The Journal of Mind and Behavior
Winter and Spring 2014, Volume 35, Numbers 1 and 2
Pages 97–106
ISSN 0271–0137

Schéma Corporel, Image du Corps, Image Spéculaire. Neurologie et Psychanalyse [Body Schema, Body Image, Specular Image. Neurology and Psychoanalysis]. Catherine Morin. Toulouse: Éditions érès, 2013, 214 pages, 13 euros.

Reviewed by Dorothée Legrand, CNRS, Ecole Normale Supérieure

---

1. Position of the Reader

In her book, *Schéma Corporel, Image du Corps, Image Spéculaire. Neurologie et Psychanalyse* [*Body Schema, Body Image, Specular Image. Neurology and Psychoanalysis*], Catherine Morin aims at understanding the "subjective consequences of strokes"[1] [« conséquences subjectives des accidents vasculaires cérébraux »] (p. 11) by relying on patients' reports, and by interpreting them from a perspective at the interface of neurology and psychoanalysis. Throughout the book, Morin gives a brief description of different concepts she relies on, concepts about which there is no consensus, neither in neurology nor in psychoanalysis, nor, even less, between these two disciplines; she quickly criticizes different positions, alternative to her own, positions from cognitive sciences, psychology, or neuropsychoanalysis, the latter discipline being younger than the other two but no less prolific on the topics at stake. Her rapid treatment of these topics appears as a way to avoid getting stuck in the maze of historical and/or contemporary debates on what is an object, what is a subject, what is a delusion, and, a question that is not the least weighted, what is a body, a body image, a body schema. But is this rapidity superficiality or efficiency? Both maybe, but here we will leave this question unanswered, to follow the path pursued by the author herself. Thus, we won't point to other definitions of the aforementioned notions, other definitions to which an objector may still object, and so on. A more interesting question to start from is one that Morin herself raises: given this theoretical and clinical setting, "What have we learned? That is to say: What did the patients teach us?" [« qu'avons-nous appris? C'est-à-dire: que nous ont appris les patients? »] (p. 189), and, in particular, what have we learned about the subjective consequences of brain injuries?

To enter into this question, we cannot but consider the way the author places herself in the position to learn from patients; this involves considering the way patients place themselves or are placed in a position to relate the subjective effects of their stroke

---

Correspondance concerning this review should be adressed to Dorothée Legrand, Ecole Normale Supérieure, Archives Husserl, 45 rue l'Ulm, 75005, Paris, France. Email: dorothee.legrand@ens.fr

[1]All translations are mine. The original French text is indicated in brackets after each quote.

in order to teach interlocutors who hold two perspectives at once: on the one hand, the patient's interlocutors aim at learning something about strokes, and on the other hand, they are "concerned to help him [the patient], involved in his rehabilitation" [« soucieux de l'aider, impliqués dans sa réadaptation »] (p. 71).

2. Position of the Author

From the outset, Morin defines her own position as "that of a physician–researcher, a doctor who seeks to understand what the pathology is from the point of view of the patient. I could specify: from the point of view of *a patient* when the interview was included in an investigation, from the point of view of *her patient* when the interview participated in the dialogue between a patient and his doctor" [« celle d'un médecin-chercheur, un médecin qui cherche à comprendre ce qu'est la maladie du point de vue du patient. Je pourrais préciser: du point de vue *d'un patient* lorsque l'entretien était inclus dans une recherche, du point de vue de *son patient* lorsque l'entretien participait au dialogue entre un malade et son médecin »] (p. 12). Physician–researcher? We should not underestimate the importance of the en-dash between the position taken by a physician oriented by psychoanalysis and that of a researcher who pursues an epistemic aim. Indeed, by this en-dash, Morin assumes, and enacts in her practice as in this book, that the same person can be both at once such a physician and such a researcher vis-à-vis another person, a patient. But we cannot ignore or overlook that the aims of these two practices are opposite to each other. While the clinician oriented by psychoanalysis, as Morin is, aims to listen to the patients singularly, without filtering in any way what reaches her ears, the researcher, on the contrary, aims at an epistemic benefit which, if only implicitly, immediately orients her listening on how the patient's speech can be integrated or not to her hypothesis, as indeterminate as it may be. What is at stake here is the whole question of the "neutrality" of the listener oriented by psychoanalysis. This neutrality guarantees that an *unconditional* hospitality can be given to the words given by the patient singularly; yet this neutrality is undermined by the epistemic objectives pursued by the clinician if she adopts *both at once* an analytical and an epistemic position. As a physician–researcher, Morin assumes that she does not bracket her position as a physician–analyst, when she undergoes her investigations, nor does she bracket her position as a researcher pursuing an epistemic aim, when she practices as a clinician. On the one hand, this meshing holds the promise of an epistemically rich medicine and a clinically rich research. On the other hand, this epistemologico–clinical meshing also contains the risk to elicit, orient, or enclose the patient's speech into the orthopedics, the normativity of a framework motivated by epistemic benefit, knowledge, and learning.

The point here is *not* to suggest that research and clinical work should operate separately; on the contrary, since any research that takes the patient's speech as "empirical data" has necessarily an effect on the subjective position of the patient relative to what he tells or does not tell to the researcher; in other words, any investigation involving patients should be conceived of in a clinical setting. But if one must assume the clinical significance of any research based on the patient's speech, it should also be noted that the epistemic objectives which animate an investigation are fundamentally incompatible with what animates the clinical encounter between a practitioner oriented by psychoanalysis and an incessantly singular patient. Because it is informed by her clinical practice, the investigation performed by Morin is rich, relevant, and operative, but the ethics of a clinical practice oriented by psychoanalysis would want that the patient's speech is received, given hospitality, listened to, regardless of, for example, the repre-

sentativeness of this particular patient compared with the group of brain-injured patients to whom he is assimilated in an epistemic perspective.

In the case of Catherine Morin, it is not uninteresting to note that it is "the patient's or caregivers' words [. . .] which made [her] quit the physiology of motor disability and orient [her] investigations towards the subjective consequences of strokes" [« des propos de patients ou de soignants [. . .] qui [l]'ont fait quitter la physiologie du handicap moteur et orienter [ses] recherches vers les conséquences subjectives des accidents vasculaires cérébraux »] (p. 11). It is suggested that the "therapeutic postulates" [« postulats thérapeutiques »] (p. 131) in a department of "neurological rehabilitation" [« rééducation neurologique »] (p. 11) would put some medical objectivity in tension with the subjectivity of brain-injured patients. However, this very tension would also be present between the psychoanalytical approach, on the one hand, and the epistemic aims of an investigation, on the other hand, at least in the sense that the latter aims at integrating "the patient's state" [« l'état du patient »] to what is known or knowable. The author is confronted with an orthopedic aim, therefore, not only in rehabilitation, but also in the epistemic approach.

This tension, between the position of "physician–researcher" and the subjectivity of the patient, can notably be found when Morin describes (quickly) the methodology of her qualitative research. She notably explains that the patients passed "semi-structured interviews conducted at [her] request, that is to say, and this was always explicitly stated, at the request of a doctor who seeks to understand what the pathology is from the standpoint of the patient" [« entretiens semi-directifs réalisés à [sa] demande, c'est-à-dire, et ceci était toujours formulé explicitement, à la demande d'un médecin qui cherche à comprendre ce qu'est la maladie du point de vue du patient »] (p. 70). Don't we hear here a tension between the demand emanating from the doctor who seeks to understand the pathology, and the point of view of the patient addressing himself to a clinician? The question of the impact of this demand on the patient and his words, the question of the impact of the clinical relationship on the words collected with an epistemic aim, the question of the impact of the epistemic context on the clinical encounter, none of these questions is asked; all should be. It is the *address* of the words, drawings, gestures of the patient that is at stake here, an address to another person that is essential to consider if the clinician oriented by psychoanalysis wants to put into practice the Lacanian idea according to which the clinician's attention is to be focused on what the patient says insofar as he says it *to the listener*, i.e., focused on the patient's act of saying, insofar as it is addressed to the clinician.

3. Position of the Patient

The position Catherine Morin gives to herself relative to the patients never ceases to intrigue the reader. Let us go back to what she says herself about it, to emphasize its correlate, i.e., the position she thereby gives to the patients. Morin, as we have seen, defines her own position as "that of a physician–researcher, a doctor who seeks to understand what the pathology is from the point of view of the patient. I could specify: from the point of view of *a patient* when the interview was included in an investigation, from the point of view of *her patient* when the interview participated in the dialogue between a patient and his doctor" [« celle d'un médecin–chercheur, un médecin qui cherche à comprendre ce qu'est la maladie du point de vue du patient. Je pourrais préciser : du point de vue *d'un patient* lorsque l'entretien était inclus dans une recherche, du point de vue de *son patient* lorsque l'entretien participait au dialogue entre un malade et son médecin »] (p. 12). "*A patient*," emphasized by the author by

opposition or in complementarity with "*her patient*," is heard here as "a patient among others," a patient "protected" by an anonymity which also deprives him of his subjective singularity, a patient who is integrated into the group of "the patients" whose brain is injured on the right or the left, a patient whose speech is analyzed systematically in order to be subjected to statistical tests, a patient, therefore, who is integrated within the epistemic framework of this physician–researcher. Moreover, this same person is also "*her patient*," emphasized by the author by opposition or in complementarity with "*a patient*." This possessive pronoun, and the fact that it is emphasized by the author, does not seem to indicate that the doctor takes the patient as her territory for exploration; rather, here, the doctor seems to consider as essential the fact that the patient speaks to her, addresses his speech to her ears: it is *her* patient and not the patient of any doctor, because the act of listening of this doctor is not substitutable to that of any doctor. In other words, for this patient, this doctor is *his* doctor.

Here, we see how a practice that would assume a hierarchical relationship between doctor and patient does not necessarily suffer from all the pitfalls which it is accused of, and, in the first place, it does not exclude but may rather allow respecting the patient's speech. This is assumed as such by Morin for whom it is "essential, not only to interrogate patients in a non-suggestive way and to leave room for their spontaneous discourse before questioning them about their deficits, but also to avoid systematically proposing interpretations drawn from normal psychology before characterizing the patients' discourse" [« essentiel, non seulement d'interroger les patients de façon non suggestive et de laisser la place à leur discours spontané avant de les questionner sur leurs déficits, mais aussi de ne pas proposer systématiquement des interprétations tirées de la psychologie normale avant d'avoir caractérisé le discours des patients »] (p. 175). It should be noted, however, that the "spontaneous discourse" of the patient, discourse whose spontaneity would be preserved thanks to the discretion of the clinician who puts her own questions aside, is actually and can only be addressed to an other. Therefore, the clinician's caution vis-à-vis any suggestion, and even her silence, does not imply that the patient delivers a speech that would be free of any influence of the clinician, this "influence" being the very structure of speech as it is addressed to an other.

4. Psychoanalysis

All of Morin's enterprise is motivated by psychoanalysis: the point for her is indeed to "describe [the] neurological disorders of self-representation in psychoanalytic terms" [« décrire [les] troubles neurologiques de la représentation de soi en termes psychanalytiques »] (p. 14). Among these psychoanalytic terms: object. Needless to say, the term "object" is not specifically analytical; moreover, it is not defined unequivocally within psychoanalysis itself, it is even a topic of division of this field into different fratricidal trends. Thus, we can only be surprised, and in fact hindered by the lack of definition of this term, even though Morin places it at the center of her conceptualization of the "right hemisphere syndrome" [« syndrome hémisphérique droit »] — I shall get back to this below.

Morin also seems to casually assume a point that generates significant tensions within psychoanalysis, and between the latter and some of its critics: symbolism, in which a patient's body parts, words, gestures, or drawings is taken as a metaphor of some general meaning. For example, the "symbolic, specificity, of the left side as the 'bad' side" [« spécificité symbolique du côté gauche comme 'mauvais' côté »] (p. 44); the hand as part of the "phallic signifiers" [« des signifiants phalliques »] (p. 64); the

eye and mouth as "displaced representations of the female sex" [« représentations déplacées du sexe féminin »] (p. 66), the lack of figuration of the mouth "as due to the sudden, traumatic introduction of impairments and disabilities insulating the subject from the social bond" [« comme liée à l'instauration brutale, traumatisante, de déficiences et d'incapacités isolant le sujet du lien social »] (p. 79), etc. This practice is striking with one of the patients who Morin presents in greater detail, Mr. E., categorized as displaying a right hemisphere syndrome, and who loves fishing. Morin interprets as follows: "torrent fishing is quite specifically a masculine activity, and identifying the fishing rod as a phallic representation is hardly risky" [« La pêche en torrent est une activité assez spécifiquement masculine, et repérer dans la canne à pêche une représentation phallique n'est guère risqué »] (p. 116). In contrast to Morin, I find it "risky" to tack a phallic representation onto any object that would be a bit long — a toothbrush, a spaghetti? Not only does this involve forgetting that the phallus is the signifier of lack, but also this runs the risk to use psychoanalysis as a sort of key of dreams that would tack significations onto the patient's manifestations, thereby veiling the singularity of his physical, mental, emotional, cognitive states. As Morin herself emphasizes, "more interesting is to relate the space between this instrument and the body and words of Mr. E." [« plus intéressant est de mettre en rapport l'espace entre cet instrument et le corps et les mots de monsieur E. »] (p. 116). Still, about Mr. E., we learn from Morin that "mouth and beak can be considered as sexual symbols" [« bouche et bec peuvent être considérés comme des symboles sexuels »] (p. 119) and that, therefore, by applying these general symbols to Mr. E. in particular, we could interpret their absence in his drawings as symbolizing "the 'erasure' of sexual concerns which this patient reports" [« l'"effacement" des préoccupations sexuelles dont fait état ce patient »] (p. 119). But which place does this "erasure of sexual concerns" take in the life of Mr. E. in particular? This is what we cannot respond to, on the basis of the absence of figuration of mouth and beak in the drawings of Mr. E., if we read such absence only through general symbolism. As Morin underscores herself, it seems more relevant to note that the raptor which Mr. E. draws is not only without any beak; it also presents spurs [*ergots*] which the patient explicitly associates to the sessions of *ergo*therapy he goes through since his brain injury. What is said here — through this raptor — about the position Mr. E. takes relative to the process of rehabilitation that the pathology imposes to him? Again, the use of symbolism does not seem to answer this question which is crucial clinically.

These criticisms being placed, let us suspend them here, to rather reveal the specifically psychoanalytic dimension of Morin's approach — a psychoanalytic dimension which is thus not tied to the "psychoanalytic terms" since these are not properly defined, nor to the use of symbolism, since the latter is not strictly psychoanalytic. Morin positions psychoanalysis in a place which is particularly favorable for its practice, i.e., between neurology and psychology, and outside the field of cognitivism. Morin properly stresses the difficulty there is to hold this position in a department of rehabilitation, at the hospital, "where two dangers threaten the therapist: 'psychologizing' everything as if the brain injury had no psychic [physical?] organic effects, 'cerebralizing' everything as if the patient were not entitled to or escaped common suffering" [« où deux écueils menacent le thérapeute : tout 'psychologiser' comme si la lésion cérébrale n'avait pas d'effets psychiques [physiques ?] organiques, tout 'cérébraliser' comme si le patient n'avait pas droit ou échappait à la souffrance commune »] (p. 17); "these two pitfalls are two faces of the same coin. They threaten us as soon as we seek to 'know how patients function' " [« ces deux écueils sont l'avers et le revers d'une même médaille. Ils nous menacent dès que nous cherchons à 'savoir comment fonctionnent les patients' »] (p. 190).

The difficulty of keeping this work "between neuroscience and psychoanalysis" [« entre neurologie et psychanalyse »] (p. 12) and of keeping psychoanalysis between neurology and psychology, is indubitable. But, as we said, Morin, in this book, seems to position psychoanalysis in a place which is particularly favorable for its practice; how so? Psychoanalysis — and this is what signed its birth certificate — never ceased to characterize physical symptoms linked to neurosis, notably by relating symptoms to functional disorders, and distinguishing them from organic lesions. For example, psychoanalysis meant to distinguish hysterical conversions from epilepsy. The analytically oriented psychosomatic approach blurred this distinction, by its attempt at determining which psychic structure would account for the emergence of eczema, ulcers, asthma, or other events described as psychosomatic: somatic disorders of psychic origin. But in cases of brain injury, there is no doubt about the organic etiology, which immediately prevents any psychologizing or psychosomatizing temptation which would interpret as psychic what is physiological. In this context, the field is left open for another question: Which sense or which role does the patient give to his troubles? Morin's question is not: What is the psychic structure which may explain mental disorders (of self-representation) which these patients suffer from? Her question is rather: Given their psychic structure, their past, their projects, etc., in which way do the patients live their injuries? And, as Morin points out, "it is only by listening to the patient talk about what happens to him that we can appreciate the particular position he holds as a subject relative to his pathology. But it is also only by listening to him that we will characterize his pathology itself" [« c'est seulement en écoutant le patient parler de ce qui lui arrive qu'on peut apprécier sa position particulière de sujet par rapport à sa pathologie. Mais c'est aussi seulement en l'écoutant qu'on va caractériser sa pathologie même »] (p. 190). Thus, in this approach, we do not only learn the patient's subjective position, which is essential for any clinical encounter, we also learn about the pathology itself, which is thereby characterized as a subjective disturbance — whose etiology is unambiguously cerebral. We are thus invited to a practice that inverts the psychosomatic approach: while psychosomatic means to account for the organic etiology of mental disorders, Morin's approach, "between" neurology and psychoanalysis, is interested in "psychic symptoms of neurological origin" [« symptômes psychiques d'origine neurologique »] (p. 44).

This work is thus particularly favorable to the practice of psychoanalysis, and for yet another reason. As the body is irreducible to the representation, knowledge, and mastery one has of it (pp. 41, 44, 47), disorders of body image and body schema are themselves irreducible to these cognitive categories: indescribable, incomprehensible, and inexplicable in these terms (p. 169). Thus, it is a non-cognitive clinical practice and theoretical conceptualization — here psychoanalysis — that is the most legitimate to account for such disorders. The subject is captured by the shape of his body, an object of the other's desire over which he can have neither knowledge nor mastery (pp. 47–48), and the clinician must be able to avoid capturing this body and its disorders into a mastery and knowledge of which she would hold the secret — diagnostic categories and brain mapping, for example. The singular reactions of each patient cannot be reduced "to stereotypes independent from his psychological structure shaped by his personal history" [« à des stéréotypes indépendants de sa structure psychologique façonnée par son histoire personnelle »] (Afterword, p. 196). What is at stake is how an injury and the disorders that it triggers will be inscribed into the "continuity of the psychic life of the patients" [« la continuité de la vie psychique des patients »] (Afterword, p. 194), inscription which the patient suggests when he speaks to *his* doctor, if the latter lends herself to listening to him singularly: "the existence of body image disorders cannot erase the psychic structuring of the subjects who are affected by them. In front

of each patient taken individually, whether or not he has body schema disorders, it is only by listening to what he says about himself and his body that we may adjust the dialogue with him" [« l'existence de trouble de l'image du corps ne saurait effacer la structuration psychique des sujets qui en sont frappés. Devant chaque patient pris individuellement, qu'il ait ou non des troubles du schéma corporel, c'est seulement en écoutant ce qu'il dit de lui-même et de son corps qu'on pourra ajuster le dialogue avec lui »] (p. 73).

Morin thus develops her work in a place which is both privileged and particularly difficult for the practice of psychoanalysis, out of the cognitive field, "between" cerebralizing and psychologizing. Now, we are dislodged from this place when Morin conducts a "multivariate descriptive analysis" [« analyse descriptive multivariée »] which aims at "identifying similarities and differences in a set of objects," [« déceler les ressemblances et les dissemblances dans un ensemble d'objets »] in this case, in a group of brain-injured subjects (p. 71). It is on the basis of such quantitative analysis that Morin can affirm that "self-portraits of patients with body schema disorders clearly stand out from those of patients without body schema disorders" [« les autoportraits des patients présentant des troubles du schéma corporel se démarquent clairement de ceux de patients sans troubles du schéma corporel »] (p. 73). Here, there is no place for *the patient* facing her singularly, for "a patient" [« *un patient* »] who she encounters as a researcher, for "*her patient*" [« *son patient* »] who she meets as a doctor: only "the patients" [« les patients »] remain. While she explains how "the patients" use personal pronouns according to whether they belong to the groups of right or left brain lesions, while she points out how "the patients" blend themselves in a group and blur their singularity (pp. 93–94) by using the "generic you" [« vous générique »] or the "collective we" [« nous collectif »] (p. 89), Morin herself uses the generic pronoun "they," thereby undifferentiating the singular subjects who addressed themselves to her (p. 86).

In doing so, Morin does not only stray away from the act of analytic listening whose singularity excludes comparativity; she also departs from the analytical conception of the speaking subject and his speech. In a psychoanalytic framework, indeed, we cannot stick to the patient's speech as if a subject who says "I" necessarily positioned himself subjectively and a subject who says "they" necessarily faded away subjectively; the reverse may as well be the case. The "subject of enunciation" [« sujet de l'énonciation »] (p. 92) does not manifest himself in his speech in the number of occurrences of the word "I." We should not overlook the fact that the subject of the act of speech may be absent from the "I" he says, or manifests himself in saying "we," just like we should not neglect the impossible coincidence, the systematic difference between the "I" said and the one who says it. Such negligence would involve taking what is said literally, rather than as a rebus where the subject reveals himself while veiling himself; it would suspend the hypothesis of the unconscious for the sake of quantitative analysis.

5. Who is my Hand?

We can now return to the first question that animates this entire book: from this particular place taken by psychoanalysis, a place which invites us to "navigate in a minefield of confusions and mis-sense" [« à parcourir un champ miné de confusions et de faux-sens »] (p. 91), "what have we learned? That is to say: what did the patients teach us?" [« qu'avons-nous appris ? C'est-à-dire : que nous ont appris les patients ? »] (p. 189), and in particular what have we learned about the "subjective consequences of strokes" [« conséquences subjectives des accidents vasculaires cérébraux »] (p. 11)?

Relevantly, Morin distinguishes "brain-injured patients without right hemisphere syndrome who, in cases of sensory disorders, report: 'It is *as if* my hand were not mine'" [« les patients cérébrolésés sans syndrome hémisphérique droit qui, en cas de troubles sensitifs, disent: « 'C'est *comme si* ma main ne m'appartenait pas' »]; "Right Hemisphere Syndrome patients who *claim* that their hand is that of someone else" [« patients SHD qui *affirment* que leur main est celle de quelqu'un d'autre »]; and "psychotic patients who are *convinced* that the control of their body is removed by an unpleasant being" [« patients psychotiques qui ont la *conviction* que la maîtrise de leur corps leur est retirée par un être antipathique »] (p. 159).

Here we see how grouping Right Hemisphere Syndrome patients with psychotic patients would neglect the specificity of psychotic delirium that breaks into the mental states and concrete life of the patient, and whose strength of conviction cannot be doubted by the patient, even when the latter shows awareness of his delusion as such. As opposed to the persecution experienced by the delirious patient, Right Hemisphere Syndrome patients rather seem to find a form of "consolation" with their hand, which presents to them their object of choice: as a mother who regards her hand as if it were the daughter she never had (pp. 146, 184).

In addition, we also see, throughout Morin's work, how grouping Right Hemisphere Syndrome with asomatognosia would neglect the specificity of the way in which Right Hemisphere Syndrome patients live their body. What troubles the Right Hemisphere Syndrome patient, and Morin makes it clear, is not a deficit of knowledge (*a-gnosis*) of his own body (*soma*). This characterization in terms of deficit suffers from two errors: a conception of normality as involving some knowledge of one's own body, somatognosia; a conception of pathology as a deficit vis-à-vis what characterizes normality, asomatognosia. If one questions these conceptions, Right Hemisphere Syndrome becomes more readable. So let us return to these two presuppositions which, although problematic, are nonetheless active throughout the medical approach.

Everything happens as if the researchers and doctors, who are interested in the lived body and its perturbations, predominantly think of body image as a more or less faithful reproduction of the body as it is objectively describable, i.e., as an object whose shape, location, weight, etc. can be measured by an impartial observer. The fidelity of the (mental) representation vis-à-vis the represented (a sort of mental equivalent of pictorial mimesis) would fall within normality; infidelity within pathology. But what is a body image?

One's body image — at least in the field of investigation that drives Morin's work — is not founded on, nor founds a form of knowledge of one's own body; the body image, mental or reflected by the mirror, is a construction that supports the subject's "misrecognition" [« méconnaissance »] (pp. 46–47) of his body. Misrecognition is here two-fold. First, there is a misrecognition of the "real neurological immaturity" [« l'immaturité neurologique réelle »] (p. 47) and of the sensory-motor incoordination with which it is correlated, i.e., a misrecognition of the "real" body that is disunited and uncontrolled, a misrecognition of the bodily fragmentation thanks to the veil of a unifying image of the body as "one." Second, there is a misrecognition of what the lived body owes to the relation of the subject to an other; an other who points at that body as his object of desire. There is thus a misrecognition of the fact that one's body image is incomplete, in the sense that what gives it its form is precisely unimaginable, unrepresentable. Indeed, it is the unimaginable desire of the other which gives its form to one's body image, as the other gazes at the body of the child facing the mirror and designates it: you are this image for me.

Your body image is thus a "knot" [« nouage »] (p. 46) between (1) a real body which is unknown and even unknowable, (2) another subject whose desire does not have

any image but who gives a name to the image of your body as what you are, and (3) a visible form of the body recognized as yours, a shape that wraps around the desire of the other as a lack which it veils without filling it. This knot, Morin says, is "normally unapparent" [« normalement inapparent »] (pp. 46, 53) and it is in this sense that the identification with the mirror image is not a recognition of a certain reality of one's own body in the mirror: what is at stake is neither cognition nor re-cognition, but identification — you are that.

What happens then when the knot unravels? The image is torn apart. It no longer gives the orthopedic shape of the entire body. Instead, its tear reveals the elements that took shape from the fact of being tied together: the real body and the desire of the other that I cannot see. It is the unimaginable — that which can have no image — that tearing the image reveals.

5.1. Patients with Disturbances of the Body Schema

The real body is what would be imposed to the patient, in the case of a left hemispheric lesion, without body schema disorders. The body whose image was pointed at by the desire of the other, this body is no more. Following the stroke, the sudden tearing of the desired, ideal, unifying image may reveal the body as raw material, inert, uncontrollable. But this is unimaginable. This body must be covered with white, since it is no longer covered with its own ideal image. It is thus that "the words and self-portraits of patients without disorders of the body schema have in common a certain silence on the paralyzed body" [« les paroles et les autoportraits des patients sans troubles du schéma corporel ont en commun un certain silence sur le corps paralysé »]; these patients "notice their paralysis only when they want to make a move and fail" [« ne constatent leur paralysie que lorsqu'ils veulent faire un mouvement et y échouent »] (p. 97), "despite a visible and asymmetric disability, [they] maintain a stable, erected, symmetrical image of their body, and react to the loss they have just been subjected to, following a classical process of mourning: it is little by little that they will unveil the normal neurotic misrecognition of the body and its pathological alterations, and that they will recognize the actual loss they have suffered" [« malgré un handicap visible et asymétrique, [ils] maintiennent une image érigée, stable et symétrique de leur corps, et réagissent à la perte qu'ils viennent de subir selon un processus de deuil bien classique: c'est petit à petit qu'ils vont lever la méconnaissance névrotique normale du corps et de ses altérations pathologiques et qu'ils vont reconnaitre la perte réelle qu'ils ont subie »] (pp. 111, 176). The mourning of the functionality of my body and of the ideal image I had of it is a gradual process that shows the loss as such, that localizes this loss in my life, and that reveals a body that works only partly, not like before. Through this process, another image of the damaged body can be built, to hide the horror of the sudden loss, and the patient can then find a body that he will inhabit with functionality, projects, desire (p. 165).

5.2. Patients without Disturbances of the Body Schema

There is another unimaginable dimension that the tearing of the image unravels: the desire of the other, desire that can never be given an image as such but that can be incarnated in a body part which has lost its image and functionality. While the left hemisphere lesion would leave intact the imaginary process which can then ignore the handicap, the right hemispheric lesion would affect the imaginary process itself, not just the ideal image that had been built. The image, then, cannot be rebuilt, and

cannot cover the unimaginable desire of the other; the object of this desire appears instead in the real body: incarnation.

While the patient who suffered a left hemispheric lesion covers his disability with white, the patient who suffered a right hemispheric lesion represents the physical alteration of his body crudely (p. 108); it would even be "this seemingly direct access to the seriousness of their situation" [« cet accès apparemment direct à la gravité de leur situation »] that would preclude these patients from integrating this knowledge; they are then anosognosic (p. 111). This can only be understood from the idea that the patient is not without knowing that he is hemiplegic, although he denies it consciously (p. 121). The misrecognition of hemiplegia would "only" be "apparent" [« apparente »] (p. 173), and the question that anosognosia asks us does not only involve determining what the non brain-damaged subject knows of the body, and what the brain-injured subject ignores of it; on the contrary, knowledge of the body in the normally neurotic subject is a misrecognition and the relation of the Right Hemisphere Syndrome subject to his body removes such misrecognition: this body, this paralyzed hand, becomes unimaginable, it is no longer part of the image of the patient's body, but incarnates an object of desire (pp. 124, 162, 164, 174).

6. *Conclusion*

Here, the ambiguity of the term "object" is instructive: either the patient's hemiplegic limb is experienced by him as a real object, an inert material thing or a thing which has a life of its own; or this limb is experienced by the patient as an object of desire, an object shaped by the desire of the other, an object whose status depends on the gaze of the other (p. 49). While a left hemispheric lesion would maintain an *image of an altered body*, with which the patient must compose, a right hemispheric lesion would rather provoke an *alteration of body imagery*. One way or another, therefore, while the image of the body knots matter and desire into a form to which the subject identifies himself, tearing up the image reveals the body as object: matter which desire does not innervate anymore, or incarnation of the desire of the other. That is the whole relationship of the body with desire, of one's body image with the desire of the other, that brain injuries shake in a way that can only be revealed by an approach which avoids both cerebralizing and psychologizing, an approach out of the cognitive field, such as a psychoanalytic practice that Morin articulates to neurology in order to listen to patients teaching her what is for them the subjective effects of their brain lesion.