

What Does It Mean “To Mourn”?¹

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That the hospital is a prism of our modernity is something that I realised some fifteen years ago. My amazement at the time concerning the following anecdote may come as no surprise to anyone, and yet I evoke it in order to address the problematic of mourning today. A woman, fifty-three years of age, was referred to a psychologist by the clinical lead of the unit because of an event she was trying to deal with. Her husband, who was hospitalised due to cancer, was coming to the end of his life. During the initial meeting with her she confided in me her fear: that her husband would see her crying and suspect her sadness indicative of the very advanced stage of the disease. This was something they had never dared to speak about with each other. She also confided that she had been put on antidepressants, “for prevention...,” as was said to her by her family doctor, who responded to her fear with a medical prescription. She had said to her doctor that she wanted to be strong for her husband and not let him see anything of her own pain. But for some time now she had not been able to cry when on her own at home. This was a probable effect of the treatment and the lack of tears from a missing affect, which destabilised her.

These confidences, imparted to me in the hospital, produced a great question in me. Why would a doctor want to

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“prevent” the onset of an inescapable mourning? What did he want to prevent? What would he relieve her from? Freud, in his 1915 essay, *Mourning and Melancholia* writes: “It is well worth notice that, although mourning involves grave departures from the normal attitude to life, it never occurs to us to regard it as a pathological condition and refer it to medical treatment” (1957a, pp. 243-244). In fact, he adds to this idea, “we rely on its being overcome after a certain lapse of time; and we look upon any interference with it as useless or even harmful” (p. 244). Freud, to whom we owe this concept of a work of mourning, thus identifies two constitutive factors: first, the process happens of its own accord. The question of how long it may take is thus sketched out alongside the idea that there is a certain automatism proper to mourning, a particular autonomy of its effectuation. It is not a matter of willpower. Second, Freud goes further in pointing out that mourning must not be gone against; it must be allowed to happen in an undisturbed manner, I would say without precipitating it. There is a function for the subject in being in mourning.

Thus we see that this formula is no longer observed. The bereaved attracts the attention of the medical discourse as their suffering is viewed as pathological. One hears about normal mourning and pathological mourning according to a strange binomial, which supposes a norm in the face of death. As for allowing it to happen, we see also that in our era the relationship with time has been transformed. When we lose someone, time is no longer granted to step outside the social bond, activities, work or events. Our era short-circuits this time in which you tear yourself away from life. Lacan points to a sublime phrase by Shakespeare who speaks like no other of this hastiness. It can be found in the tragedy

Hamlet (that of Gertrude all too quickly remarrying with the King's brother) in an annulment of the necessity for this disinvestment of the world in favour of the symbols linked with death:

Thrift, thrift, Horatio! The funeral baked meats
Did coldly furnish forth the marriage tables (2003, p. 103).

To mourn has become an imperative. However, you will notice that the statement is conjugated throughout in the second person, namely, it is addressed to an other. My hypothesis is that this formula - "you must mourn" - amounts to a demand to remain silent. Why? In fact the bereaved, whose pain is for me unbearable, returns me to my own denial of death. So there is a question: How has civilisation arrived at this juncture?

The Savagery of Death or Death Reversed

In order to situate ourselves, let's pose a number of historical considerations. If to mourn is a clinical, individual, existential question, the act itself however is not independent of its time and the status of death within an epoch, and it is therefore not independent of the social and symbolic bond which is constructed around the bereaved in order to border the real of this experience. Clearly there is an immediate difference in the experience of it alone, or with others. French historian Philippe Ariès (2008) has produced a collection of essays around this issue. His work demonstrates "the persistence over millennia of a practically unchanged attitude in the face of death, one which reflects a naive and spontaneous resignation to fate and nature" (p. 2). Death being everywhere, it was "tamed," present within the social sphere, an object of observation, of multiple

rituals. Mourning was not merely an individual wound; mourning in medieval times was social. Mourning was an affair that involved the community. A shift occurs, according to Ariès, which was linked to the revolution of Romanticism towards the end of the eighteenth century. From there, things begin to change and this prompts him to say that, “the death of the olden days was often a comic tragedy where one played the part of the one about to die. Nowadays death remains a dramatic comedy where one plays at being someone who does not know that he is going to die” (Ariès, 1974, p. 11). Subsequently, what arises is “the intolerable death of the other” (p. 56) and in the twentieth century death is expelled or cast-out. This with the exception of, Ariès remarks, the death of heads of state. We can only tolerate the staging of the death of the Master, most probably because this exalts the figure of the dead Father. “Society no longer tolerates the sight of things having to do with death, including the sight of the dead body or weeping relatives. The bereaved is crushed between the weight of his grief and the weight of social prohibition” (Ariès, 2008, p. 12). Ariès points, with what he calls the era of the savage death, to that which from the clinical perspective we could call a phobia of death as a mode of being of the modern subject. How is this phobia to be interpreted, as it is typical of our modern societies which are obsessed with the prevention and securitisation of risk? Well, as an anxiety around the risk of desire itself and around the contingency proper to life. Jacques Lacan thought that there was not really anxiety around death, but anxiety around life itself [*pas vraiment d’angoisse de la mort, mais une angoisse de la vie elle-même*].²

² [TN] Cf. Lacan, J. *The Seminar, Anxiety*, Lesson XX of 29th May 1963. Or, *The Seminar, The Ethics of Psychoanalysis*, Lesson XXVI of 29th June 1960.

Let Live, Allow Dying

I would like to draw attention to a further point, related to the effects of science. Science has introduced a new order into the universe, no longer allowing for the inevitability of fate, for the weight of Nature over man. Descartes had dispensed the credo for the modern man of science: “Master and (as it were) possessor of nature” (1909-1914, p. 2). Thus, the death of God having been enacted (although nowadays we can see the return of the vengeful God), very quickly death has become nothing but the great adversary of medical knowledge, which improves, heals and extends the life of the body. This development of knowledge about the living has had an effect on our rapport with life. In order to demonstrate a political mutation in the mode of governance during the Classical Period, Michel Foucault (2007) introduced the concept of *biopower* (p. 22). Government became the management and mastery of bodies. Foucault demonstrated that a considerable reversal was at stake in the way in which, in Europe, political control of the rapport between life and death was knotted together. He illustrated this with a rather remarkable dialectical formula. During the Middle Ages, with its associated religious liberties, punishments, its supposed barbarity, its destitution, the motto was: *laisser vivre et faire mourir* [trans. “let live or take life”] (Foucault, 1978, pp. 135-136). Modernity, with its desire for rationalism, medicine, the panoptic which nowadays insists on surveillance in order to know what people are up to, has brought with it something else, precisely the opposite: *faire vivre et laisser mourir* [trans. “foster life or disallow it”] (p. 138). To live: you are induced [to be born], examined, treated, vaccinated, identified, registered, informed, warned, operated on, staticised. Let die? By

contrast, at the end of your life, the disappearance of the sacred, absence of meaning, the question of salvation is at half-mast. You are all alone.

Medicine and “saying what there is”

More recently, a very well known professor of medicine, Didier Sicard, former president of the CCNE³ has written about the technological transformation of medicine. He contends that two things have disappeared in this evolution: the body of the patient, which has been reduced to images, scans and numbers. The physician has less and less of a direct rapport with the body. And the physician’s words are whittled down by the transformative power of science and medicine with respect to the real of the illness. In fact, this figure of knowledge which transcends time has always implied the difficult privilege of making announcements, with the responsibility of saying the truth concerning that against which nothing can be done, the real, most particularly death. Accordingly, Lacan (1973) saw a function of the physician with respect to the real: to say what there is [*ce qu’il y a*] (p. 9).

It is worth mentioning that in the twentieth century, a new expression has also been created, a new ideology: the “augmented body,” which is the goal of the transhumanist movement sparked by Julian Huxley, the brother of the author of *Brave New World*, which advocates the usage of science and technology in order to exceed the limits of the mind and body. What is assumed within this movement is that “certain biological constraints of the human condition, for example, suffering, disability, ageing and death are counterproductive and unnecessary” (Claverie, 2010, p. 23). Thus

³ Commission on Collegiate Nursing Education.

one sees that the project is the transformation of the human, with the consideration that the impossibilities, which constitute his condition, are now viewed as artefacts to be fixed or corrected. Science and technology are utilised or employed to erase that which for man constitutes his limit, his point of unbearable: lack, loss. A surgeon recently chose, for the title of a soon to be published text, the fashionable foursome of science, Nanotechnology–Biology–Information Processing–Cognitivism: *La mort de la mort* (Laurent, 2011). It is not certain that we should rejoice.

Technology and the Denial of the Impossible

Here is a definite example. This revolt against the Real in our technoscientific era, which refuses loss, requires that the object of desire be perpetually in hand, along with the fact of its disappearance eliminated and the pain of loss annulled. Well, a U.S. company has realised this human dream. *Always there*: two words possible at last. Eternal consolation or support is no longer a fantasy but a diamond, a diamond of death. Indeed, the multinational *Lifegem* trades on the Internet in the manufacture of the gem from carbon, the carbon recovered from the ashes of a human cremation. Twenty or so weeks and several thousand dollars is all it takes to make the gem desired by the family. The size, colour, number of carats, to be present during the manufacturing process, as well as a certificate of authenticity are all at the discretion of the grieving customer. Several stones recovered from the cremated ashes of the same body are also possible. Set in a ring by a jeweller or goldsmith, our era makes more out of less, a wearable diamond as (a) memory and (a) tomb.

In contradistinction to this operation, and thanks to an article in *Liberation* (John, 2015), I became aware of a practice,

which, over the past ten years, has become increasingly common in South Korea. Koreans, for whom the statistical recording of suicide levels is the highest in the world and where the superegoic imperative to succeed in life engenders an extremely high failure rate, have noted that it is during funeral ceremonies that families gather together and share their emotions. Specialist centres have developed the idea of organising staged funeral sessions where adolescents, students, business leaders and couples experiencing difficulties etc. are brought together through hundreds of these stagings in a meditation mortuary, where one's failings are admitted, relatives thanked and loves declared - just before lying in a coffin and miming one's death. The experience is intended to try to foster a sense of life, re-find its value, along with that of the importance of family. It has been an unmitigated success.

This curious if somewhat risible creation all the same seeks to put a particular truth to the test: the desire to live is linked to life being at stake, and the object that causes the desire for life is connected to death. Freud had said this in 1915: "Life is impoverished, it loses in interest, when the highest stake in the game of living, life itself, may not be risked" (1957b, p. 290). Far from an exaltation of suicide, it is the risk that has to be taken in order to experience oneself as desiring, that is at stake. Lacan (1958) also refers to it thus and of course he was referring to Freud: "who, as fearlessly as this clinician, so firmly rooted in the everydayness of human suffering, has questioned life as to its meaning – not to say that it has none, which is a convenient way of washing one's hands of it, but to say that it has only one, that in which desire is borne by death?" (2006, p. 536). The desire borne by death: something of this order brought me some twenty-five years ago to the hospital to listen

to people speak about this truth. In effect, working with those who are at the end of their lives lead to the discovery that there is a precipitating effect of speech within the ambit of the remaining time, as it is subjectivised. This is an effect of revelation, of secrets being said, of speech opening up, of *semblants* falling: all of these occur with an urgency of a lack of time. Lacan discovered this more general function with regard to the rapport between desire, truth and the function of time, which is going to close over [*se boucler*]. He even reinvented and demortified the temporality of the analytic session in the treatment, which thus pushes the analysand to no longer waste time.

It was also quite early on in his teaching when he introduced a first theory regarding the end of analysis, that of assuming one's *being-towards-death* (a concept borrowed from Heidegger), signifying that one's sense of existence takes its density from being put in tension with the deadline that death constitutes. Our Being in time towards death, which is anxiety, projects upon each one his/her own-most potentiality-for-Being, but Being is of the ego and the ego alone (Heidegger, 1962, p. 322). Psychoanalysis is an experience of a reinscription in the Real of temporality, of time that passes and it is incredibly vivifying to want less hanging around, less sleep, less postponement or putting things off. Also it reoffers you a grip on the repetitions of your history. This is however not easy because the unconscious does not allow for this problem of time in all its precarity, it just ignores it.

There is also an opposition here between Heidegger and Freud: for the former the death of the other offers me no certitude as to that of my own, truly death can be only mine. While for the latter it is only the death of the other which is Real, because "it is indeed

impossible to imagine our own death,” and “that in the unconscious every one of us is convinced of his own immortality” (Freud, 1957b, p. 289). Hence the creation of the extraordinary myth based on a denial of the Real of existence: the myth of eternity. Freud poses the following question: how are we to reconcile with death? We create fictions, for example in literature and theatre in order to explore that which we refuse in real life: take for instance men who know how to die. Freud ends this tragic and powerful essay, written during the butchery of the First World War, on this very point: *si vis vitam, para mortem* [trans. *if you wish for life, prepare for death*] (p. 300).

That Which Psychoanalysis Can Illuminate

First, I pose my own question. My analysis caused me to realise, amongst other things, the fact that I had not applied to work in a palliative care unit by mere chance. The recollection of an experience from childhood was at the root of this choice. The loss, at around age eight or nine, of a dog that I had loved opened up an enigma and created a motor force for [the] thought. Thought is always born of a shock, of that which for the subject constitutes a hole in knowledge. This comes from the difficulty in comprehending that the words “as before” were no longer possible. “Never again”: What to do with the signifier, which admits no variation? Mourning is not simply the subjective impact of an absence but also that of its irreversibility. Eternity is that of the loss which is the Real. This is also an issue we encounter in the clinic of addiction: to stop is one thing, to stop forever is something else.

The other question around the event was that even though a car hit the dog, he remained completely intact, without injury. No alteration of the body, which might have metaphorised his death,

had occurred. He was motionless, in a never before encountered fixity. The mystery of the body, which no longer moves, thus takes on a particular importance for me. Indeed, it was a screen memory of another from around the same time, a more puzzling one that lay behind, of a young friend who, I was told one day, was no longer there. The disconcerting strangeness in this instance was an absence without body. This raises the problem of mourning in its relation with the presence of a body.

I think about that which around the same time was named in Argentina as *Mères de la place de mai* (*Asociación Madres de la Plaza de Mayo*), the collective name of these mothers, these wives, these women who every Thursday afternoon since 1977 have walked in an anti-clockwise direction around the Plaza. Their mourning is impossible as there is no body, no name and no recognition of the deaths of the disappeared. Reality remains unacceptable because there is an unbridgeable hole in the Real.

The insistent questioning of a young psychotic adolescent who constantly asked why the dead are buried in cemeteries disconcerted a colleague in an institution oriented by psychoanalysis in Belgium where she worked. In the end, she found a response which served to pacify his demands: "Well, they need to have a place." Mourning, at bottom, reveals the question of the irreplaceability of the beloved object. This is why, clinically, one should always pay attention when a subject tells you that, after a bereavement or a separation, s/he has moved very quickly to something else; that another encounter has immediately come to be substituted for the first.

Denormalising Mourning

This was in any case my position as a psychologist oriented by psychoanalysis in my work in the palliative care service. One had to keep away from the “one must do the work of mourning,” which we would sometimes hear, or from this consolatory phrase, which is a touch superegoic: “death is a part of life.” Easy to say. False though, as Epicurus pointed out, that life never encounters death which for him meant that there was no reason to fear death.⁴ Mourning is an unconscious process: it is not an action on the part of the Ego, an operation of consciousness. It is not to be imposed nor demanded. Do not make a requirement of it, if it is not raised. As a clinician, I offered just the possibility of the speech act, undetermined other than by the question of the singularity of the suffering and history of each one; this was the only thing that interested me. I was in a medical environment but I had as a compass a little formula, in order to maintain my displaced position with regard to any attempts to arrest pain, one which Shakespeare has Hamlet say: “Words, words, words.” (p. 139) Also another quote from Ionesco’s *Exit the King* (1963), that anyone who is working with terminally ill patients should read:

King (leaving the window): It’s impossible (going back to the window:) I’m frightened. It’s impossible.

Marguerite: He imagines no one’s ever died before.

Marie: No one *has* ever died before. (pp. 40-41)

⁴ [TN] Cf. Epicurus: *Letter to Menoeceus*:
<http://www.epicurus.net/en/menoceus.html>

Mourning has been very much caught up in the health-vulgate, reduced to a cicatrization, a return to a prior state, a series of evolving stages, the famous stages of mourning. For sure, much of the time there is this trajectory, which is described phenomenologically as ranging from denial to acceptance. However, I would like to draw your attention to the normative usage that is derived from this, despite the fact that it is merely a description. In this, the norm is deduced from the general and does nothing to enlighten - if indeed it does not have the opposite effect - in what is at play for a singular subject. Also from the psychoanalytic perspective, to mourn is not simply a matter of affect, mood, sadness or joy that was lost and found again one day. "...that he knows *whom* he has lost but not *what* he has lost in him" (Freud, 1957a, p. 245, emphasis Freud). With the loss of a loved one, one does not consciously know what it is that one has lost. That is why sometimes one can be completely surprised by a reaction to a bereavement, where one finds a certain discord between affects and what is consciously felt for the lost object: an absence of tears, despite a profound sadness; tears there where we did not think we were really concerned; inappropriate laughter, etc. The "senti-ments" ("feelings lie") - this well-known play on words demonstrates that affects, anxiety being the exception, are not a reliable compass as to what is unconsciously impacted. The subject, having traversed his pain, may no longer be as sorrowful, may be able to speak of the person again without collapsing, able to revive his or her desire elsewhere after having divested the person of it. Yet an unconscious node can endure, a particular place remaining occupied by something of one's relation with the other, which one did not know about and which reveals itself or becomes isolated without one's knowing.

A man who came to see me only for a few sessions had experienced this. In his career, he was captain of merchant ships and as he sailed the various oceans, his spouse accompanied him. One day, she was diagnosed with cancer, which meant that they had to remain ashore in order for her to receive treatment. He suspended his work in order to be with her during this time. She died. Over the subsequent years, during the work of mourning of this woman he loved, he remained alone. The absence subsides, the sadness fades, and he is done with refusing a new encounter. He authorises himself. Anxiety is present. Questions emerge about whether or not to take on board the risk of a life in a couple. He plunges in and launches into this relationship, he loves again, he feels happy, and he can even speak about his wife to his new love. A second life seems possible and they move in together. One thing is not right, something insists and will not work as he would like it, namely his ability to complete the sexual act with this woman he desires. The organ fails in its function right at the moment of truth. Faced with the enigma of this symptomatic reiteration, where phallic potency and desire are cleaved, a repressed memory returns: towards the end of the time with his wife, she had changed, demonstrating an aggressivity towards him, not tolerating the fact that he was in good health. And she had said this one phrase: "If you get with another after this, I would be there and would pull you by the feet." The doctors put down this phrase, which shocked, to the brain metastases. She was accusatory of his surviving her and issued threats about being replaced. Years later, he reckons on how the anathema took on the value of a curse, serving to crystallise his guilt around his desiring again. He realised that his spouse was not just the one he sought to remember, her obsessive jealousy was also a constant trait in their

relationship. These words unburdened him. He verified in his own way this concept of Lacan's that there is no *ménage* but of three. The third in this instance was the interditory formula of the dearly departed.

A woman demanded an analysis because of a symptom of insomnia, which had persisted for several months after the death of a friend. She demanded an analysis because she understood that this symptom had awakened another suffering that related to the death, four years earlier, of her husband of some fifteen years, with whom she had children. She was in a job of some responsibility, had friends, a social life and was of a cheerful and lively disposition. However, she felt somehow helpless in this new existence, alone and with a solitude permanently linked to the memory of this man with whom she was very close. "Who am I without him? Who was I before?" The analytic work is instigated by these questions. Sleep, as with resting and inactivity induces anxiety because she is afraid to "let go," and for her this is synchronous of a possible depression. In fact, for a long time she feared "mental illness." She realises the weight of the family dramas and, above all, her mother's anxiety around death, around illness, as she [the mother] was continually focused on her and her other children. A sentiment of guilt invades her every time a mistake is made around her. Within her family one could not speak, challenge the word of the father or not follow the mother's rules. A childhood event serves to amplify this feeling of fault: she wished for the death of a man who tried to touch her when she was a child, and he died soon after in an accident. Articulating the coordinates of the familial atmosphere knotted around "danger" and going through them, gives her the retroactive impression that she was "asleep" and that she herself did not really exist. A symptom is

distinguished: she ran away, regularly, without ever knowing why. This *acting out* still remains equivocal for her: to flee into life or to put herself in danger, enacting the maternal anxiety.

The analysis gradually leads her to consider that the maternal obsession about the possibility of some desperate misfortune befalling the children (death, illness) had an unthinkable yet logically contiguous other-side too, in line with a *Möbius strip*: a *jouissance*, a death-wish almost, which had not been without consequences for her destiny and that of the other children. She detaches from the signifiers of this mother, cutting her speech short, no longer listening to her as much nor “fleeing” before her. She bursts out laughing for the first time when leaving the cinema she listens to a message from the distraught mother that says: “You don’t answer, you must be in hospital, it must be serious, I will come to your bedside.” Her professional practice, which is a way of “being on the side of life as she who saves” becomes lighter. It is no longer she [herself] who is in question in what she hears. The highlighting of the mortifying *jouissance* of the maternal Other will serve to touch an unconscious dimension of her marital relationship: “My husband had, for me, the role of safe-guard” (*garde-fou*). She hears the *equivocal* in the signifiers (*fou* = mad) and realises the knot between her place in the parental Other and her subjective position as a woman. In effect, her husband had provided her with security and stability. She thus realises how the guilt and the fantasy of saving the other had pushed her further in the unlimited support of her husband up until the end, the end of his health and of his decency [*pudeur*].

Recurring dreams, where her mother and her husband brought her over to stay with them on the side of death make her

take one more step. She then views the words of her husband, in his final days, differently: she will not love another man as much as him, that she remain in their home, that she would even take charge of the euthanasia. "I have made excuses for him for a long time...How could he demand such a thing of me?" He had always been anxious at the idea of being abandoned, wouldn't let her go, failed in the face of health problems, could never reassure her when she herself was ill. Re-examining their history at the same time produces a counter-effect, a resituating of this man in her memory, now no longer solely reduced to the traumatic shock of the end. In a certain way, the mourning is concluded, the repetitive dreams involving her husband articulate that there was something else, that the mourning was not only about accepting his absence, but that it questioned what she was for him; and he for her. "As if there was still a hold, I no longer want this to govern my choices." This "hold" leads to a new turn around the hole of demand and desire. The analysis is at that point.

The testimonies above demonstrate one thing for us: mourning is above all a matter of remembrance of being. Freud is very clear: there is a symbolic work of re-examination "in detail" of all the memories and images connected to the dead one. This cannot be prescribed because it involves a specific *automaton* of thought to "attach" that which is beyond meaning (outside sense), traumatic. There, where there is no longer a Real presence, comes that which tries to occupy its place: the images and symbols, which re-present it. A subject can also remain unconsciously identified with the lost object and the question of melancholia is then posed. However, in mourning while in analysis we are brought one step further because we are confronted with one of the effects of the loss of the object: its idealisation. Mourning represses the hate, both of the dead and of

the mourner. And it is exactly that which for the mourner has a crushing weight. Lacan said that love is a form of suicide because in love the Other becomes all, that is, the subject in love is effaced in the face of the object of love. In fact, an analysis leads to a going beyond the imaginary of the object being rendered ideal by its very disappearance. Retroactively, one goes back to what the other really was, to one's relation with him, to what was at stake, to what lacked.

One tends to no longer repress what might have been the real, the fault (and indeed one's own fault also) and the way in which one's own unconscious is knotted with that - this can be said without a moral connotation. One realises that mourning in analysis is also a way of comprehending that which lacked, that which in love misfired, and to no longer be a dupe of this. What can be gathered is that mourning in analysis is above all a subjectifying operation, a work of confronting the loss and the truth of one's bond to the other, of one's relation to that which one lacks. Only on this condition can the invention of a new object be engendered. Not exclusively or necessarily another encounter, or an encounter with another other, but the finding of an object which causes desire, not just once again but also in a new way.

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