to come from outside.

As an introductory exercise, I would like to examine the clinical theory underlying this passage, which provides what I find to be a very convincing description of a panic attack. For there is a clinical theory underlying this text, and its interest lies in being based on an implicit topology: according to Orwell, we all have a point of phobia which, when confronted, tears apart our familiar space and projects us into another space where
"*we feel completely alone*," and where everything, even our own voice, reaches us "*as if it came from outside*." A space of absolute *Hilflosigkeit*, in short.

If this is the case, we must believe that most of us are usually very good at avoiding this point, and that the characteristic of phobia would then be a particular difficulty in carrying out this avoidance, common to all.
This raises the question: how do we do it? The
prerequisite being:
In what space is this point located? How should we move within this space to avoid this point? Finally, how does this space relate to what we usually refer to as "space," which is, after all, what constitutes what we call
"the world"?

It seems to me that a first answer lies in the fact that—as Lacan reminds us—language constitutes a field within which our speech unfolds, and that this field offers our speech, like a force field, trajectories that are easier than others, already trodden paths, ruts, gullies, but also repulsive points, which bend our speech according to our repressions—secondary ones, of course.

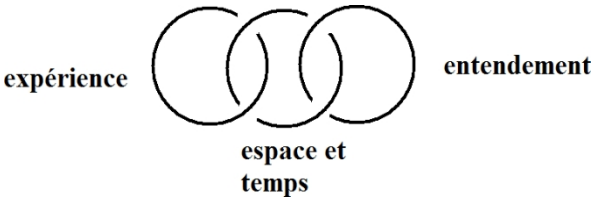
A second observation is what therapy teaches us: that there is also a weight, a gravity, which guides our speech in a way that is quite different from our individual tendencies, this time in terms of truth, − the truth of our desire − and which may eventually allow us, though this is not a foregone conclusion, to approach this point of repulsion, what Freud calls the navel of the dream, resistant to

interpretation, which also underpins the concept of an original repression that is impossible to lift. It is the same impossibility to say that Lacan identifies with the introduction of the object a.

The essential difference with Orwell's "imaginary clinic" is that the latter argues that this *"something we cannot bear"* is positive for everyone. In fact, the novel depicts a scene in which the perverse dimension prevails.
We know, on the contrary, that the language of ordinary people—with the exception of phobics—is incapable of referring to this point in any way. In other words, this point is normally structurally inaccessible, and there is no need for any kind of avoidance behavior to avoid dealing with it.

Space and Language

But how can we make the connection between this essentially abstract space in which our speech unfolds and the space that seems familiar to us, the one we are accustomed to considering as a Euclidean, three-dimensional space? Poincaré has written some extremely convincing pages on this subject.
Elie Doumit reminded us (during a lecture given at the Lacanian matinees) that Kant considers this space to be *"one of the a priori forms of sensory intuition that does not come from experience but does not belong to understanding either. It is the third intuitive element that connects the other two,"* in the manner of a means connecting two disjointed extremes:



Lacan describes this space as inept, but it seems to me that it also gives us the means to show that we can apprehend it in at least two different ways, and that these two ways have to do with how we inhabit language.

To illustrate this, I would like to remind you how mathematics usually introduces the concept of direction.

Let's consider the set of all straight lines in a plane. Among these lines, we can define an equivalence relation, which is parallelism. Two lines are said to be equivalent if and only if they are parallel. This allows me to organize the lines in the plane into categories, or equivalence classes. For example, I will put all the lines that point northeast in the same drawer, and I will call this drawer "northeast direction." There are obviously an infinite number of directions, and each direction contains an infinite number of lines that are parallel to each other.

What advantage did I gain from classifying the lines in directions? It seems to me that I saved resources in terms of what could be called "managing my perception." At the same time, I did, of course, erase, delete, and refuse to take into account a large number of characteristics of the lines that I declared to be equivalent.
Couldn't we say that, by establishing this relationship of equivalence, I nevertheless carried out a genuine condensation, a metaphorical operation, in short, giving me access to a new meaning, that of direction?

We all know that there are very large differences between individuals in terms of their

the way they move through space. What I would like to argue here is that these differences can be interpreted in terms of the two major operations of the primary process: condensation and displacement, or metaphor and metonymy.
A "metonymic" movement favors the chain of proximity, the consideration of neighborhoods, and unfolds like a continuous chain. If the continuity is interrupted, the subject who bases his orientation solely on this mode finds himself disoriented.
A "metaphorical" shift, on the other hand, will favor categorical landmarks, mainly directions, but also types of landscapes, the general appearance of buildings, etc. Its weakness is that it neglects the details of the sequence of places, which can lead to serious errors.
It seems to me that this illustrates what may have led Lacan to make our familiar space a consequence of the way we inhabit language: in short, the form of our familiar Euclidean space would depend on the form of our habitat in language. This is what Freud already expressed in his often-quoted statement from 1938:
"*It may be that spatiality is the projection of the extent of the psychic apparatus. No other deduction is plausible. Instead of Kant's* a priori*, (the) conditions of our psychic apparatus. The psyche is extensive, (but it) knows nothing about it.* [S. Freud, 1938, Results, Ideas, Problems.]

As we can see, Freud is more precise: he speaks of projection: Kant's a priori is replaced by *the conditions of our psychic apparatus,* and the space we inhabit is, for him, a projection of these conditions.

It is now up to us to examine how the way we conceive of "the conditions of our psychic apparatus" can constitute a "projection" that would account for our familiar space.

Projection

A first approach is, of course, one based on taking into account the projective nature of our visual space. This approach is the one that Lacan developed at length in his seminars devoted to the object of the gaze, namely "Crucial Problems" and "The Four Concepts." We will not go into detail here. It suffices to recall that Lacan bases his argument on the structuring of visual space achieved through the use of perspective, invented by Renaissance artists. This technique, formalized and generalized by Desargues, allows us to identify two specific points that cannot be eliminated from the structure:

- the first is the center of the projection, the eye, where Lacan places the subject of vision, and which is responded to in the painting by the point of distance, "the second eye," or more generally, any vanishing point.
- The second is the "lost point" of the device, lost in that it cannot be visibly inscribed either in the plane of the painting or in the plane of the world (the ground). It is the point at infinity on the horizontal line passing through the subject and parallel to the painting.

It is to this second point[1] that Lacan associates the object a regard, the device of perspective thus materializing the double effect of the signifying cut: the engendering of a divided subject and detachment of a non-specularizable object: $\$ \diamond a$.

A curious coincidence can be noted here: in Lacan's approach, the object regard is would therefore be located, for the subject, laterally, infinitely to the left or right. However, in Westphal's inaugural article [1872] proposing agoraphobia as a relevant clinical entity, this

1 It should be noted that Lacan varied on this point. Lacan places the object a in several places in the perspective device depending on the stage of its development. We refer here to chapter XVI of the seminar "The Object of Psychoanalysis."

The latter rejects a hypothesis proposed by his colleague Benedict [1870], according to which *Platzschwindel* (place vertigo) is due to an ophthalmological disorder consisting of an inability to shift attention away from peripheral vision. Westphal contrasts this physiological theory with *Platzangst (*agoraphobia), a genuine psychological anxiety disorder that is in no way associated with a physiological deficit. It is as if Benedict had had an intuition about the dizzyingly threatening nature of what could result from poorly controlled peripheral vision...

This, then, is essentially the effect of the projection operation at play, if we assume that it is the same for Lacan and Freud.

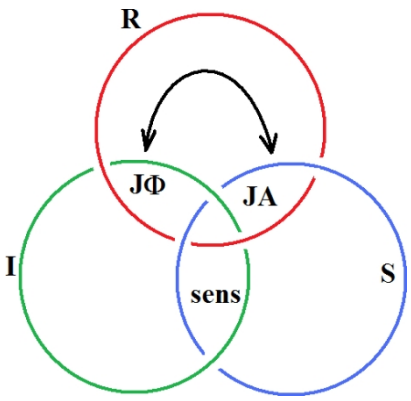
Nodality

What remains to be defined now is what is projected: the *conditions of the* psychic *apparatus*, what I referred to above as the form of our habitat in language. Now, the Borromean knot seems to us to be perfectly suited to providing a representation (imaginary, of course) of these *conditions of the psychic apparatus*: nothing other than the structure, which Lacan specifies:

> *Here, I pause to make a digression intended to show you that the knot is not easy to figure. I do not say to figure it, because in this case, I completely eliminate the subject who figures it, since I start from the thesis that the subject is what is determined by the figure in question, determined not in any way that it is its double, but that it is the jams of the knot, of what in the knot determines triple points due to the tightening of the knot, that the subject conditions itself.*

There would therefore be variations from one individual to another in the way the knot determines the subject, and it is these variations that would determine—by projection—the structure of the space in which the subject would evolve.
The phobic subject would be dealing with a space that is susceptible to being torn apart, ripped to shreds—according to C. Lacôte's expression—whereas the neurotic would be partially protected against this eventuality.

In 1986, Charles Melman proposed a nodal description of this particular feature of the phobic structure. Lacan insists that, in the neurotic, the real must overcome the symbolic. Charles Melman asks what would happen to a subject for whom the real, instead of overcoming the symbolic, would overcome the imaginary, and for whom the essence of the phallic question would play out in the interval between the imaginary and the real, and therefore outside the symbolic. The corresponding figure would look something like this:



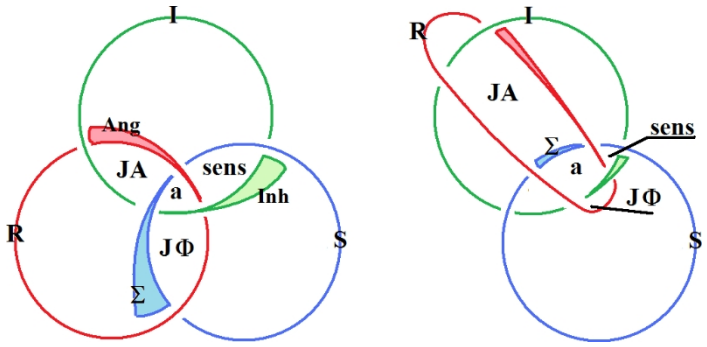
Charles Melman emphasizes that this configuration also accounts for a remarkable characteristic in phobics: *"Unlike what happens in the so-called 'normal' knot,*

in the phobic knot, it is in the Symbolic register that access to the dimension of infinity is found... what is paid for in the Imaginary register, castration, this tribute, seems to be compensated for by a freedom acquired in the Symbolic register; I was referring to this freedom of mind and invention specific to phobics."

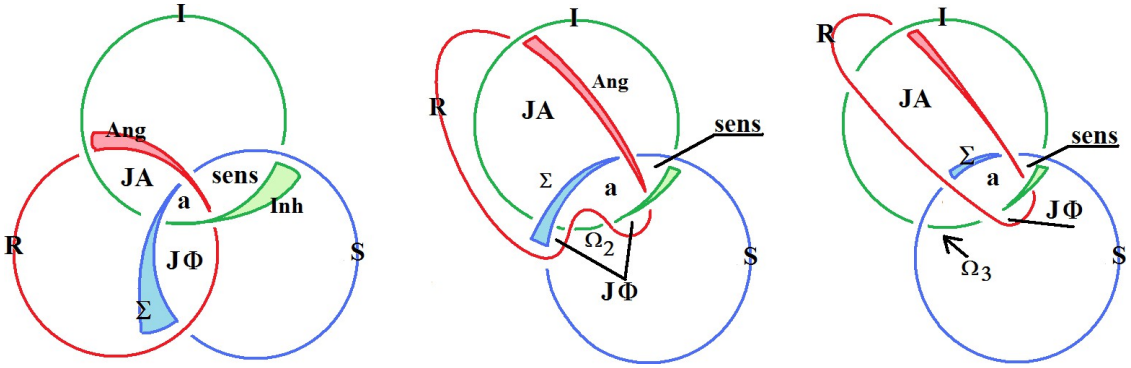
What I would like to add to this Borromean description of the phobic structure is limited to a simple remark:

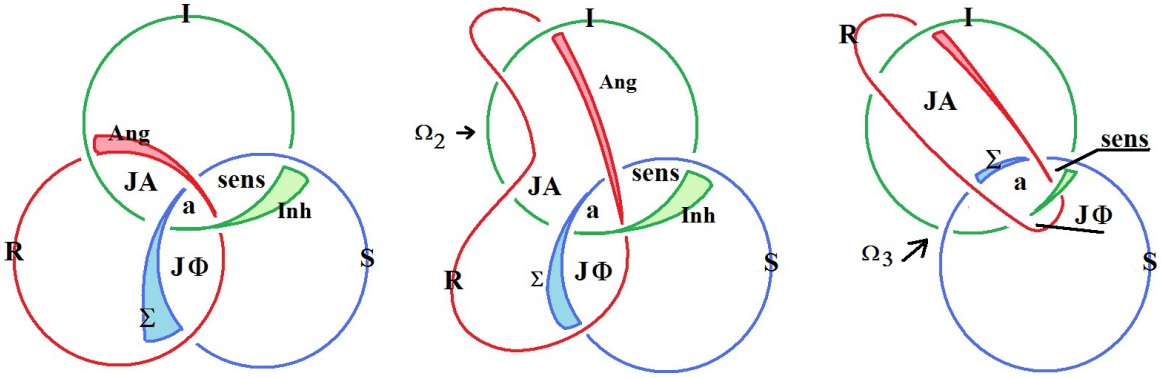
while the phobic structure involves a specific flattening of the knot, where the RIS order replaces the "usual" RSI order, there are other simple configurations of the Borromean knot in which the circle of the Real overcomes the circle of the Imaginary.

At the conference on May 7 and 8, 2011, on the clinical implications of the Borromean knot, we proposed a configuration in which phallic jouissance was, in a sense, "reduced," without any unraveling, thus making it possible to account for certain types of "addiction to the real," such as anorexia-bulimia. The figure below shows this configuration, as well as the "normal" starting knot.



However, we can see that the path (a sequence of Reidemeister moves Ω2 then Ω3) that leads from the "normal" knot to this configuration passes precisely through an intermediate stage (after only one Ω2 move) where the register of the real "bites" into the Imaginary. It is interesting to note that this encroachment of the real on the Imaginary—which could correspond to a temporary panic without necessarily indicating a phobic structure—can occur in two distinct ways, as shown below.





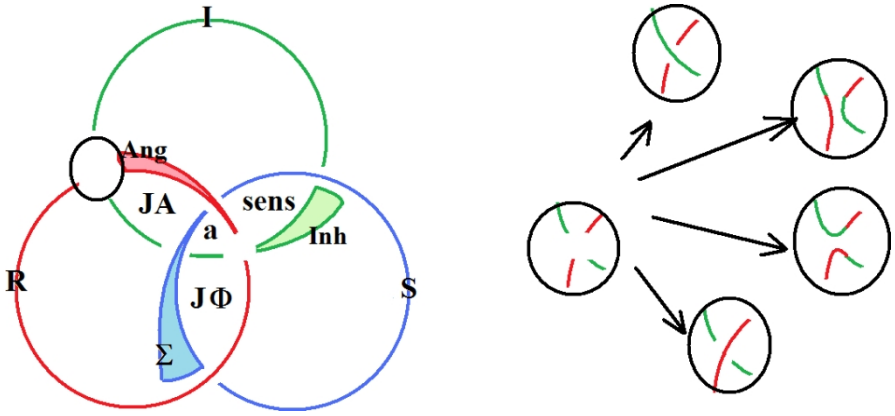
What would then differentiate these two types of attack on the Imaginary by the Real would essentially be the following fact, which can be seen in the figures:

- The first is symbolic, and therefore there would be a beginning of undermining of the phallic function, but it would still be possible to say something about it for the subject.
- whereas the second involves an encroachment on the Imaginary via Other jouissance, and therefore there would be nothing that could be said about it for the subject, pure trauma.

Turntable

A final remark is that we generally speak of the Borromean knot as a constituted structure. Nevertheless, it is clear that we cannot ignore the fact that when the sexed subject is established, the structure, and therefore the knot, is also established. However, this establishment can also be studied in terms of its uncertainties, difficulties, and failures.

The figure below gives an example of some of the "choices" that must be made when setting up the node, deciding which of the Real and the Imaginary should overcome the other.



We can see that many combinations are possible (in fact, 16 here) and that some involve the continuity of the two registers, which would be a path to psychosis. If, therefore, we accept that the question of phobia is linked to the question of which of the registers of the Real or the Imaginary must overcome the other, then this figure seems to us to illustrate how phobia can also function as a turning point.