

Matteo Santarelli

Chapter 12

Psychoanalysis as a Science of Incomplete Gestures

Abstract: This chapter deals with the importance of gestures in psychoanalysis. To that end, I will adopt a pragmatic and semiotic approach to the philosophy of psychoanalysis, drawing theoretical resources from pragmatism, specifically from Giovanni Maddalena's theory of gesture. In this way, I will attempt to offer an alternative to an overly intellectualized understanding of psychoanalysis by highlighting the importance of incomplete gestures in psychoanalytic practice and theory. By leaning on Jonathan Lear's interpretation, I will highlight the pragmatic dimension of transference, understood as a complete mixture of complete and incomplete gestures. In the final part of the chapter, I will briefly speculate about the relation between completeness and vague gestures.

Keywords: philosophy of psychoanalysis, pragmatism, incomplete gesture, transference

1 Introduction

The problem of intellectualism has haunted philosophical discussions on psychoanalysis since the dawn of the discipline. Intellectualistic approaches¹ tend to reduce psychoanalytic therapeutical practice to interpretation, and in turn they see interpretation as the capacity of *getting what clients really meant* by a specific utterance, a particular gesture, a certain dream. The focus on interpretation is apparently justified by Freud's continuous references to interpretation as a key problem in psychoanalytical theory and practice. One characterizing feature of the psychoanalytical revolution clearly consists in its insistence at attributing meaning to elements that from a scientific standpoint were previously considered meaningless—e.g., slips of the tongue (Freud 1902)—or that were understood as the expression of an organic condition—e.g., hysterical behaviors. Before psychoanalysis, these events

¹ For an overview and assessment of the epistemological basis for these intellectualistic interpretations, see Brigati (2001).

Matteo Santarelli, University of Bologna, Bologna, Italy, e-mail: matteo.santarelli4@unibo.it

were interpreted according to unreliable and non-scientific methods—e.g., folk interpretations of dreams.

However, Freud is equally adamant in suggesting that psychoanalysis is about more than merely finding the true interpretation. Such an overly mentalistic approach neglects the ritual and pragmatic aspects of therapy (Brigati 2015), the importance of transference (Lear 2015), and the ill-fated consequences of a truthful, and yet untimely interpretation, which could exacerbate defensive reactions, potentially leading to a premature interruption of treatment.

As an alternative to intellectualist approaches, one could highlight the importance of the gestural dimension of psychoanalysis. In a 1989 essay, Luce Irigaray wrote: “Gesture is very rarely discussed in psychoanalytic theory, except by Freud and the early analysts [. . .] Yet gesture is an essential part of the conventions of any psychoanalytic practice” (Irigaray 1989, 127).

Irigaray’s comments point to a blind spot of philosophical reflections on psychoanalysis. Both in contributions focusing on the epistemological level and in contributions belonging to the domain of moral and social philosophy, the gestural aspect of psychoanalysis is usually overlooked.

In this chapter, I will try to partially fill this gap by showing why and how an explicit discussion of gesture could contribute to a *non-intellectualistic philosophy of psychoanalysis*. I will do so by adopting a pragmatic and semiotic approach to psychoanalysis and to the unconscious. Such a semiotic approach could strike us as old fashioned and even obsolete.² As the golden age of the old-style semiotic approach likely ended some decades ago, a clarification needs to be made. In the wake of Lacan’s extremely influential approach, semiotic approaches to psychoanalysis have often been inspired by the structuralist semiotic tradition stemming from Saussure and Jakobson (Kristeva 1980). The importance of this tradition in history cannot be dismissed or denied. Yet I believe that another branch of semiotics may still provide an important contribution to the understanding of psychoanalysis; specifically, I am referring to the semiotic approach inspired by the work of Charles S. Peirce.

In the last decades, this path has been opened by the seminal work of Vincent Colapietro. In a series of essays, Colapietro creatively used some key concepts of Peirce’s semiotics and philosophy (e.g., habit and logical interpretant) to shed light on the functioning of the unconscious processes described by Freud. Colapietro’s main contribution consists in understanding pathological unconscious habits

² Something like ten years ago, when presenting my PhD research, a professor commented that the very idea of a semiotic approach to psychoanalysis brought him back to his youth in the seventies: good memories, good old music, a bit of nostalgia, but definitely outdated from a scientific standpoint.

in terms of quasi-logical interpretants.³ According to Peirce, logical interpretants establish a habit change by connecting sign and object through a thought. In the case of quasi-logical interpretants, this mediating thought is unconscious. Therefore, unconscious habits are quasi-logical interpretants in the sense that they are not routines in the trivial sense of the term, nor can they be reduced to a dyadic stimulus-response schema. They are the outcome of an unconscious reworking processes. These processes share the logical complexity of logical interpretants, but they are different insofar as they function in a way that eludes rational and reflective control.

Colapietro's semiotic reading of psychoanalysis is groundbreaking, as it points to an alternative to intellectualistic approaches to psychoanalysis. Specifically, the focus on semiotic processes acknowledges the importance of the intellectual dimension in psychoanalysis, but frames it as part of a wider pragmatic dimension. Consider the aforementioned concept of logical quasi-interpretants. The idea that neurotic symptoms are quasi-logical interpretants highlights how the complex array of behaviors, thoughts and feelings which constitute pathology is the outcome of an attempt to deal with a psychical conflict. This solution allows for the development of the Freudian idea that neurotic symptoms are twofold in nature: they are signs of something else, and at the same time they look like acts.⁴ It is impossible to get what these symptoms *mean*, without keeping these two facts in mind.

In this article, I will contribute to this thread of Peircean analyses of psychoanalysis by retrieving theoretical resources from a recent Peirce-inspired project, i.e., Maddalena's (2015) theory of *gestures*. Specifically, I will use the concept of incomplete gestures to understand some central phenomena within psychoanalytic practice and theory—in particular, the concepts of transference and repetition. The general idea, which can only be sketched here, is that an interpretation focused on incomplete gestures allows for a pragmatic interpretation of psychoanalysis that avoids slipping into intellectualism, without thereby dismissing the importance of interpretation and more generally speaking of intellectual processes in psychoanalytic theory and practice.

³ Colapietro (1995) uses the term “logical quasi-final interpretants.” While fully agreeing with Colapietro's idea, I prefer the label quasi-logical interpretants, because it is consonant with Peirce's emphasis on the aware and deliberate nature of habit changes produced by logical interpretants.

⁴ In recent years, a similar Peircean approach has been adopted in the analysis of Jung's analytic psychology (Maddalena 2017) and of psychology of attachment (Santarelli 2017).

2 A Peircean Account of Gestures

The first step of this project requires a definition of gesture. In his book *The Philosophy of Gesture*, Maddalena defines gesture as “any performed act with a beginning and an end that carries a meaning (from *gero* = I bear, I carry on)” (Maddalena 2015, 69–70). Let us focus more analytically on this definition. A gesture is: 1) a performed act; 2) it has a beginning and an end, so it can be somehow distinguished from the flux of actions, interactions and transactions, and experience; 3) it carries a meaning, whereas in accordance with Peirce’s pragmatic maxim, meaning is defined as “the cluster of conceivable effects of an experience” (Maddalena 2015, 70).

Gestures can be classified as complete and incomplete. Maddalena defines complete gestures both in a semiotic and in a phenomenological way. From a semiotic point of view, a complete gesture unites all three semiotic elements: icons—“signs that represent their objects by similarity”—indexes—“signs that represent their object by direct contiguity or brute force”—and symbols—“signs that represent their object by interpretation” (Maddalena 2015, 20).

From a phenomenological point of view, a complete gesture consists in the equal blending of Peirce’s phenomenological categories: firstness, secondness and thirdness. Peirce defines firstness as the quality “of feeling, or of mere appearance [. . .] the quality itself, independently of its being perceived or remembered, is an example” (CP 8.328). It is the “flavor *sui generis*” (CP 1.531) of experience, the qualitatively connotated novelty which cannot be temporarily labelled into a pre-existing schema. Secondness is “the element of struggle” (CP 1.322), “the experience of effort” which “cannot exist without the experience of resistance” (CP 8.330). It is the dimension of occurrence, of something actually occurring and therefore involving “forceful relations of action and reaction” (Short 2007, 78). Finally, thirdness is the element of generality: “The third element of the phenomenon [. . .] that we perceive it to be intelligible, that is, to be subject to a law, or capable of being represented by a general sign or Symbol” (CP 8.268). On account of its lawful nature, thirdness imparts “a quality to reactions in the future” (CP 1.343).

Conversely, incomplete gestures can be defined as those gestures in which at least one of the three categories is weak—even if they are seldom completely lacking. This opens the path to a classification of incomplete gestures, according to the different combinations of the three categories or elements that these gestures embody. For instance, a gesture provided with thirdness, but poor in firstness and secondness, is labeled as abstraction or generalization. Gestures scarce in firstness, but structured by a blending of secondness and thirdness, are called by Maddalena *schematizations*, or stereotypizations. This is the case of “a habit without novelty, a

habit in Wittgenstein's sense of the word (like driving a car when one has long ago learned how)" (Maddalena 2015, 75). In both cases, firstness and iconicity is almost lacking. This means that schematizations and abstractions somehow hinder the emergence of novelty, understood as something qualitatively characterized which cannot be immediately catalogued in the existing schema and concepts.

Based on this definition of gesture, I would like to begin my argument. The idea is that Freud's first move consists in understanding as a gesture something that was not understood as a gesture before. Since his early studies on hysteria, Freud's approach attributes a gestural dignity to something that was understood before as a kind of random and/or purely mechanical sequence of events. If we understand slips of the tongue, hysterical symptoms, and even dreams as gestures, then we will understand them as performed acts, which have a beginning and an end, and which have meaning in the aforementioned sense. The fact that they are bodily phenomena and that they not under our conscious control does not necessarily mean that *they are not gestures*.

In keeping with the definition of gestures here adopted, gestures bear a meaning.

Here comes an important divide in the history of psychoanalysis: how do we understand the *meaning* of these gestures? Should we refer to *unconscious reasons* motivating and producing these gestures? (see for instance Davidson's (1982) work on Freud or Lorenzer's (1975) linguistic interpretation of psychoanalysis). Or are these gestures simply produced by *unconscious causes*?—see, for instance, Grünbaum's (1984) interpretation of Freud, and Sulloway's (1979) biological reading of psychoanalysis. And of course, other authors—e.g., Ricoeur (1970)—have tried to account for both dimensions in their readings of psychoanalysis.⁵

For the sake of the present article, suffice to say that this reasons/causes divide is only a subsequent step, which presupposes the categorization of a specific set of phenomena as gestures. But what is the nature of these gestures, which represent the object of inquiry of psychoanalysis? In the following section, I will try to address this question. To do so, I will adopt Maddalena's concept of incomplete gestures to account for two crucial phenomena, i.e., repetition and transference.

3 Practicing Repetition

Apparently, psychoanalysis has a twofold hybrid nature. On the one hand, psychoanalysis can be understood as a kind of enlightenment project. From this per-

5 For a general account of the role of reasons and causes in psychoanalysis, see Brigati (2000).

spective, psychoanalysis can provide access to a hidden dimension of the self which previously fell outside the focus of consciousness. This idea resonates with Freud's own interpretation of psychoanalysis as instrumental to the emancipation and the autonomy of human beings. The famous quote from the final part of Lecture 31 of the *Introduction to Psychoanalysis* seems to go in this exact direction: "where Id was, there shall Ego be" (Freud 1933, 80).

On the other hand, many aspects of Freud's theory and practice overstep the boundaries of a rationalistic understanding of psychoanalysis. A significant example in this sense is provided by 1914 article "Remembering, repeating and working through"—which has been defined as Freud's most important article by Paul Ricoeur and Jonathan Lear, two of Freud's most important interpreters. At the beginning of the article, Freud briefly traces the steps that led him to overcome his initial assumption that the patient's healing came through a focus on the situation in which the symptom was formed. Such a focus allows for the reproduction of the mental processes involved in that situation, and guides the discharge of those processes through conscious activity. As Freud summarizes: "Remembering and abreacting, with the help of the hypnotic state, were what was at that time aimed at" (Freud 1914, 147). This initial hypnotic method leaves room for the mature psychoanalytic technique, one which involves a "division of labor": the doctor employs the "art of interpretation" to uncover the resistances unknown by the patient; in turn, the patient tries to connect freely present spontaneous thoughts to "forgotten situations and connections" (Freud 1914, 147).

Whereas the mature version of the psychoanalytic method prioritizes the intellectual act of interpretation, the pragmatic aspect remains central. In fact, in many significant cases, the patient "does not *remember* anything of what he has forgotten and repressed, but *acts* it out. He reproduces it not as a memory but as an action; he *repeats* it, without, of course, knowing that he is repeating it" (Freud 1914, 150). The patient who does not remember holding a certain attitude toward the parents enacts this attitude directly toward the therapist. This compulsion to repeat replaces the impulsion to remember, and it applies not only in the relation with the doctor, but also in significant ongoing relations with others in everyday life. This repetition has an ambiguous nature. On the one hand, it is in itself pathological—as it reenacts the very pathological patterns constituting neurosis. The stronger the resistance, the more memory is replaced by repetition. On the other hand, it provides access to the patient's psychical reality. Through repetition, the disease structure is no longer a matter of the past, but it appears as a force acting in the present. This step is crucial, since the pathological elements become accessible to the therapeutic process only when the patient experiences them as something immediate, real and present. But in keeping with his assertion of the

ambiguous nature of such repetition, Freud obviously does not believe that repetition in itself is a form of healing.

To explore this ambiguity further, it is necessary to clarify the meaning of *transference*. In Chapter 4 of his book on Freud, Jonathan Lear provided a detailed theoretical reconstruction of the concept of transference in Freud's work. As Lear points out, in the wake of his failure with "Dora" Freud adopts a more holistic understanding of transference. In this new understanding, transference is conceived of as process through which "a framework of experience" (Lear 2015, 136)—and not merely a single desire or feeling—is transferred from a specific domain—e.g., the relation with my father—onto the doctor. In this way a whole idiosyncratic world (Lear 2015, 126) comes into view during the therapy session.

Now, what is this relation between repetition and transference? Freud writes: "We soon perceive that the transference is itself only a piece of repetition, and that the repetition is a transference of the forgotten past not only on to the doctor but also on to all the other aspects of the current situation" (Freud 1937, 151). His idea is that the relation of transference between the patient and the doctor must be the frame into which repetition can be enacted and controlled. This control can be implemented through a therapeutical strategy consisting in withholding impulses in the psychic field, while enacting them in the motor field—i.e., actions such getting married, abandoning people, changing jobs. Freud here endorses a kind of mild paternalism: we must protect the patient from acting and carrying out his or her own plans during therapy—regardless of the contents of these plans. At the same time, one must safeguard personal freedom, to the extent that it is compatible with these limitations. To do so, and to transform repetition into a workable material for interpretation and analysis, therapy must focus on the intention to act in a specific way.

This strategy is capable of overcoming two problems: 1) the generation of uncontrolled repetitive actions, which cannot be worked through analysis and which can harm the patient, and 2) the tendency for therapy work to remain abstract and excessively theoretical, unable to reach or modify the actual neurotic elements manifesting in the patient's daily life. These two problems can be settled only if the therapist allows repetition free reign, but only within a defined scope. Transference is the playground in which repetition has absolute freedom, and within which it can present all the pathogenic elements. An "intermediate region between illness and real life" is thus created, an "artificial disease"—Freud calls it "transference neurosis"—which includes the characters of the previous disease (which is at any rate part of real life), but at the same time it is accessible to therapeutic work (Freud 1914, 154–155). The capacity of controlling the repetitions

which take place within the framework of transference⁶ requires “a form of interaction in which people come to recognize their own activity in creating structures that they have hitherto experienced as an independently existing world” (Lear 2015, 129). In this way, transference is an obstacle to therapy which “becomes its most powerful ally if its presence can be detected each time and explained to the patient” (Lear 2015, 136).

The ambiguous dynamic of transference as portrayed in Freud’s 1914 essay can be nicely accounted for by referring to the taxonomy of incomplete gestures. Madalena classifies repetitions as those gestures provided with indexicality and symbolicity, but lacking iconicity. From a phenomenological standpoint, they are schematizations. This emerges clearly in Freud’s account of the repetitions enacted within the framework of transference: If my loving attitude towards the therapist is the transference of a previous loving attitude towards my mother, my love for the therapist will be very poor in singularity, unicity and originality. It does not depend on the doctor’s irreplaceable and unique qualities (her firstness), but on the repetition of an established attitude and schema. But Freud tells us that the secondness of this repeating gesture is still a potentially fruitful object of therapeutical action. As he makes clear in his 1937 “Analysis Terminable and Interminable,” mere intellectual remarks by the analyst might be accepted by the patient on a rational level, but they will not alter anything in her, and will leave her cold (Freud 1937, 233). Psychoanalysis can work only in the heat of the moment, i.e., only when the conflict is actually present, such as in the case of repetition. While ambiguous and dangerous in nature, repetition is at least provided with actuality (secondness). This makes it dangerous, as it can be used to boycott therapy by means of a negative transfert (Freud 1937). And at the same time, in some specific situations repetitions can be the only way to get in touch with what is happening within the patient. As Freud points out, in some situations repetition is the only way the patient can remember something.

But how should the therapist act in order to control transference—i.e., to make it workable, while at the same time “taming” (Freud 1937, 220) its potential negative effects on therapy and on everyday life? Again, in his pivotal 1914 article, Freud proposes a technique which he defines in terms of psychological framing. The repetition should be controlled without repressing it. This control is achieved by fencing the growing action in the context of therapy and transference. Repetition has to be framed as a psychological event by analyzing the emerging repeti-

⁶ One might say that transference is the repetition of a framework which frames other repetitions that take place within this framework. I take this use of the vocabulary of frames from Ervin Goffman’s *Frame Analysis* (1971).

tion in terms of intentions. In this way the repetitive scheme is not repressed, and yet it becomes a psychological event, one which can be interpreted and reflected upon. This technique can be understood as a complex alternation of two kinds of incomplete gestures: repetitions/schematizations (provided with secondness and thirdness, but lacking firstness) and modeling/projections (provided with firstness and thirdness, but lacking secondness). In this context, “projection” of course should not be understood in the psychoanalytic sense (e.g., in Melanie Klein’s sense) but rather in the sense of projecting a possible action in the future, without necessarily realizing it; that is, as an intention. This process of loosening of secondness is exactly what Freud defines as psychological framing.

In this sense, moving temporarily from a first kind of incompleteness (repetition) to a second kind of incompleteness (projection) is a necessary step towards a gesture that we might define as complete. From a phenomenological standpoint, Maddalena defines complete gestures as those gestures consisting in an equal blending of firstness, secondness and thirdness. Complete gestures are creative and unique, yet their meaning can be publicly recognized by an external observer. By means of a complete gesture we can act, communicate, understand and learn at the same time.

This blending of different kinds of incomplete gestures is effectively summed up by Jonathan Lear. On the one hand, Freud’s technique treats the repeated emotion or behavior as something present, occurring in the here and now (secondness). On the other hand, the analyst treats repetitions “as though they were unfolding in a play space, an intermediate region. A *unique blend of reality and unreality* is accorded to the experience: and this allows the analysand to experience in a vibrant way *and* to begin to play with it” (Lear 2015, 140, emphasis added). After activating the repetition in its secondness, the analysand should be put in a position which will allow her “to experience a certain unreality of that experience” (Lear 2015, 141). This “unreality” of the patterns and feelings projected onto the analyst should not be merely expressed by a one-sided interpretation by the therapist—e.g., “this is not about me, this is about your father.” A judgment which might be true on a certain level, but which could prompt a defensive reaction in the patient, and the unrepairable breakdown of analysis.⁷ On the contrary, the analysand should be put in the position of directly experiencing the unreality of repetition by articulating transference, and not by a merely intellectual acknowledgement of its unreality. Complete awareness of the falsity and the unreality of this transference can be achieved only by direct, first-person experi-

⁷ According to Lear’s (2015, 122–145) interpretation, this is an important part of Freud’s failure with Dora.

ence. In this “special form of communication” (Lear 2015, 144) controlled incompleteness replaces fake completeness. The articulation of transference and of the contents it harbors in “conscious, verbal thought and communication” requires letting transference grow in a controlled way. This growth is made possible by the above-described complex blend of incomplete gestures.

4 Psychoanalysis and Complete Gestures

The example of transference and repetition shows how the theoretical tool of incomplete gestures can shed light on the kinds of gestures of greatest relevance for the field of psychoanalytical inquiry. These gestures share a general feature: they are semiotically and phenomenologically incomplete.

This remark raises an important issue about the nature of psychoanalysis and psychoanalytical treatment. If psychoanalysis deals with incomplete gestures, does it follow that *psychoanalysis aims to complete these incomplete gestures or to produce complete gestures*, i.e., gestures consisting in the equal blending of Peirce’s phenomenological categories: firstness, secondness and thirdness? And if this is case, does this oblige us to produce an updated version of the rationalistic understanding of gestures previously described?

To address this question, I would like to introduce the distinction between compromise and integration. The difference between compromise and negotiation was effectively expressed by American philosopher and psychologist Mary Parker Follett (2003). Compromise implies a purely quantitative redistribution of available economic, emotional or energy resources. A psychic compromise, for example, may involve foregoing the opportunity to satisfy a drive in order to guarantee a benefit to a third party or to avoid pain and displeasure for oneself. On the contrary, integration allows for a creative solution to conflict, introducing qualitative change that goes beyond zero-sum logic.

At first glance, there is much room in Freud’s work for compromise, and very little room for integration. The interpretation of Freud as a realistic author affirming compromise over integration is quite established in the scientific literature. This interpretation is supported by Freud’s skepticism about a revolutionary and creative reconstruction of society and of the relation between human drives and civilization in “Civilization and its discontents,” and his skepticism about a final resolved outcome of treatment expressed in his intellectual testament “Analysis Terminable and Interminable” (1937). In this article, Freud seems quite skeptical about the ability of psychoanalysis to produce an integrative outcome. The founder of

psychoanalysis apparently understood therapy as a matter of compromises and negotiation, rather than as a source of complete and integrative gestures.⁸

In this regard, things go very differently when we move from Freud to his friend/enemy/*Doppelgänger* Carl Gustav Jung. I will leave aside any ironic remarks about the fact that their relation was characterized by many significant gestures—e.g., Freud fainting in front of Jung. In contrast to Freud, Jung (1967) frequently highlighted the integrative function of psychotherapy. According to Jung, the only way to deal with uncontrolled mechanisms of projection is to integrate the disconnected parts of the self—in this case, *Anima*—into the self of the individual. And when it comes to singling out the mechanisms that play an integrative function, Jung does not limit his attention to therapy. Rather, he refers to real and concrete gestures. See his interest in mandalas. Mandalas are an excellent example of complete gestures. When drawing mandalas, people try to deal with the attractive and dangerous force of archetypes. However, rather than resisting them or achieving compromise with them, they try to integrate them into a picture they themselves have drawn. Mandalas thus represent a good blend of icon/index/symbol and of firstness/secondness/thirdness. They have a clear “quality of feeling, or of mere appearance” (CP 8.328), a “flavor sui generis” (CP 1.531)—that is, they have firstness; they occur in a singular way. When drawing mandalas, we can feel the resistance of the paper to our pencils—secondness; moreover, they embody a general meaning—mandalas are generally characterized by the attempt to re-establish a center and produce psychical integration. This suggests an interesting perspective on the Freud vs. Jung debate. While Jung used the term “analytical psychology” to distinguish his approach from Freudian psychoanalysis, one might say that what makes the difference between the two approaches should be rather found in Jung’s attention to synthetic processes, which does not find a comparable attention in Freudian psychoanalysis.⁹

And yet, despite Freud’s apparent preference for compromise, his works contain numerous references to processes of integration. The 1937 “Analysis Terminable and Interminable” again provides some interesting insights. In §3 of the article, Freud discusses the transformative nature of the ego-strengthening process. The ego’s ability to handle a given drive is defined in terms of taming, a process that seems clearly synthetic and integrative in nature: “The instinct is brought completely under the harmony of the ego, becomes accessible to all the influences of the other

⁸ This is one of the many significant points of contrast with Freud’s social theory, as well as that of Herbert Marcuse, who envisaged a potential new social and psychological transformation and integration.

⁹ On the connections between Jung and pragmatism, see Maddalena (2017), Shamdasani (2017), and Dadaian (2023).

trends in the ego and no longer seeks to go its independent way to satisfaction” (Freud 1937, 225). The psychoanalytic way of “disposing” (Freud 1937, 224) of the drives that exert their dominance over the patient’s psychic life does not operate by destroying or silencing such drives, but on the contrary relies on the ego’s synthetic capacity to enable the re-integration of such contents. Unfortunately, the relationships between such synthetic and integrative activity of the ego and the transformation of the self are never adequately and thoroughly articulated by Freud. This has contributed to the portrayal of Freud as a theorist of compromise with little interest in integration, an image that needs to be at least partially corrected and clarified, for it is evident that in Freud there is at least room for an idea of psychic integration—and therefore, for complete gestures.

5 Conclusion

In the previous sections, I tried to show how the vocabulary of gestures helps us effectively to develop an understanding of therapy which is neither intellectualistic, nor anti-intellectualistic. In the final section, I used the vocabulary of gesture to show how therapy has to do with completeness. This involves a partial restatement of the widespread idea that Freudian psychoanalysis aims at compromise, rather than at integration. Psychoanalysis aims to support the Ego in “taming” drives, and there is textual evidence in Freud’s work suggesting that this “taming” could be understood in terms of “integration.” Integration can be achieved through complete gestures, i.e., novel, singular and meaningful gestures, elements which can be understood and reflected upon by the agent. To achieve this goal, it is often necessary to pass through two different kinds of incomplete gestures: repetition (the only way some people have to “remember”); projection (a specific strategy consisting in “psychologizing” repetition, in order to avoid the consequences of actual dangerous behavior both during therapy sessions and in daily life, and in order to make repetition *workable*). The road to complete gestures is paved with incomplete gestures.

This focus on incomplete gestures has momentous consequences for the understanding of the semiotic dimension which concerns psychoanalytical inquiry. The therapist is not merely a “detective of the unconscious” (Lear 2015, 137) looking for clues (Ginzburg 1979) of unconscious processes in overt speech and behavior. While fruitful, the detective metaphor cannot effectively encompass the complex coexistence of different kinds of incomplete gestures characterizing successful therapy. An investigating gesture can be either fruitful and beneficial or intrusive and disruptive, depending on the specific situation and phase of treatment. Confining our view of possible gestures to the detective metaphor risks

overlooking a much broader spectrum of gestures and processes crucial to effective therapeutic practice. This interpretation has at least one important advantage: It helps account for the ambiguous status of Freud's theory and practice. Neither purely intellectualistic nor purely pragmatic terms can fully account for Freudian psychoanalysis *exactly because* therapy involves a complex sequence and entanglement of incomplete gestures, each involving a different level of cognitive content and of practical import. The kind of gesture required depends on the specific situation, and will change as therapy progresses. A highly intellectualistic remark can have disastrous consequences when offered at the wrong time. At the same time, "psychologization" can have beneficial effects in other very different phases of treatment. The perilous road to completeness and integration—i.e., to a kind of appropriation which allows for the conscious verbal articulation of an experience—passes necessarily through incomplete gestures.

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