

DO WE WANT AN IDENTITY? (or A few words about identity in psychoanalysis)

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When he first met Salvador Dalí, Jacques Lacan was still in his thirties. He worked as a psychiatrist in Paris, and was not a bit as famed as he would be two decades later, for his contributions to psychoanalysis. The story that has been told about that specific encounter is quite significant to psychoanalytical clinic. Readers of the painter's account on the meeting say that Salvador Dalí got stirred that day, or even furious.

When Lacan arrived, Dalí was working on a canvas lying on a table. The light reflected against his eyes, blurring his vision. So, he had cut out a little piece of paper, with a crease to fit the nose, and placed it beneath his eyes. When Lacan rang the doorbell, the painter says that he had forgotten to take the paper off his nose. The eyeshade remained there, in the middle of his face, as weird as the moustache that would become famous, as he opened the door to young Lacan, who would interview him about his image association method for painting.

Lacan did not give him a single uncomfortable regard, as the whole visit unfolded. It was only after he left that Dalí went back to the studio restroom to pick up his washed paintbrushes, and was taken aback by his own image. Damn Lacan! Not even one expression of surprise at such an unexpected sight! Lacan did not utter a word regarding the eccentric image of his host. He never asked Dalí to get it fixed. His disdain to Dalí's cultivated identity would latter yield the young psychiatrist a chapter in the painter's biography. It was indifferent to Lacan, at that moment, whether Dalí deliberately meant to look weird, or whether he really got upset about having forgotten the little piece of paper on his nose.

Socially, in everyday life, it is quite usual for us to help others see themselves through our eyes. "You look good", we say – "You didn't sound so bad" or "You were wrong". It is only expectable for someone to say "you have a piece of paper on your nose". Why would Lacan not make this simple gesture of what we could –*maybe* – call a courtesy?

We can try to figure this story out. Let us just consider how psychoanalytical clinical experience would address personal identity.

At first, it is worth looking the word up in the dictionary. Houaiss brings a rather distinctive definition of identity, "identidade", in Portuguese: "the state of what does not change, of what always remains the same", and "awareness of persistence of one's own personality". Its root, *idem*, "the same", comes from classic Latin. *Identidem* is "over again, repeatedly", and is an element of the "identical".

An author who can add to this matter is Lacan himself. He proposed looking at any psychoanalytical phenomenon in view of three aspects: the Symbolic, Imaginary and Real. Briefly, the Symbolic is the language structure, whereas the Imaginary stands literally for the images we create and recognize, and the Real is not our “reality”, but quite the opposite: it is everything we cannot name, portray or make out, the most annoying and creative element of all, the component of life that takes us by surprise, changes courses, troubles minds. The Real is everything that is undefinable, unseizable, uncanny. Let us plunge in the problem of identity through those references.

PART I The Symbolic

When the conventional just won't do

There are a few experiences in life that are easily connected with identity. Job interviews and first dates are maybe off the top of one's head. They are known to be uncomfortable. While some people cope more lightly, others may experience rather painful moments from fantasizing expectations or doubting impressions.

The experience gets delicate when we are not satisfied with an introduction that simply says: “I'm John, I'm a lawyer, I live in L.A., love dogs and intend to be very good to you” – or “I'm Lucy, and I came to play the piano”. Sometimes, whoever is listening will need more. On specific occasions, people will be looking for some authentic reason for passion – whether in a relationship, or a job.

In his well acclaimed book “The Absent Structure”, Umberto Eco states that a good speaker should be capable of providing the listener some acceptable common places, to settle the basis of the speech, which he calls *redundancy*, but would then have to exceed the ordinary with some novelty, in style or content, which he calls *information*, so that an utterance does not fall into oblivion. Good rhetoric, according to him, would have to oscillate between redundancy and information. It is not easy to be a qualified speaker, or to put across consistent new ideas.

Eco leads us to think that there are plenty of conventional images and expressions a person may resort to so as to ensure understanding, but being fully conventional can be quite undesirable. It often simply means being forgettable or replaceable.

Let us consider that being conventional is the same as being redundant – to use Eco's term. Redundant may be defined as “over again, repeatedly”. Conventional is what is quickly recognized, identified. Repetition and convention can always be associated with something that has already been seen – i.e. *identical* to something else. Such concepts belong with identity.

In Brazil, you are very conventional if you hold a college degree, and the skills to speak some English and operate a computer. There will be thousands of other

applicants for the same jobs in big corporations. Recruiting from redundant résumés would be random, and you would hardly – or only luckily – be called.

When it takes more than being redundant, conventional, identical to others, one way out may be *singularity* – a welcome element for job interviews nowadays, and just great when it comes to love.

Singularity is a level of identity that goes beyond the range of definitions in our dictionaries. It by no means refers to the root of *idem*.

While identity is always at the tip of our tongues, it is very hard to express singularity with words. It is just as hard as trying to seam novelty into a speech, when we think of Umberto Eco. That is why, in interviews and dates, people would rather leave doubts than sustain answers, in many situations, and they cherish the unsaid.

Observing how tough it may be to convey singularity, we might consider that maybe the Symbolic, as defined by Lacan, is not enough to handle a very personal identity. Language structures may be too strict to embrace the most radical differences – and very personal differences are usually radical.

Sometimes, when a difference is right before one's eyes, one lacks a name to it, thus resorting to some old stigma.

As a matter of fact, words used in a more personal way can produce stigmas too easily. Stigmas are concealing responses. They imprison the objects they refer to, and blind us to changes and alternative definitions. It is hard to escape from a stigma. Identification can be tragic.

The counter-indications

Anne Dodge's story is not about a first date or a job interview, but a much more serious situation concerning identity. When she first went to the hospital fifteen years before, having trouble to eat and digest, with recurring vomiting, she was diagnosed as a psychiatric patient with an eating disorder and a somatic complication, called irritable intestine syndrome. The words "anorexic and bulimic" stood out of her medical history all those years, in such a way that no one else seriously listened to her about her efforts to eat. She had gone in and out of hospitals for more than a decade, presenting malnutrition, functional deficiencies and growing weakness, until she, almost resignedly, just by chance, went to see Dr. Falchuk in Boston.

The word was there, in her fifteen-centimeter medical records, and he could have just looked at her as an anorexic, but Dr. Falchuk decided to put the papers aside, and listen to her. He asked her to tell him what it had been like when she first felt sick, a very unexpected question at that point.

When anorexic patients say that they have been forcing themselves to eat a bowl of cereal every morning, their doctors usually do not believe it. Anorexics, most of the time, strive to fool people around them, pretending they will eat, when they intimately believe they should be on a diet. Lying about eating can be their way to keep on the food restriction.

That was not the case of Anne Dodge. Notwithstanding, before Dr. Falchuk, nobody had noticed she was different. Anne actually ate a bowl of cereal every

morning. She painfully ate three thousand calories a day on a forced diet. When she explained her conditions to doctors, though, she was so used to listening to them for fifteen years, that she already talked to them in their own jargon, easily assuming she was anorexic, and not emphasizing her serious efforts. In order to learn about her situation, Dr. Falchuk had to ask her not to use medical terms as she introduced herself.

It turned out she was neither anorexic nor bulimic. After a long conversation that led to a series of exams, Dr. Falchuk diagnosed that her intestine was incapable of processing gluten, and was then so damaged by her grain diet that it was not absorbing almost anything she ate. The more she insisted on having cereal and pasta, the less her body could get the crucial vitamins.

More than her intestines, her identity as an anorexic was killing her. She had been misdiagnosed. Just one month after her first visit to Dr. Falchuk, Anne Dodge had put on five kilos.

Identity may have severe adverse reactions. Luckily, Dr. Falchuk was not interested in the paper she carried on her nose.

Bad identities last longer

The story about Anne Dodge is reported in the book by Dr. Jerome Groopman, *How doctors think*. What happened to her is surely not an exceptional occurrence. On the contrary, it happens every day in psychiatric hospitals and schools, in street friendships, inside companies and families. Heavy stigmas are put on people's backs, and remain there for decades or forever. Anne Dodge was caught in a symbolic trap, until Dr. Falchuk set her free.

Let us assume that anyone would rather be treated the way Dr. Falchuk did. He had an exceptional effect on her history. Not only did he probably save her from death, but also restored her engagement to everyday life. We can suppose that as soon as she learns how to deal with her intestine's special requirements, she will be able to work better, demand less care from others and become helpful herself. Maybe motherhood will come to question. Maybe, other responsibilities are to come. Her problem with gluten will not last much longer as an identity of sickness. As she regains weight, people will look at her less and less as a diseased person. Her special diet can stop calling so much attention. The healthier she gets, the fewer people around her will have to talk about her on that aspect.

The less we have an identity, and the shorter our identities last, the more responsibilities we have.

Two years ago, I had the opportunity to interview two of Brazil's most acclaimed object designers and an outstanding chef. The three of them are in the Brazilian media all the time, the designers having been honored as the world's best in 2008 in Miami. What is the problem they find about being so famous? It is hard for them to get oriented by people's criticism and compliments now, when they are considering what project to invest on.

They know most people's opinion about their work is simply conditioned by the former appreciation they have received. To say they are good is now a safe

irreprehensible statement. Everyone tends to repeat so. The acknowledgement they already have almost exempts them from doing a good job anew.

Nevertheless, if we talk to them about this situation, we will notice that they work very hard to keep up the high level of quality. They feel they should be attentive to all creative stimuli around them. They love what they do, but they can assure you they are restless. Not accommodated on the fame they have built. Their minds can be working around the clock. They dream about their next creations at night, and go after the best environment and state of mind for creativity during the day. They do not feel that their recognition is resistant, resilient, guaranteed. Maybe, it is not even their own fame – it is almost felt as though it were a validation addressed to their public images. They feel the awards can, and will, elapse them sooner or later – and their intimate vision of themselves is more connected to their everyday work, than to the occasional celebration parties.

If we look around for a while, we can see that good identities are never as guaranteed and enduring as bad ones. Anne could easily have been considered anorexic until the day she died, but you can only be considered the best designer of the world one year at a time, and it is probably impossible to be in that position for more than a decade uninterruptedly.

Moreover, language constructions have a peculiar fragility when positive. They are prone to be doubted. There is hardly anyone bothered by Anne's anorexic stigma, and it can rest unthreatened forever, but we can be sure someone will look spitefully at a best designer's award, questioning the quality of the jury, the interest of the sponsors, the aesthetical references of the contest. There is always someone to launch doubt over a brilliant performance, and hardly ever a Dr. Falchuk to insist that a bad diagnosis is wrong.

Also, bad identities attract more bad identities. In the medical environment, that is quite visible. Dr. Groopman examines in his book how cultural and moral judgment interferes with diagnostic processes.

Medical identity is one we should be especially careful about. He says doctors are more likely to go for positive treatments and diagnosis for the patients who touch them affectively, like children. We do not easily accept the condemnation of a child.

On the other hand, doctors might give up investigating further into cases of patients who do not take good care of themselves, like the alcoholics with cirrhosis, obese diabetics, or those with terminal emphysema who keep on smoking a lot, for instance. Those doctors' opinions are biased for blaming it all on the self-inflicted conditions. The created stigma hinders the medical thinking.

Likewise, psychiatric patients also get an amount of discredit. Differential diagnosis, for those, might be compromised.

Language and truth

This is not a simple pessimistic appreciation of our societies. It is a cultural view. Especially in the Western world, there are important social structures based on the concept that humans are limited and faulty. We tend to recognize truth mostly on flaws and failures.

That is surely a very complex moral issue that we are not to address any further in this article. We can approach the matter more efficiently if we leave the cultural question aside, and instead of considering identities for their moral attribute of being good or bad, we examine their logical attribute: being true or not. After all, a bad identity is usually stickier exactly because it seems more truthful than a good one.

Nevertheless, the truth, as strong or as bad as it may seem, may oscillate.

Sometimes, tables are turned. A killing anorexia can be reinterpreted as a perfectly treatable aversion to gluten, and the strongest truth becomes false, right before our eyes.

If we are to examine how identities work in everyday life, one important aspect to notice is that truth for everyday matters is, at least, unclear and troublesome.

Considering truth is more compatible to bad identities, we can think that we are safer as long as we do not own the absolute truth. On judgment and diagnostic matters, the truth kills. The false, if taken as truth, also kills. Only doubt saves.

Dr. Falchuk gave Anne the so-called benefit of the doubt.

The doubt as a method

People often believe that medical clinic heads towards diagnosis. So, we can only hope that doctors do not rush too eager for answers. Dr. Groopman, as a Harvard teacher and a writer, has been insisting on the importance to decelerate the decision process, in the name of better results.

Psychoanalytical clinic, on that matter, has doubt as a method. That is why, sometimes, it seems to work the opposite way of medicine. But that is not so. If doctors cultivate doubt, they are more likely to be precise. We work together. Only when psychoanalysts rush into diagnoses, people should really rush away from them.

In the clinical work of psychoanalysis, just as much as doctors crave for the day Anne stops saying that she feels sick, we want our patients to leave behind their own discursive identities. Anne will stop complaining as soon as she becomes asymptomatic, and is adapted to her new diet. From then on, she will be able to consider she has an anatomic or functional difference, but her body will be silent, and most of the time it will have nothing to show. A similar effect can happen with other identities in the psychoanalytical process.

French philosopher Georges Canguilhem has examined the concept of health in the history of medicine, and one of the definitions he has found is “the silence of the organs” – when they simply work calling no attention (in the book *The Normal and the Pathological*).

In psychoanalysis, we will maybe find that health is the silence of discursive identities. Not only of those which a sick body produces, but considering a broader range of personal truths.

Even spectacular designers can get painfully neurotic over their awards. Psychoanalysis is not inattentive to the troubles of success. Identity is our job, no matter how truthful they are – no matter if positive or negative.

Towards a particular kind of silence

If psychoanalysis works towards the silence of identities, it means that we should not only be able to suspend psychological diagnoses in the progress of our work, but also that we should undress people of their common identifications. No more room for being identical, “the same” as usual or “the same” as someone else – the orientation is towards a position in which one will bear indefiniteness.

My first inspiration to write about identity and identification came from a friend’s inquiry – a prominent fashion designer in Brazil and a peer curator for the São Paulo Design Week. We were holding a lecture on Brazilian fashion when someone from the audience asked if there was a common identity to São Paulo designers. The question aroused some polemics among the specialists. Maybe, an identity could be useful for our work to be recognized abroad. Maybe, our young designers should be following aesthetic and creative patterns to develop something as a São Paulo trademark, but my friend and I did not think so. On the matter of creation, patterns play a limited and delicate role, and should not grow to build an identity. “Creative identity” is, as a matter of fact, an oxymoron, a contradiction. Creativity is based on questions, not on preset solutions. An identity is always an old solution to a new situation. It is not creative. We both thought that way, but my friend asked for my theoretical references. This text was thus born.

Creative processes – not only in design, but also in all sorts of life arrangements – count on our capacity to bear the absence of identity in ourselves and in our objects. Charles Watson, an outstanding teacher of fine arts in Rio de Janeiro, usually assigns his students an exercise that puts creativity on trial. He asks them to name as many uses of a paintbrush as they can think of. Besides the regular answers like painting, spreading butter on top of a pie, cleaning the computer keyboard, which relate with the whole identity of the paintbrush, as a *Gestalt*, the most creative students realize that a paintbrush is a compound of a wooden stick, a metal plate and fur. There are then infinite answers to his question – as long as our minds can escape from the trap of identification.

What is there when there is no identification? Someone might say: doubt. With doubt comes effective responsibility. Silence.

Dr. Groopman’s book also leads us in that direction. For the lay reader, what he brings is a series of questions that can be proposed to doctors as they advance in our diagnoses and treatments, to reinstate doubt to their minds. That should help them exhaust alternatives and risks as much as possible, against any accommodation of thought.

Likewise, New York Police Department has discovered the virtue of silence and doubt in the performance of street officers. They have compared the behavior of cops who work alone or in doubles or teams, and realized that the officers were prone to be more careful and responsible in chases and interrogations when alone. Their results, in action, are more effective, and they pose less risk for themselves and the population. By being alone, they lack a colleague’s reassurance to rely on, and thus avoid precipitated conclusions. It gets harder to identify a gun in the hands of a man in distance, or to identify a suspect and chase him shooting, if your mate is

not by your side in support. Officers think twice and put their minds to the test, before issuing reports and communicating solo observations to others. When on their own, a cop will wait and watch further and better.

Doubt makes better doctors, better designers, better policemen, and better lovers. “Undoubtedly”, it also makes better psychoanalysts.

Strong statements

In psychoanalytical clinic, when under the effect of doubt, identities can be just like road signs: they pass by.

The “awareness of persistence of one’s own personality”, as defined by the Houaiss dictionary, is impossible to keep, if you actually try to do so. When it comes to words, only the unspeakable is guaranteed and permanent.

Salvador Dalí wanted his identity to be firm and well-known. Unlike the Japanese painters who keep changing their artistic names and signatures as they get famous, so that their recognition does not influence the public appraisal of their new works, Dalí seemed in constant effort to produce his own mark, and make it as long-lived as possible. Lacan’s indifference must have been really embarrassing to him.

Once, in his old age, Dalí told a young Brazilian pianist touring in Carnegie Hall, that he should start referring to himself as the best Bach interpreter of the twentieth century. Just as Dalí had done as a young painter. “As the decades pass by, people will start to believe so, and will thus spread that you are the best, as they already do about me now”.

But when this story is told, and Dalí reveals how he had worked to build his public identity, the effect is the opposite. The story raises suspicion on the quality of Dalí’s work. We immediately start comparing him to others and questioning the originality of his methods. Or, at least, we can tell that his statement alone would not be enough to sustain his fame.

A strong insistent statement, as Freud noticed, conveys a doubt to the listener. Especially when it is repeated and emphasized. Likewise, spontaneous denials are always, in some aspect, affirmative statements. After a long silence in the room, a man says to the woman next to him: “you don’t need to feel uncomfortable; I was not staring at you”. Those words can only cause even more discomfort to her.

Some corporations act like Salvador Dalí. They post large charts on their main halls, explicitly stating their mission and values. We all know that, if those words are hanging on the wall, it is because they are probably either unclear or easily forgotten by the staff and customers. Any other way of putting them forward would achieve higher credibility.

It is as if words and identities were unmixable. Are they?

Words may have us forget, instead of remembering. If identity is a matter of persistence, words are not of much help. They are anything but persistent in our minds, most of the times. As we can always question the truth of words, the problem of identity remains unsolved – at least, at the symbolic level.

PART II
The Imaginary

(in development)