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THE ANALYST AND THE CLINICIAN
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Lacan considered it indispensable for the analyst to be at least two, the one who causes the analyzing work and the one who theorizes its effects (*R.S.I.*, December 10, 1974). Each of these positions controls the deviations of the other, performs its counter-role. Occasion to review the interaction between the two in each of the analyst's current practices.
From the debates held during and after the San Juan of Puerto Rico Symposium, several themes were proposed. To the title finally chosen, *The analyst and the clinician*, several possible sub-themes are linked, among which:

1. Analytic act, experience of analysis and clinical elaboration.
2. What is a clinical case in psychoanalysis? Uses and functions.
3. From the knowledge of the symptom to the logic of the case. Diagnosis at the beginning, during and at the end of analysis.
4. Validity of Freudian records. Lacan's presentations of the ill.
5. "Cases of urgency". The introduction of time in the analysis.
6. When the analyst comes to the case: supervision, control, counter-role?
7. Pass and clinic. Articulations and incompatibilities. Direct and indirect testimony in the transmission of psychoanalysis.
8. "The analyst's unconscious". Interpretative freedom, subjective destitution, causal enthusiasm and responsibility.
9. Politics of the symptom and the transmission in psychoanalysis.

Some initial references
Lacan situates the analyst's action on the basis of his conception of the pass, the analyst authorizes himself, from a position of subjective destitution that "...will not stop the innocent, who has no other law than his desire" *Proposition 9 October 1967 for the psychoanalyst of the School.*
Nine years later, in his *Opening of the Clinical Section*, he proposes to compensate for this blind efficacy (marked by his *Verleugnung*, the structural ignorance of the act) by putting the "innocent" on the stand: the psychoanalytic clinic consists in questioning the analyst, urging him to state his reasons on the effects of his intervention, on his reading of Freud and on what his practice implies of chance and risk {*hasardeux*}.

In turn, in a movement of feedback, the *analyst cause* compensates for the excesses of the *clinician*, always inclined to objectify from the outside the signs of suffering. "We call symptom what the subject situates as such", said Colette Soler in *The quarrel of diagnoses*. Among the crucial problems for psychoanalysis, Lacan pointed out that "...if the clinician does not know that one half of the symptom is in his charge, his half of knowledge, and that without this second person the symptom does not end up being constituted, he will be condemned to let the clinic fall into the psychiatric path, from which Freudian doctrine should have rescued it". (*Crucial Problems*, lecture May 5, 1965).
Between cause and clinical interrogation, perhaps the oscillating position that suits the analyst, between *Verleugnung* of the analytic act and the horror of knowing, can be better situated. Crucial problem of psychoanalysis, thus situated in the review of that seminar: " That the being-of-knowing must be reduced to being nothing more than the complement of the symptom, is what causes horror to the analyst; if this is elided, the status of psychoanalysis as a scientist stagnates indefinitely...".
The deficit of this articulation can also be noticed in our School, and perhaps more clearly than ever. Even in the experiences and testimonies of "successful" pass, with the nomination of AE, the articulation between act and clinic is usually scarce, and one is often confused with the other. We regularly hear stories of analysis and its *exit* from the narration of an analyst in potency, without references to a partenaire with whom he/she was authorized as an analyst; moreover, it is also done in public as a direct testimony, whereas Lacan's fundamental proposal was that of *indirect testimony* through the passeurs.

The other usual clinical arrangements in our community also deserve to be reviewed from this double perspective. *The elaboration of a case*, already since Freud, could not be positivist (analyst as cognizing subject - patient as known object), much less techno-empiricist (information without a subject). Freud did not publish the transcription of his original records, but *dialogical* records in which he is involved in the effects of his intervention, stylizing the monologue of the analysand.
Is *the supervision* currently practiced the one Lacan conceived of, that is, the case of an analyst who is surpassed by his act, which is often more effective than he realizes? (Lacan, *Speech at the EFP on December 6, 1967*).
Can we see that *transference* is the pivot of an alternation, a ballet between subject and object, sustained between the two bodies with which the analytic link is organized? (Proposition 9 October 1967). The position of the analyst is not fixed, not even dynamic, but energetic, in act, alternating between these two perspectives.
The *analytic discourse* is realized in the change of discourse and not in the stabilization of the analyst-cause (Seminar *Encore*, 19 December 1972).
Also the practice of the *presentation of the ill*, if it involves the analyst, is not mere showing, but "...dialogue between two persons, without which the symptom does not end up constituting itself as such" (*Crucial Problems*, May 5, 1965).
The proposal is to rethink the Freudian clinic as Lacan presented it in 1975: *It is the real as impossible to bear. The unconscious is the trace and the path through the knowledge it constitutes, making it a duty to repudiate everything that implies the idea of knowledge*.
Reserving this term for the case of the symptom, knowledge of the subject who suffers it and activates it without recognizing himself. The *Spaltung* of the subject between knowledge and recognition is the Freudian name for the subject.
Case and symptom are, from this double perspective, inseparable. The history of these terms indicates it: the *symptom* is the particular *case* of division of the subject that *occurs* in coincidence with the singularity that *causes* it.

This Symposium can also be an opportunity to assess the challenge represented for the analyst today by the transformation of locally incardinated knowledge into digitized information, with the consequent effect of camouflaging the Freudian clinical types of the symptom. The consultation comes today from the lostness in the immensity of "social" networks, where the insults of bullying are turned into badges of dignity and vice versa, and where identifications are exchanged with emblems of identity. It is now difficult to recognize the most elementary types of real symptom or subjective division, that which is written on the body with no other ink than the one deposited by the signifier as letter or substance of jouissance.
How to return today, almost half a century later, to the last Lacan, that of the Clinical Section and the seminar *Dissolution*, trying to restore Freud's saying in psychoanalysis, in the praxis of the theory, in the clinic, in the teaching?