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Once deeds are done, whether in justice or contrary to it, not even
Time, the father of all, could undo their outcome.¹

—Pindar

In this book, I would like to show you how my psychoanalytic experience has led me to the conclusion that the unconscious is repetition. Usually, we say that the unconscious manifests itself through our slips, our parapraxes, or our dreams. This is correct. But the unconscious is much more vital and intimate for us. What is the unconscious? Without denying that the unconscious is a structure organized like a language, I prefer to consider it here as a drive, as a propulsive force. The unconscious is the sovereign force that impels us to choose the woman or the man with whom we share our lives. Contrary to general opinion, the choice of our partner is less a rational decision than it is the result of an amorous relationship whose cause is unknown to us. But the unconscious is also the force that pushes us to choose the city or the house we inhabit. All these choices that we believe to be deliberate or

1. Pindar, *Olympian Odes, Pythian Odes*, ed. and trans. William H. Race, Loeb Classical Library 56 (Cambridge, MA: Harvard University Press, 1997) 65.

fortuitous really take place without our actually knowing why. Nevertheless, beyond this point, we have learned from clinical experience that there is another unconscious agency that is more persistent and more mysterious to which I would like to devote this book. It is the **agency that compels us to repeat**. Our life beats to the rhythm of repetition that the unconscious impels. In the end, the unconscious is the force that pushes us to **actively** reproduce, from our earliest years, the same type of amorous attachments and the same type of painful separations that inevitably mark our affective lives. Thus repetition is both healthy and unconscious: a life drive. But, the unconscious is also the force that pushes us to **compulsively** reproduce the same failures, the same traumatic moments, and the same pathological behavior. Thus repetition is pathological and unconscious: a death drive. But whether the unconscious is a life drive or a death drive, or whether it is the cause of our repetitive behavior, healthy or pathological, the only thing certain is that it is the unconscious that determines the appearance and the reappearance of the significant events that construct our existence.

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Now what is repetition? I would like to introduce you to the concept of repetition by sharing a clinical experience with you in which you will see how repetition is present in the genesis of the suffering of the patient and also present in the mind of the practitioner when he or she wants to understand the meaning of the patient's symptoms [*manifestations*]. It is only after this clinical example that I will share my general definition of repetition and distinguish two psychoanalytic categories: healthy repetition and pathological repetition. I will especially address the latter.

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A Clinical Experience in which the Psychoanalyst Listens to His or Her Patient While Being Mindful of the Concept of Repetition

A while ago I received in my practice, for the first time, a young lawyer named Rachel. Rachel lived alone and suffered periodically from the effect of an inconsolable affliction. She did not know what made her sad. Gradually, in the course of our meetings, she dwelled on these attacks of inexplicable crying, her inability to stop, and on her fear that it would become a permanent problem. While Rachel spoke to me, I thought of two things. Here I must emphasize that when an analyst listens to a patient, it is imperative that he or she have two things in mind. I do not agree that the analyst must listen to his or her patients without any preconceptions. No! It is preferable that, during the session, the therapist maintain a twofold mental state: while listening to what the patient is saying, he or she has questions, hypotheses, and suppositions in mind, that is to say, a useful set of preconceptions resulting from formation and practice that are “fecund.” Everything that emanates from the patient, whether verbal or non-verbal, passes through the filter of the practitioner’s theoretical knowledge and previous experience, a screening that is necessary for the preliminary analysis of the general features of the clinical issues of the patient. Thus, while listening to Rachel, I had two ideas in mind relative to repetition. First, to identify the moment and the context in which the first crisis appeared in adulthood, and even better, the **very first manifestation** of sadness in her childhood. There is always a first time when the symptom appears, and this initial appearance is decisive for an understanding of the cause of the suffering. The first moments are so important because it is then that impact of a symptom has the deepest effect that cannot be erased. It is as if the first disclosure of the symptom is more revelatory of the cause than its subsequent appearances. Now, the search for this first

appearance of trouble is often neglected by the practitioner, although this information is indispensable for his or her understanding of the cause of the illness. For example, we will never understand an adult neurosis if we do not identify the childhood neurosis of which it is the repetition. Any adult neurosis repeats a childhood neurosis. It should be standard practice for the practitioner, during preliminary sessions, to search for the first appearance of the problem. This is the only way that the practitioner could identify the repetitive effect that follows from the first occurrence of the problem up to the most recent. Having successfully reconstituted the chain of successive symptomatic appearances, he or she could then interpret the cause of the problem. In this sense, we recall one of the major principles of psychoanalysis: **the disturbance which seems inexplicable in the mind of the patient is always found in his or her actions;** and inversely, **the disturbance whose meaning has been interpreted does not return.** But what does it mean to say that the therapist interprets a disturbance? The significance of a disturbance is nothing other than a response to a question: Why has this disturbance been necessary? What has been the development of psychological events that made it necessary? Of what problem is it the solution? I should add: the *worst* solution. If the psychoanalyst succeeds in answering these questions, he or she will already have taken an important step in determining the cause of the illness and, moreover, a step toward curing the patient.

That being the case, let us continue. My first idea then, in Rachel's presence, was to identify when her sadness appeared for the first time, and when it reappeared subsequently. If I establish this repetitive pattern of the symptom, I can gain a glimpse of the interpretation of the symptom, determine the origin of the problem, consider a clinical diagnosis, and finally decide on a direction for the cure. With respect to the importance that I accord to the symptom, let me add that I can work with the patient for months, with little interest in the family history, but I know the history of the symptom very well. The truth of a

subject, that is, what intimately defines him or her, is more his or her symptom than the family history. There is more of the unconscious in a symptom than in the memory of an important family event. What does this mean? It means that the symptom is the truth of the subject, the involuntary manifestation that individualizes and signifies it most profoundly.

But let us return to Rachel. The other idea that animates my listening is of knowing the details, **all of the details** of the onset of sadness: “On what occasion? At what time of the day? At work or in the house? And if it is in the house, in what room? Alone, with someone else present, or when thinking of someone? What physical position are you in when you feel sadness?” The knowledge of these and many other apparently insignificant details will allow me, as Freud said, to observe the unconscious of my patient. I am convinced that, in the end, these details will reveal Rachel’s unconscious to me. In what way? The knowledge of these details of the scene of the symptom allows me to project myself mentally, by way of imagination, into Rachel’s inner world when she feels invaded by sadness. It is very important that I clarify what “project myself mentally” means. The knowledge of the details of the scene of the symptom is not so much to inform me as it is to attune me to the way my patient experiences her suffering emotionally and physically. In this way, immersed in the scene of the symptom, I can put myself in her place, feel what she feels, and think what she thinks. However, I would like to go further. I would like to identify myself not only with the real and actual person of Rachel when she is sad, but further, to identify, if possible, with an other Rachel, a virtual, imaginary, fantasmatic Rachel, a Rachel who is a little girl or even a baby, recreated in my analytic consciousness as an abandoned and distraught child. In other words, I try first to feel what Rachel feels **consciously**, and if that is possible—whether in the preliminary sessions or later during the cure—to feel as well the supposed emotion that the little fantasmatic Rachel whom I represent to myself would feel,

and of which the adult Rachel has no consciousness. Let us formulate this in another way. Our adult Rachel has felt, as a child, an emotion that is **unconscious** today, an emotion that I, the analyst, would like to experience.

Twofold Empathy: The Exclusive Skill of the Psychoanalyst

By feeling what the patient feels when he or she suffers, the psychoanalyst shares in the emotion, first in conscious emotion, and then in unconscious emotion.

—J.-D. Nasio

By focusing on these details of the symptom—my second idea—I identify with the adult Rachel who is stricken with sadness, and on that basis, I identify with a hypothetical Rachel as a child or a baby, a victim of a traumatic abandonment. I say “hypothetical” because I do not know what little Rachel has actually experienced. No one knows, not even our current Rachel, who carries the silent pain of her abandonment within the depths of her being. I have only imagined a little distraught Rachel, and I have tried to feel what this imaginary being would have felt.

This attempt to feel, within me, the patient’s conscious experience when she is plagued by her symptom—a **first empathy**—, and then her unconscious experience—a **second empathy**—implies, I would say, a significant change in level. From the ground floor at the level of the symptom, I descend to the basement at the level of the unconscious where the theatrical scene that I call the unconscious fantasm is played out. It is as if I descend from the scene of the symptom where adult Rachel knows what she is experiencing, to the scene of the unconscious fantasm where little Rachel experiences an emotion of which adult

Rachel is unaware. On the basis of my perception of Rachel's sadness when she suffers from her symptom, I pass to the perception of the emotion of which Rachel is not conscious and which, nevertheless, dominates her fantasm. It is a fantasm, I insist, that the patient does not represent to itself, and which is dominated by an emotion that the patient does not recognize.

We will return later to the notion of the unconscious fantasm. For the moment I would say that the fantasm is a diffuse scene, with faded, somewhat blurry contours, which is imprinted in the unconscious of the child at the moment of the trauma; this scene is unquestionably the hidden cause of the symptom. Behind a symptom there is always a fantasm hiding. Provisionally, a fantasm is defined as: **an unconscious memory, the trace left in the unconscious by a psychoanalytic trauma during childhood.** But the fantasm is not a passive memory, it is an open wound that does not heal and that deepens for years—from childhood until adulthood—like an infected site that contaminates the entire person. Also, I take the fantasm to be the unconscious cause of Rachel's current depression. Now it is precisely this fantasm that appears in my mind. I would like to be clear: I perceive in me, the analyst, the unconscious fantasm of my patient.

When we speak of the conscious symptom and of the unconscious fantasm, where do we situate repetition? Repetition is found at the level of emotion. The emotion experienced consciously by the patient when she suffers her symptom, **repeats** the dominant emotion of the fantasm, of which the patient is not conscious. **The current emotion repeats an unconscious childhood emotion.** In the case of Rachel, the unconscious childhood emotion appeared clearly to me when, in the course of preliminary meetings, the analysand confided in me that, having been born prematurely, she had to be placed in an incubator for a long time, and her mother, who was sick and bedridden, was unable to see her, touch her, and hold her in her arms. While thinking of this wrenching separation, I understood that the inexplicable sadness of the

woman today was, in fact, the pathological repetition of the distress of the baby of the past. Thus this archaic distress caused by abandonment, which is not felt consciously by Rachel today, nor any longer by baby Rachel—because it was too violent to be registered in her immature consciousness—is precisely the unconscious primordial distress that I, the analyst, have attempted to experience. Thus, I succeeded in explaining today's pain as the return of yesterday's wound and proposed an interpretation of the symptom to the patient while seeking to cure it.

I would like to make a brief comment to close this discussion of the mental work of the psychoanalyst, and to show how the effectuation of the two empathies distinguishes psychoanalysis from other psychotherapeutic techniques. Psychoanalysis is not defined by the existence of a couch on which the patient lies or by a chair where the one who listens is located. Nor is it defined by the arrangement of furniture, or even by the original assertion of the fundamental rule of free association. Psychoanalysis is defined by the intensity of the unconscious relation between the therapist and the analysand. Such a relation depends precisely on the ability of the therapist to perceive, in his or her unconscious, the unconscious fantasm of the patient, and to enact a twofold empathy: a more superficial empathy with the conscious patient, and another more profound empathy with the unconscious patient. Certainly this perceptual experience of the psychoanalyst does not occur at every moment, or with all patients, or in all sessions. No, these are singular moments that are relatively rare and, above all, **therapeutic** because if this perceptual experience occurs and reproduces itself, that condition of the patient can be improved.

In summary, the first idea that guided my listening to Rachel² is a **clinical** idea: it concerns the repetition of the symptom in time,

2. Today, after three years of treatment, Rachel has completed her analysis. Her symptoms are significantly attenuated after having addressed with her, her sense of abandonment as an infant and having led her to relive in our sessions, as well as on numerous occasions, the cruel solitude of a premature newborn.

the number of times it was manifested since its first appearance, the number of episodes Rachel has suffered. This is what I call the **temporal repetition of the symptom**. My second idea concerning the research of the details of the scene of the symptom through which I identify with the conscious and then the unconscious emotion of the patient, is a **metapsychological** idea. It entails the **spatial or topological repetition of the fantasm**: the conscious emotion of the symptom repeats the unconscious emotion of the fantasm; Rachel's sadness as an adult repeats Rachel's distress as a baby. In addition, spatial repetition functions within psychical space: an element belonging to conscious space—the symptom—repeats an element belonging to unconscious space: the fantasm. We have thus on the one hand, the **temporal repetition of the symptom** that we can identify as **horizontal** repetition because the successive occurrences extend on the time line insofar as time is conceived of as a succession. On the other hand, we can identify the **spatial or topological repetition of the fantasm** as **vertical** repetition because the two events are superimposed, one the deeply entrenched fantasm and the other the surface symptom. The conscious symptom repeats the unconscious fantasm in a perpendicular manner. Later, we will return to the **temporal and spatial repetitions** by illustrating them with two schemas [figure 1 and figure 2 (35)].

In terms of repetition, the position of the psychoanalyst is two-fold. On the one hand, he or she regards the past in order to find the milestones of a history, a history of trouble that affects the patient. On the other hand, he or she looks ahead to find the signs that emanate from the person who speaks, in order to recreate, in the theatre of the imagination, the scene of the symptom, and, if possible, the scene of the fantasm. In one case, the psychoanalyst is a **clinician** who takes note and counts; in the other case, he or she is a **metapsychologist** who supposes, deduces, intuitively, and feels.

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A General Definition of Repetition

Often I have this dream—a strange searching dream—
 Of a woman I don't know, whom I love, and who loves me,
 And who is not, each time, different, exactly,
 But loving me, understanding me, is neither the same.

—Paul Verlaine³

But let us leave the psychoanalyst's office for the moment and consider repetition in a quite general sense of the term. What is repetition? Repetition designates a universal movement, a rhythm that rules the biological, psychical, social, and even cosmic order. For thousands of years the earth invariably repeats the same elliptical orbit around the sun. Similarly, the history of humanity constantly repeats the same conflicts and the same precarious solutions. Closer to our own experience, our body repeats indefatigably, from birth to death, the same vital gestures: respiration, consumption, elimination, sleep, etc. Our body repeats, and thanks to the repetition it consolidates itself as a body. Also, our psyche experiences the same feelings, the same thoughts and the same actions throughout life, which I am going to describe in detail. But allow me first to advance a general definition of repetition. I propose the following formulation: repetition involves at least two occurrences in which an object **appears**—a first occurrence—, disappears, and then **reappears**—a second occurrence—each

3. Paul Verlaine, "My Familiar Dream"/"Mon rêve familier," *Poems Under Saturn*, trans. Karl Kirchwey (Princeton, NJ: Princeton University Press, 2011), 26–27.

*"Je fais souvent ce rêve étrange et pénétrant
 D'une femme inconnue, et que j'aime, et qui m'aime,
 Et qui n'est, chaque fois, ni tout à fait la même
 Ni tout à fait une autre, et m'aime et me comprend."*

time slightly different but always recognized as the same object. Certainly, repetition is the repetition of the Same, of the same thing that reappears, but—take note!—never identical to itself, always slightly modified each time it resurges. Each time the earth revolves around the sun, an infinitesimal change occurs. The earth is each time always the same but never absolutely identical since the passage of time prevents it from remaining intact. This is very important. When I began to work on the theme of repetition, I did not understand the expression “repetition of the same.” I worked on the concept for ten years and, nevertheless, each time I learned something new. For example, the sentence “Repetition is the repetition of the same object that never appears identical to itself although it is always recognizable as the same object.” To write this simple sentence has taken me years! Why? Because I did not understand that repetition was always repetition of a thing that was *never* really **identical** to itself.

This is the first of three laws that determine any repetitive process: **The law of the Same and of the Different.** The Same is never repeated as identical to itself; it will always be recognizable but in different ways. In a word, repetition is the trajectory of an object identified by an observer who sees it appear, disappear, and reappear, each time slightly different, in variable moments and contexts.

However, to affirm that a thing is repeated in time, it does not suffice to state that it remains the same while undergoing modifications. It remains to be established that it absents itself between two presences. This finding justifies the second law, the law of the **alternation of Presence and Absence.**

Let us add now the third law that is essential to the movement of repetition: **The intervention of an observer who counts the number of the moments it is repeated.** This is an obvious fact that one often forgets: Without the observer there is no repetition. Why? This is because repetition is, in reality, the result of a reflective process.

There is no repetition without you, without your counting, without the conscious enumerator that you are. In order for there to be repetition there must be a human agent; there must be a consciousness that identifies an event, extracts it from the incessant flux of life, and counts all the times where it surfaces. In other words, our thinking **isolates** a prominent fact, **names** it and **counts the number of times** it is repeated. It is thus that we transform a simple fact into a **signifier**, a term central to Lacan's corpus. What is a signifier? A signifier is any event, any being or any thing that I formulate into an entity **than can be counted**. Although correct, my definition remains quite general. Psychoanalytically speaking, I should write: "A signifier is any involuntary manifestation of the subject, susceptible to being counted by the subject itself or by an other." When, for example, I enumerate Rachel's successive crises, **I transform the crises into signifiers**. Each crisis represents Rachel's unconscious in the midst of past crises and those to come. As Lacan expressed it: "A signifier represents the subject for another signifier," and paraphrasing this I would say: a crisis represents Rachel's unconscious for other past and future crises. It would be necessary here to reconsider many other aspects of Lacan's notion of the signifier, but the most important point for our position is to recall how the signifier enacts a chain in a repetitive series of similar signifiers. What is proper to a signifier is to be among other signifiers that resemble it. There is no isolated signifier, and further, there is no signifier without repetition.

A brief word regarding the human agent who counts the occurrences of repetition. If it is true that there is only repetition because a lucid agent enumerates the successive appearances, the one who counts is unaware of the repetition that traverses him or her. What does this mean? It means that we have two positions in relation to repetition: either we are external to the repetitive series that we count—in this case we remain conscious—or we are the innocent plaything of an imperceptible repetition of the same happy or unhappy event—in which

case we are unconscious⁴—either we count and we remain outside of that which we count, or we are blind and involved in the irresistible flux of repetition. However, Lacan goes even further. He is not content to establish that a subject can be traversed by a repetition of which it is unaware, but insists that the subject is constituted by it. That is to say that its desire, its life, and its destiny are influenced by repetition. Here is an eloquent passage from *Écrits* where Lacan, identifying repetition with the symbolic order, proposes that the human being is the product: “Since this repetition is symbolic repetition, it turns out that the symbolic order can no longer be conceived as constituted by the human being but must rather be conceived as constituting him or her.”⁵

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The Beneficial Effects of Healthy Repetition: Self-Preservation, Self-Fulfillment, and Identity Formation

Can we assign a goal to repetition? Does it have a goal set in advance? It is a philosopher who allows us to respond clearly to this question. In his remarkable *Ethics III*, Spinoza tries to describe all life in terms of a single fundamental tendency, the tendency of every person to “persist in his or her own being.” I am always amazed by this powerful

4. It is a situation where we are the actor but also the spectator of a repetition that carries us. This is the case of a **revivification**. Later, when we conclude our book by evoking the phenomenon of therapeutic **revivification**, the sublime figure of repetition, we will see that at the moment of the reactivation of the traumatic emotion, the analyst is simultaneously **the one who relives the trauma** and **the one who sees the trauma revived**.

5. Jacques Lacan, *Seminar on “The Purloined Letter,”* *Écrits*, trans. Bruce Fink (New York: W. W. Norton & Co., 2006), 34. Hereafter cited as *Écrits*, followed by the page number. Translation modified.

sentence that, in a few words, describes life. Thousands of philosophers and men of science have tried to define life. Some have declared, for example, that it is “the ensemble of functions that resist death.” Others have written that it is “what one can abolish,” and others write that it is “what consumes and produces waste.” In the end, all these definitions emphasize the perishable nature of life. For his part, Spinoza adopted an opposite position. He revealed above all the expansive force of life, the *elan* that maintains itself without fail and triumphs over all obstacles. According to Spinoza, “Everything, insofar as it is in itself, endeavours to persist in its own being.”⁶ Every person, only by existing, tends to continue to exist, and attempts, in every possible way, to persist in his or her being. By writing this book, what am I doing other than persisting in my being? Our existence is a plebiscite, at every moment, on our desire to live. Each day by getting up and by doing what we have to do, we implicitly say yes to life. Now, I do not know until what point I will renew my daily reaffirmation of life. It is my body that will decide and, in addition to it, my unconscious. For the moment, faced with these two masters—my body and my unconscious—I try to limit myself to persisting in my being. I write these pages today, and will write others tomorrow, as long as my masters allow, I will persist in my being, I will follow my path.

But what does it mean to **persist** in one’s being, if not to repeat and to repeat in order to conserve one’s unity as an individual, to fulfill oneself—that is to say to exist to the fullest possible extent—and to reinforce one’s identity in the passage of time? I repeat myself, and by repeating myself, I conserve my past because by rediscovering it each time I appropriate it; I improve myself because with each repetition, learning from experience, I gain knowledge, I learn to contextualize experience, and, in the end I consolidate my identity. Since I am forced

6. *The Chief Works of Benedict de Spinoza*, V. II, *The Ethics*, Part III, PROP. VI, trans. R. H. M. Elwes (New York: Dover Publications, 1951), 136.

to repeat, I confirm that I am the same today and tomorrow. In sum, *I repeat, therefore I am*. What then is the purpose of repetition? In fact, repetition does not have an external goal that it seeks to attain. It is essentially an irreducible tendency that has no other purpose than to remain a force that leads us to better ourselves. Repetition produces three primary effects: to preserve our individual unity, to develop our maximum potential, and to consolidate the feeling that we are the same yesterday and today. In addition, repetition produces a threefold beneficial effect: **self-preservation, self-fulfillment, and the affirmation of our identity**. Repetition structures us, reassures us, and enhances our well-being. While writing this last sentence, I imagined an objection raised by a reader who would say: "Routine horrifies me and I only aspire to one thing: to change, to be able to change! I adore novelty while repetition wearies me." I would respond: "Certainly we all love surprises, the freshness of the new, novel feelings, and births of every kind. Nothing is more beautiful! We love being astonished and even disconcerted." How many times has it happened when I address a patient and say: "At this moment you need to be surprised as boredom is weighing you down!" It is indisputable that the idea of the new excites us, and nevertheless I ask you to reflect a moment on the choice between the pleasure of the new and the comfort of the familiar. Obviously this is a choice that we will never face because the old is always dissimulated in the guise of the new. Nothing can be entirely new or entirely not-new. In fact, the new does not exist in a pure form. I challenge you to find something new that is completely deprived of a trace of the past. And then, between the old and the new, it is the old that wins. What does this mean? We change and grow old, while in our hearts we feel constantly the same whatever age we happen to be. This sameness [*mêmeté*] in us is the timeless heart of our being. So the old triumphs over the alterations of time. I am essentially the same at 6 months, 2 years, at 40 and 60 years, in spite of the innumerable changes that modified me. I change but I remain

always the same. This certitude of the sameness [*mêmeté*] reassures me and enhances my well-being.

I wrote earlier, *I repeat, therefore I am*. Now I must modify the formulation as follows: “*I am what I repeat*.” This is not a trivial play on words but a way of completing our understanding of the role of repetition in the affirmation of our identity. I proposed that by repeating myself I consolidated my intimate feeling of being myself. Now, I would like to show you that my identity is not only a feeling but also an entity external to me: a person, a thing, or an abstract idea. My identity is within me and outside of me. I will explain. If I were a woman I would say: “The man that I love today strangely resembles the man I loved twenty years ago and each of the men have something that reminds me of my mother when I was six years old.” I just wrote “mother” and not “father” as one would have expected. Experience teaches me that in the amorous choice that a woman makes concerning a man, the mother is much more determining than the father. It is contrary to our opinion that the woman’s choice operates on the basis of the Oedipal love for the father. I insist that this is often false! In the selection of her masculine partner, the woman is compelled to repeat the pre-Oedipal love for the mother rather than the Oedipal love for her father. When she chooses a man, we generally find the mother as the profound cause of the choice, and the father as more superficial. The woman chooses her companion under the influence, above all, of the unreasoned, unconscious relation with her mother and then under the influence of the more superficial relation of seduction with the father. This is why the partner can reinvest this or that aspect, psychically reproducing those of the father, but the essential affective attachment that links the woman to the man reproduces the unconscious attachment to the mother. And even in the case where the woman chose her partner based on the model of her father or her brother, when carried away by anger during a domestic scene, she would transfer the hateful feelings that she harbored for her mother during the Oedipal age or

during adolescence onto her husband. This is a proposition that I submit for the readers. Think of a man who shares your life and ask yourself if—viscerally, and more profoundly than your love or deceptions—the relation that unites you to him is not paradoxically marked by the most carnal love and by the most bitter reproaches that linked you libidinally to your mother. In sum, one repeats with one's partner, the passionate and conflictual bond with one's mother from childhood or adolescence. I specify immediately that when I use the term “mother” I am not referring to the real person who was your mother, but the idea of the mother that you forge within yourself. If you consider, for example, the case of twin sisters, they each develop a completely different vision of their mother. Inevitably, each of us forges an idea of the mother or of the father that is different from what they really are. It is the projection of this invented image on the man that will finally decide the choice of the partner. When I wrote at the beginning of the book that the unconscious is a force that impels us to choose the man or the woman with whom to share our lives, I was thinking precisely of the powerful influence of the fantasm that we project on the other during the crucial decisions of our existence.

My identity is thus to be understood in two distinct and complementary ways. First, it is the feeling of being myself consolidated with each repetition. But my identity is also external to me, in the man or the woman with whom I live. It is in him or her that my identity, and consequently, in him or her where my unconscious, is incarnated. **My unconscious is also outside me, in the other on which I depend affectively.** Here, I must make an important remark with respect to identity outside the self. I just wrote that my identity is found in the man or the woman with whom I share my life, but it is necessary to go further and explain that my identity is not in the person of my actual partner, but in a feature that characterizes him or her. Now, this feature that distinguishes the man or the woman whom I love, has been also shared by every person I have loved since my birth. We love without

realizing that our loved one today has a feature in common with one whom we loved yesterday and that our successive partners, beginning with our father or our mother, have also had this common feature. Effectively, when one meets someone new, one is often surprised to find that he or she bears a characteristic of the person who was previously loved and desired. This feature, a special smile, for example, which persists and is repeated in the first, second, and all of the successive partners in one's history; this feature, this smile, is a feature and this feature is at the core of who we ourselves are. Yes, we are the feature that is common to all objects loved and lost in the course of our lives. Also, **I love you not for what you are but for that part of me that you carry within you.** Who then am I? I am the smile that lights up your face. My identity is not reducible to a feeling of being myself, it is materialized in that part of me that shines in the man or the woman with whom I share my life. It is there where my identity resides and, consequently, it is there that my unconscious is also incarnated.

In order to conclude our considerations concerning identity and repetition I cannot resist sharing an astonishing confidence from Descartes in which he confirms our thesis on the unconscious attachment to a feature: one loves a loved one not for what he or she is but because he or she is the bearer of a feature that makes him or her desirable to us. Now let us listen as our philosopher confides his secret to us:

. . . when I was a child, I loved a little girl of my own age, who had a slight squint. The impression made by sight in my brain when I looked at her cross eyes became so closely connected to the simultaneous impression arousing in me the passion of love, that for a long time afterwards when I saw cross-eyed persons I felt a special inclination to love them simply because they had that defect. At that time I did not know that was the reason for my love; and as soon as I reflected on it and recognized that it was a defect, I was no longer affected by it. So, when we are inclined to

love someone without knowing the reason, we may believe that **this is because of a similarity to something in an earlier object of our love, though we may not be able to identify it.**⁷

When I discovered this passage, I was struck by the contemporary nature of a thought that precedes us by more than three centuries! But also, inversely, I was struck by the traditional character [*ancienneté*] of our psychoanalytic reflections today. It is as if thought deploys and repeats itself in a timeless manner. But whether it is Descartes, or a psychoanalyst in the twenty-first century who interrogates the workings of love, let us remember that the nature of amorous emotion and the selection of our partner always remains an impenetrable mystery.

I would like to end this section by referring to the two formulations that define the identity produced by repetition: “I repeat therefore I am,” and “I am what I repeat.” In one case, the identity is the feeling of being myself, consolidated by all the repetitions that I carry out in my life. In the other case, the identity is the sum of the persons, the things, or the ideas that, over the course of the years, perdure and affirm themselves as being part of me.

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Three Modes of the Return of Our Past: In Our Consciousness, in Our Healthy Actions and in Our Pathological Actions

We just defined repetition by establishing its beneficial effects, and after dwelling at length on the identity/repetition dyad, we have concluded

7. “Descartes to Chanut, 6 June 1647,” in *Descartes: Philosophical Letters*, trans. and ed., Anthony Kenny (Minneapolis: University of Minnesota Press, 1970), 224–25. Translation slightly modified.

with a twofold definition of identity as the intimate feeling of the self, and as the extension of the ego in the external world. Now I would like to respond to the question concerning what repeats itself in us, which is the object of repetition. Let us say immediately that what is repeated in me is what has already taken place: my past, a past that constantly returns in the present in three modes of resurgence of the past in the present—in **consciousness**, in **healthy actions**, and in **pathological actions**. In psychoanalysis, we call these latter two categories of the return of the past in actions, **repetition**. Let us add that for us, **repetition** is always **unconscious**. In effect, if the act is, obviously, consciously perceived by the subject who accomplishes it, its cause remains unknown. This is why the phrase “unconscious repetition” signifies a repetition whose cause is unconscious.

The first return of the past, the most ordinary, is the one we refer to as the conscious return of the past. This is the case of a memory that reproduces a memory from another time. The memories are most often visual images but they can also be sonorous, tactile, olfactory, or even gustatory impressions such as that of the celebrated madeleine that returns Proust to the sweet memory of his childhood. This return of the past to consciousness is thus **re-memoration**. But before approaching the other major form of the return of the past, the return of our actions or **repetition**, I would like to reflect on the quality of past that we retrieve as memory. Is our past real, the one that we have effectively experienced? Certainly not. Memory is always capricious and unfaithful. The past that returns to consciousness is only the distant reflection of a reality never lost, a reality that we inevitably capture as distorted by the prism of our current perception. This is why the memory of our past is only the distorted product of an illusory reconstruction. When we think for example of the house of our childhood, invariably we imagine it being large, but if we return to it, we are disappointed to find that it is so small. The house that the little boy left is no longer the same in the eyes of the mature man he has become. Thus, the present operates as a distorting lens of the past. Henceforth, all memory is necessarily