

problems beyond those that I have had the opportunity to mention—problems inherent in Popper's thought. The idea that no theory should be treated as immune from critical review undertaken with an eye toward possible revision is the cornerstone of Popper's philosophy, and it would be ironic if he himself were set up as an absolute authority. What calls for this cautionary remark is not only the tendency in current criticism to turn selected theorists into "master thinkers," in terms of whose ideas any question can be answered or shown to be unanswerable; it is also the many difficulties and shortcomings that Popper's philosophical work exhibits, as impressive—and therefore worthy of attention—as it is. As often seems to be the case with philosophy, where the work (demonstrably) goes wrong stands to teach us as much as, if not more than, where it (provisionally) achieves or approximates true insights.

DAVID GORMAN
Northern Illinois University

Reply:

David Gorman's commentary that *mundo tercero* is most faithfully and efficiently rendered as "World Three" (despite the switch from an ordinal to a cardinal number) is accurate, and I am most grateful for the illumination. I would dispute his contention, however, that the translation (which by means of a translator's note distinguishes Popper's sense of "third world" from the conventional value attributed to "Third World") constitutes a "misleading error." As no one could possibly misunderstand the term in the context of the translation, my version cannot reasonably be considered either misleading or erroneous. I am uncertain, moreover, of the validity of or motivation behind Gorman's other main assertions. Vargas Llosa clearly overstates the distinction between "invented" and "discovered" truth, but that point was made forcefully by Richard Hudelson. And the allegations about Popper's "conceptual problems" and "many difficulties and shortcomings" would be helpful only if Gorman gave us even the slightest hint of what in specific he has in mind. Seen from Latin America, where I now find myself, these quibbles seem manifestly trivial. But there is a principle at stake: if Gorman's intervention was meant to contribute measurably to our knowledge on the matter of Tittler on Vargas Llosa on Popper, the results, on balance, strike me as less than satisfactory.

JONATHAN TITTLER
Cornell University

The Borders of Clinical Practice and Psychoanalytic Criticism

To the Editor:

Shuli Barzilai's "Borders of Language: Kristeva's Critique of Lacan" (106 [1991]: 294–305) clearly contributes positively to the anglophone assimilation of the theories and theorists associated with the "French Freud." As a clinician trained in literature, however, I find that serious difficulties arise when critics abandon the responsibility inherent in the ethical use of clinical theories. This gives rise to two areas for questions—ethical and clinical.

The author asserts that she is not bound by a clinician's ethical limitations but only by an ethics of something she calls "the discipline of the question." Nevertheless, this does not prevent Barzilai from offering the clinical prescription that "the borderline patient is better served when the analyst maintains an interpretive stance." Nor does she hesitate to assert the clinician's "obligation to alleviate suffering," while exempting the literary critic from this ethic (301). Barzilai's argument that the literary critic is under no ethical obligation akin to that of the cure in psychotherapy leads to contradiction in principle. One cannot eschew the clinical conditions of an ethical obligation and in turn freely use its formulations and nosology and even assert treatment criteria. Literary theorists often wish to take leave of the clinic and the centrality of its ethics of the cure, yet they recapitulate its technical structures and nosology as a rhetoric for their ideological commitments. A metaphoric of pathology arises in which terms like *borderline* pass uncritically into contradictory applications under the alleged aegis of theories like psychoanalysis.

This leads to the clinical area. Contrary to the author's (unintended?) implication that the term *borderline* derives from Clément and Kristeva (295), it was, as I am sure the author and her readers know, first identified by Otto Kernberg. His original work on the syndrome dates from the early 1950s, as do Lacan's first "séminaires," both well in advance of Kristeva. Derived from an analysis of the function of narcissism, the concept has subsequently undergone considerable revision and today does not stand as close to psychosis as the essay would have one believe. Paradoxically, the borderline patient's clinical phenomenology is more extensive than the author states. It requires careful differential diagnosis since the intractable nature of the symptoms can signify a biological dysfunction, such as hypothyroidism. The biological substrate is thus a