

Who is mad and who is not?

On Differential Diagnosis in Psychoanalysis¹

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The expression “differential diagnosis in psychoanalysis” may seem contradictory or at least could be considered as an oxymoron, and yet there cannot be a sound practice of psychoanalysis without a thorough diagnosis. It is true that “differential diagnosis” primarily sends us back to Psychiatry and thus to medical practice. It is also true that psychoanalysis is not primarily oriented by therapeutic goals, and therefore differs from psychiatry.

But in its origins the psychiatric discipline from which psychoanalysis detached itself, thanks to Freud’s invention, attracted those who shared with him the belief in a scientific, experimental and rational model of medicine (even when they were laymen like Ernst Kris for example). Today some ill-informed commentators may look down on or even scorn Freud’s blind scientism, thereby refusing to acknowledge that his insistence on rationality kept Psychoanalysis away from hermeneutics (unlike the Jungian deviation, that ended up being used to collaborate with the ideals of Nazism) and from religion and its moralistic stand. Freud had to fight —sometimes very hard and painfully— to keep that orientation.

Common roots

During the late 19th century and the beginning of the 20th century “Madness” as many historians and philosophers have testified to, progressively tended to be considered an illness and a matter of health care, thus giving way to the creation of several typologies based on careful and systematic observation of patients both over short periods of time and on a longitudinal historical basis. Basically it was a time when there was very little medication that would change, improve or alter the patient’s state, and healing was mainly considered to be a natural effect of the evolution of the disease.

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This was the state of the art when Freud began his private practice, until he discovered that talking, under some precise circumstances, engendered in itself therapeutic effects and from there he invented the psychoanalytic method.

At the time psychiatrists commonly treated people who did not seek their help since they considered that their misery was due to an external cause: an 'Evil Other.' They were usually brought to them against their will by family members or by the police.

In such cases the psychiatrist was faced with the decision to treat the person “medically” *either* for the sake of society and in order to protect the entourage of the person, *or* to treat the patient himself against his own destructive tendencies. Nowadays psychiatry still has to take decisions of this kind and perform a role of protection for the public as well as treat the patient himself. This is a part of ‘psychiatric duty’ that has its own value and merits respect.

One has to keep in mind here that the walls of the psychiatric hospital, so harshly criticized during the last quarter of the 20th century, can also offer a shelter according to the etymology of the word “asylum” which may today sound outdated but, which was once synonymous with “refuge” or “harbor”.

The classifications developed before the invention of neuroleptic medications offer a framework for major distinctions between mental disorders. These are mainly based on observation, since they usually offer very little insight concerning the etiology or causes of such ailments and even less of a clue concerning their relation to biology. This occurs despite some psychiatrists, like Henry Ey², who try to build a bridge between neurology and psychiatry. Indeed, today’s blind belief in the neuroscientific paradigm tends to forge the illusion that this gap has been closed. Furthermore, some strands of psychoanalysis (represented by the IPA) have officially adopted this delusion which can lead nowhere but to ruining the very nature of psychoanalysis³.

In spite of their defects, the classical topologies, faithfully relied on the phenomena that emerged both in situ and over time, transcribing them minutely. Several of these classifications, thanks to some outstandingly erudite professors of psychiatry allowed a broad and yet subtle overview of mental illnesses to be constructed.

Such accounts depended closely on the subjectivity of their inventors and were also – sometimes- related to a national body of knowledge concerning some specific items.

² Henry Ey was a French psychiatrist close to Lacan, though Lacan was opposed to his organo-dynamist theory.

³ See Laurent, E., *Lost in Cognition*, ed. Cecile Defaut, Nantes, 2008.

From time to time a new voice would rise up against the existing typology and impose through discussion a new notion or classification. This was the case with Clerambault, whom Lacan considered to be his “only master in psychiatry” and who invented the concept of “mental automatism”.

Another example concerns the German psychiatrist Krestchmer who, basing himself on some of the traits gathered by Kraepelin around paranoia, created his own syndrome which he called «sensitive paranoia». In his work, dating back to the 1920s and based on extensively documented case histories, he described a mild form of paranoia where the “evil Other” is not so strongly defined as in the Kraepelinian paranoid delusion of persecution, but rather is insidious, and corresponds mainly to a sensation of being constantly observed. In doing so, he joined a number of psychiatrists of his time who had been observing forms of what they called abortive paranoia, in opposition to Kraepelin's belief that paranoia would in all cases sooner or later develop into a full fledged persecutory delusional state.

For a long time psychiatry evolved through this kind of discussion between eminent and respected figures of authority who in building up their own classifications, had to demonstrate to other clinicians that their assertions and premises were well founded, and could be used to distinguish a “normal” behavior from an unhealthy or “pathological” one. This line was not easy to draw and the specialists often disagreed among themselves. In this 'great Conversation' of psychiatry, which allowed for much slack and personal interpretation, Freud played his part while pushing forward his psychoanalytic theory. He was well versed in Kraepelin's theories⁴, among others⁵. Indeed, his discussions with Jung on Schizophrenia and Paranoia published in his Correspondence are still of utmost interest for today's clinicians⁶. It is also worth mentioning his invention of the category of “obsessional neurosis”, which was up until then unheard of. Freud also evolved in his usage of psychiatric classifications: whilst at first he did not make a clear-cut distinction between neurosis and psychosis⁷ (he spoke of the neuropsychoses of defense), soon afterwards he distinguished between psychosis

⁴ Freud was familiar with the French School, after he studied with Charcot in Paris, but his main reference was the German School of Psychiatry.

⁵ In fact the wolf man had met with the 'Master' before he came to see Freud.

⁶ See for example letter 22F *Some theoretical opinions on paranoia* 14-21 of April 1907 and the following letters.

⁷ Freud, S., The neuropsychosis of defense, Standard Edition III, p. 41-61

and neurosis and moreover remained tentative concerning the treatment of psychosis by means of the psychoanalytic method. From its origin Psychoanalysis is thus deeply rooted and intertwined with psychiatry. As mentioned above, Freud himself believed in the scientific ideals of psychiatry inasmuch as he was a rationalist opposed to magical, religious or moralistic treatments of psychical suffering. He nonetheless took a very strong and lasting standpoint against making psychoanalysis part of medicine. Here he fought against the will of many of his colleagues (especially the Americans) to restrict the right to practice psychoanalysis to medically trained physicians.

What holds true for Freud stands out also for Lacan, who was attracted towards psychoanalysis and away from psychiatry through the special interest he developed in a quite famous psychiatric case in France in the 1930' (Aimee, the patient he wrote about in his thesis dissertation) and, more broadly, through his interest for women's desire.⁸

Of course many psychiatric categories were used and are still used with the purpose of protecting the individual and his entourage or, more broadly, society, from the potential violence of some clinically recognized «diseases». This noble —and useful purpose— certainly also brought about a lot of errors and injustices due to a segregating prejudice towards Madness, especially in times where psychotropic drugs did not exist. And where moralistic and patrimonial issues could play a non-innocent part in decisions about psychiatric confinement.

During the second half of the 20th century, the anti-psychiatric movement was in vogue and matched with libertarian ideals in a largely utopian and unconsciously dangerous form, ended up in some cases, ruining the psychiatric health care system in some countries, like Italy. At the same time, some like Michel Foucault, echoed these protests on a more grounded basis, by demonstrating the links between 'power' in general and the creation and application of norms. His series of lectures on the "abnormal" exemplifies, in quite a convincing way, the existing link between the state of a given society and what is considered to be within or beyond the limits of what can be socially tolerated.⁹ These norms fluctuate and are part of an ongoing movement within all societies and countries (e.g. gay rights and "liberal social issues" in America and in

⁸ As he mentions in his forewords to the English edition of Seminar XI: Lacan, J. *Autres Ecrits, Le Seuil* Paris, 2001, p.571; and as developed by Eric Laurent in a recent article: Laurent E. , *Lacan analysand*, Hurlly Burly N°3 p.143

⁹ Foucault, M. *Les anormaux*, Le Seuil/Gallimard, Paris 1999.

Europe). Psychoanalysis is on board of the train which Lacan called “The Master’s discourse”. Its task is to subvert such discourse, not to denounce it. It should therefore avoid the anti-psychiatry utopia as well as the reactionary backlashes.

The “book of Disorders”

Then came the DSM¹⁰. This classification that has invaded and taken over psychiatry, to put it bluntly, was based on an attempt to erase subjectivity in diagnosis in order to reduce discrepancies among practitioners. As a result, numbers outdid personal judgment, medication-based categories such as depression or hyperactivity were created to suppress the influence of both the psychiatrist's judgment and the patient's subjectivity. Everyone knows the poverty of the scales and questionnaires that have, overtime, replaced the detailed observations and frequent talks between doctors and their patients. Eric Laurent¹¹ depicted its effects with regards to the generalized spreading of evaluation of which the DSM Classification and its likes are part and parcel: “It leads to a vanishing of the real of the disease”. In other words, it signals the death of language as an ongoing conversational process between patient and therapist.

Once the death of language is established, it then becomes impossible to say anything about the phenomena outside of what is included in the scales.

Ultimately it paves the way to a destruction of the social link and of the mutual agreement and support that this entails. Thus, the subject is lead to what Eric Laurent very accurately names a “default position”. He/she is no longer someone who suffers and who addresses a demand to a specialist, instead he/she becomes a mishap in the order of the Universe and thus a potential misfit to be “re-educated”.

Lacan and the question of diagnosis in psychoanalysis

There is a fertile cross-movement at play between two streams of thought throughout Lacan's work. On the one hand, he discards -in the name of psychoanalysis- any kind of segregation of our fellow humans (for example when he defines Madness as the essence of human liberty in his early *Ecrits*¹², or when he proclaims in 1976 that “Everybody is mad”)¹³; this is Lacan in favor of continuism. On the other hand, he tries to build up very

10 Spiegel A., The dictionary of disorders, Annals of medicine, Jan 3, 2005.

11 Laurent, E., Intervention in a Forum Paris, 2009, Unpublished.

12 Lacan J. Presentation on Psychical causality, *Ecrits*, Norton 2006, p. 121

13 Lacan, J. *Ornicar* N°17-18 p. 278

precise definitions of what the phenomena to be addressed by psychoanalysis might be: their logic, their minute description, their clear-cut differences -and this is Lacan advocating for a discretionary model of the psychological apparatus. For him, phenomena are always language events: the signifying chain is made out of discrete elements which he calls, after Saussure, signifiers. These elements are linked together through metaphor and metonymy in order to produce the flow of meaning and signification which, by its own nature, cannot be thought of as discrete. Again, discontinuity and continuity are interwoven within the field of speech and language, and the already famous Lacanian aphorism “the Unconscious is structured like a language” means that its very concept entails the discrete as well as the continuous.

Lacan's “On a Question Prior to Any Possible Treatment of Psychosis”¹⁴ thoroughly illustrates his approach to structural diagnosis. In this fundamental text on psychosis, he deciphers with more precision than any other psychiatrist of his time, and more than Freud himself, the massive amount of psychotic phenomena described by Schreber in his autobiography. One should keep in mind the logic of Lacan's contribution: Psychosis, and especially Schreberian psychosis, is to be examined in relation to language impairments and disorders of communication. In psychosis, the relationship to the big Other is broken down and, thus, the fundamental phenomena are to be read within the deranged symbolic order and the cascade of repercussions produced upon the imaginary as a result of such derangement. The real that has been foreclosed returns within the symbolic with devastating effects.

This is the matrix of Lacan's classical conception of psychosis. Its diagnosis is primarily (if not only) to be constructed starting from language disorders which result from “*the gulf formed by the simple effect in the imaginary of the futile appeal made in the symbolic to the paternal metaphor*”¹⁵. He immediately adds that phallic signification is then foreclosed for the subject owing to an “*elision of the phallus, which the subject would like to reduce in order to resolve it to the lethal gap of the mirror stage*”¹⁶. Ultimately, Lacan trusts that the subject will invent a useful —even if fragile— “delusional metaphor” that will stabilize his/her relationship to a modified Other.

This side of Lacan's thinking can be called mechanistic. Although he rejected being called so, though as a consequence of his interpretation of Freud's work through the

14 Lacan, J., *Ecrits*, Norton, 2006 p. 445

15 *Ib.* p. 456

16 *Idem.*

prism of his “Function and Field of Speech and Language”¹⁷, he was considered as a structuralist. The “structuralist” and thus mechanistic part of his work is just one part, but a long prevailing part of his overall clinical approach.¹⁸

Jacques-Alain Miller spent much time exploring this aspect of Lacan’s teaching in its different facets, until he switched to the late Lacan in 2005, which culminated in 2007-2008 with his series of lectures at Paris 8 University under the title: “*Tout le monde est fou*” (we are all mad). This refers not only to idiosyncrasies or eccentric behaviors, but to the very core of clinical delusional madness as underlined by Lacan in a short text written in 1976, to sustain the back then experimental Department of Psychoanalysis at the University of Paris VIII.

Miller¹⁹ in his lecture of 26/03/2008 emphasized the importance of the mechanicism of Lacan’s early and most publicized theory: “*Make sure –he says- to take into account that, for Lacan, the subject is drawn into these mechanisms and shifted onto them. The introduction of the Lacanian subject, the first Lacanian subject, into these mechanisms (namely metaphor and metonymy as developed by Roman Jakobson²⁰) is justified by the idea so opposite to the usage that is mostly done today of the category of the subject, (in order to indicate a degree of liberty, some unreachable part, something that cannot be tamed and especially tamed by quantification). If Lacan introduces the subject in such a way as to shift it onto mechanisms, it is because he considers the subject he has to deal with in the psychoanalytic experience as being entirely calculable*”.

On the other hand, from the last sessions of seminar 20²¹ (though foreshadowed in Seminars 18 and 19), Lacan takes a new shift towards a clinic that no longer advocates for the preeminence of the Symbolic. He moves on to a clinic of semblants (which means that human beings can never totally separate the imaginary and the symbolic register; the object *a* being itself a semblant, namely, an imaginary part of the body, symbolically elevated in the fantasy to an equivalent of the real).

This leads him to a 'fuzzy' clinic, a clinic of the continuous, of the transformational, that culminates with the knots along with the idea -repeatedly expressed- of a strict

17 Breakthrough and landmark article announcing his tempestuous arrival within the field of traditional psychoanalysis.

18 Miller, J-A, Paradigms of jouissance, Lacanian ink N°17

19 Miller, J-A, Class at the University of Paris VIII, Unpublished.

20 Roman Jakobson, "Two Aspects of Language and Two Types of Aphasic Disturbances, in Fundamentals of Language, Mouton & Co--Gravenhage, 1956

21 Lacan, J. Seminar XX, Norton, 1998

equivalence between the three registers. The “Name-of-the-Father”, both as signifier and as concept, since no particular signifier in language can incarnate it (even less the presence or absence of the father in reality) was the cornerstone of the discrete architecture of psychosis in early Lacan. It allowed us to distinguish between the neurotic structure which testified to the presence of the Name-of-the-Father and the psychotic one, originated by its absence, by its foreclosure. The clinic of the knots on the contrary, supposes that the “Name-of-the-Father” is a Function (in the mathematical sense) and not a Signifier of a totality; it can therefore be sustained by means of various devices, and many possible values may be ascribed to the Variable. It thus becomes one among several ways of ensuring a strong hold on what we call “reality” and it becomes, in effect, more something of a shared social bond among human beings through their common dependence on language, than a “fact of language” (it corresponds to what logical empiricism calls the “Charity Principle”²²).

As a consequence, the normative aspect of psychoanalysis and its segregative potentialities (i.e. the “mad ones” vs. us the “normals”) is erased in the later Lacan. Furthermore the logic of the “Borromean clinic” corresponds to a logic of the “not-all”, developed by Lacan with regards to feminine sexuation, and of course this “new” set of concepts has bearings on the theory of the end analysis. It is also consonant with the status of psychoanalysis in our world where the norm of the patriarchal family ruled by the law of the father has declined -if not totally crashed.

In his late teaching, Lacan assumes that the analyst does not put his trust in the conservative and traditional forms of society supported by religions nor does he have faith in the salvation of humankind through progress. A fragment of J-A Miller’s intervention in the *Ecole de la Cause Freudienne* in October 2007²³ can be quoted to support this assertion: “ *A great majority of psychoanalysts operating in the world are traditionalists: they are naturally in favor of humanistic and clerical positions, in the hope of stopping the present movement of science, in the hope of extending the duration of the world they have known* “. Miller considers that this stand has been encouraged by Freud and by the early Lacan who, in spite of their subversive stand, still believed that psychoanalysis was working in favor of the life drive and against the death drive. However, the late Lacan teaches us something else: namely, that there is no such thing as

22 Davidson, Donald (1984) [1974]. "Ch. 13: On the Very Idea of a Conceptual Scheme". *Inquiries into Truth and Interpretation*. Oxford: Clarendon Press.

23 Miller, J-A, The future of Miscellania Laboratorium, 2007.

an internal opposition within the drive²⁴: the drive itself, inasmuch as *jouissance* is allowed, is both construction and destruction and thus: “*Psychoanalysts do not have to join in the choir of mourners who are nostalgic for the Past. They may be humanistic if they want, Christians, why not, but as analysts they cannot be traditionalists because this reactive, reactionary, conservative position goes contrary to their act. Yet this does not mean that an analyst should share in the enthusiasm of the managers of scientific progress who already see the cash accumulating in the institutes they have created to manage the licensed contracts they will sign in order to sell their trade registered chromosomes*”...

Miller calls for an “ironic clinic”: it corresponds to a clinic of our times with its changes in the subjective modes of *jouissance*, a clinic that takes into account the movement both constructive and destructive of society, for example regarding family matters. This is only possible if the analytic aims and goals go beyond the “Father” as the only possible anchor for normativation. It refers to a clinic that metaphorically relies on the schizophrenic subject's fundamental disbelief in the consistence of the Other. Thus, it is a clinic that takes seriously Lacan's invention of the *sinthome* and of the subject's final identification with his *sinthome*. This Lacanian concept refers to a mixture of fantasy and symbolic, which is the closest the subject can get to the “pieces of real” he is fixated to.

To be more precise: the version of the end of analysis first favored by Lacan (including the one put forward in his “Proposition of 9th October” where he introduced the pass) conveyed that analysis could be entirely reduced to an experience of knowledge and truth and, in a way, was equivalent to the revelation of the “Subject Supposed to Know”. It also implicitly suggested that the end was a quilting point, a full stop at which the object was sublimated via an acquired knowledge of the truth about oneself.

If we follow Lacan in his considerations on “Joyce the Sinthome”, the end of analysis can no longer correspond to a normativation of the subject under the ruling of the Name-of-the-Father, which would assure a widely shared solution, valid for a majority, whilst leaving aside those who dropped out from the Name-of-the-Father: the madmen. To pose the end of analysis in terms of identification to the *sinthome* means two things:

Firstly, there is no standard possibility to end the treatment: the identification to the symptom is a matter of one by one. It relates to how each given subject maintains his

24 Miller, J-A. Lacanian Biology, Lacanian Ink N°18

part in a social bond with a non-standard solution that allows a form of *jouissance*, and links it to a sense of responsibility, duty and solidarity in this world.

Secondly, it means that there is some madness in the original solution he or she has elicited since it is never a standard one. In this sense it is ironic because it does not relate to a ready-made instance or a consistent register. In all cases it denounces the failure of the Paternal Metaphor to achieve what it was ideally presumed to effectuate as an anchor for the subject and as an access to fully assumed identification to the ideals of his/her sex.

The identification to the symptom means that “we are all mad” in the sense that we are all different, all un-natural though still related through our common dependence on language, which informs our relation to the imaginary and the symbolic; never totally separated from others thanks to the mediation of language, but also never completely accomplishing the dream of achieved heterosexual, harmonious sexuality, and even less so that of the loving union.

This version of the end and aims of psychoanalysis also means that the unconscious remains open even after the end of analysis. In the last part of his teaching, Lacan implicitly puts aside his previous idea that a *matheme* could articulate the end of an analysis or —to put it slightly differently— that there could be a *matheme* of psychoanalysis. He was then led to question the relation between the end of analysis and a final revelation of Truth.

In the Aristotelian logic there is no such thing as a partial truth: a truth is or is not, and thus, there is solidarity between truth and universality.

In his conclusion of his 2008 lectures, J-A Miller notes that, conversely, in his last teaching, Lacan formalizes the end of analysis along the lines of the logic presiding over feminine sexuality: the Not-All (*“le pas-tout”*) grounded on a torsion of the classical Aristotelian logic. This very torsion is an invention of Lacan's. It opens up the way to an end that does not resolve itself totally through knowledge. One of the consequences is that psychoanalysis cannot be taught: thus the analyst's training, as J-A Miller reminds us, derives first of all from the experience of his/her own analysis pushed as far as possible and, ideally, to the point where there is no subject supposed to know left.

The Unconscious can never be totally sutured, as Miller frequently stated, particularly in a note on the Freudian concept of *Urverdrängung* with regards to Seminar 23 in his Appendixes²⁵.

Of course a thorough education in the discipline of psychoanalysis is also mandatory as part of the analyst's training –and even an extensive knowledge- but it is secondary to the experience of analysis as such.

When Lacan says: “we are all mad, that is to say we are all delusional, one might take it as a strict equivalent of “we are all psychotics”. If it were so, the option would be totally in favor of the late Lacan and erase the first part of his teaching. It is imperative to stress here the very subtle way in which J-A Miller comments on this sentence, and one must pay attention to his indications in this matter since it has its bearings on the practice of analysis itself.

In his last lecture of 2008, he takes a very clear standpoint “ *The madness at stake here, this generic madness is general or rather universal. It is not psychosis. Psychosis is a category from the clinic with which we try to capture something which somehow inscribes itself in this very universal*”. And Miller indicates that the signifier “delusional” in this particular sentence of Lacan's is to be understood as: “*taken within the network of meaning*” (which cannot be avoided since human beings are captured within the network of language). He also mentions that Lacan had already alluded to a similar issue in the first part of his teaching, for instance when stating that awakening is just another way of going on dreaming, to which we may add the passage in Seminar 11²⁶ relating the anecdote of Chuang Tzu's butterfly.

Clinical entanglements

Miller's systematic lecturing on Lacan's teaching subsequent to Seminar 20, began in the autumn 2004 a series of conferences called “*Pièces détachées*” (in English “spare parts”, but also 'fallen parts'). In the first lecture he announced that he was going to study the *sinthome* as a concept invented by Lacan in the latest part of his work and also as the title of a Seminar: “Joyce the *sinthome*”. Many among those who have studied this Seminar or attended it, have noticed that Lacan never declares whether he thinks that

25 Miller J-A, “Notice de fil en aiguille §17” Séminaire XXIII p 239. Le Seuil, Paris, 2005.

26 Lacan, J., *The Seminar of Jacques Lacan, Book XI: Four Fundamental Concepts of Psycho-Analysis*, ed. Jacques A. Miller, trans. Alan Sheridan (New York: Norton, 1981), p. 76

Joyce was psychotic or not. Since he never —at least to my knowledge— explained why, this remains open to many interpretations that are not mutually exclusive.

One explanation (and not the least) is that the respect due to an artist of such importance, obliges us not to diminish his aura by labeling him with a psychiatric tag (even though Lacan did not hesitate to speak of Wittgenstein's psychotic ferocity²⁷ a few years before).

Another interpretation also holds true: Lacan was aware of the fact that he was addressing an audience far beyond the limits of the medical world and did not want to stigmatize psychosis being, as he was, aware of the possible segregative effects produced by the signifier psychotic.

A third possible reading would be that, in light of his later teaching and the clinic of knots, the clinical category of psychosis had henceforth become irrelevant .

Within the Freudian Field the debate on untriggered psychosis was widely shared, when in 1998, the category of Ordinary Psychosis was created by Jacques-Alain Miller during a research program of the Clinical Sections of the Freudian Field.

The notion of ordinary psychosis was at first of restrictive extension, but it rapidly became in vogue. In the beginning, it was supposed to only concern some rare cases in which the foreclosure of the Name-of-the-Father remained undecidable. However, consensus soon emerged²⁸ that it was not rare to have to deal with an indeterminacy in the diagnosis of a case, even after lengthy preliminary interviews. In fact, there were already hints of this in Lacan's first teachings, when he evoked untriggered psychosis. And sometimes, even though psychosis is technically triggered, it takes very discreet forms (e.g. as an isolated elementary phenomenon).

However, some Schools of the AMP witnessed how between 2004 and 2008, the vogue of the category of ordinary psychosis (whose increasing number is correlated with the ongoing decline of the Name-of-the-Father in our civilization) plus the emphasis put on rapid therapeutic effects in psychoanalytic treatment as developed in the free clinics²⁹, produced an inflationary bubble of undecided diagnoses, and perhaps also some disarray for many clinicians who did not see the point in using clinical categories that were obsolete in modern psychiatry, while the “new fashion” was the clinic of knots.

27 Lacan, J. Seminar XVII, Norton 2007 p. 63

28 Brousse, M-H, Ordinary Psychosis in the Light of Lacan's Theory of Discourse, Psychoanalytic Notebooks N°19, p. 7

29 CPCT: Centres for Consultation and Treatment, first created in France and in many other countries afterwards.

Because of these and many other flaws discovered and analyzed by Jacques-Alain Miller in a long series of interviews called “*Entretiens d’actualité*” (published on the internet during the autumn of 2008), some precisions and reflections about the over-extension of the notion of “ordinary psychosis” became necessary.

Miller presented these precisions in a conference he gave in English entitled “Ordinary Psychosis revisited”. This text of reorientation is to be read as a landmark and a turning point in our clinic.³⁰

1° In this article he strongly emphasizes that the category we call ordinary psychosis is to be considered within the span of psychoses.

2° It is a form of psychosis sustained or stabilized by a *sinthome* (an “invention”) in spite of the existence of the foreclosure of the Name-of-the-Father. Although it is not yet triggered (and it may never be), some indicative elements can be found and have to be looked for during the first interviews with the patient (sometimes it may require a long time since the phenomena are often subdued and they lack precision). Miller advises us to look into what he calls “three externalities”: Firstly, in the Social field, there should be some kind of “disconnection” (*debranchement*). The link to the Other is loose, wooly, drifting.

Secondly, in the relationship with the Body, the subject may often suffer from vague pains (to be distinguished from hysterical conversion symptoms) or from difficulties in concentration (to be distinguished from obsessive ruminations or compulsive verifications). Often -as Miller states- “the subject is led to invent some artificial bond to re-appropriate his body, to tie his body to itself”.³¹ Tattoos or piercings, which are nowadays in fashion can sometimes play this role.

Thirdly, in Subjectivity itself: some “identificatory fixity ” can be usually found, which marks a special way of relating to the object *a* (either because there is a strong identification with the object as waste or, on the contrary, an extreme form of mannerism against which the subject defends itself). At both ends of the scale it is a relationship to the object *a* that is not dialectisable, that is not marked by the dimension of the semblant.

In the same text Miller also indicates that, when attempting a differential diagnosis of ordinary psychosis, the clinician has to look for a negative differential approach: if it is

30 Miller, J-A Ordinary Psychosis Revisited, Psychoanalytical Notebooks, N°19, p. 139

31 Miller, J-A, ib. p. 156

not a neurosis then it is a psychosis (although has not been triggered). He mentions that the most solid reference to discriminate between ordinary psychosis and neurosis is hysteria, for which there is a very sturdy structural apparatus in the Freudian and Lacanian doctrine.

Generalised Forclosure

The proposition: "We are all mad but we are not all psychotics." should also be examined in light of the theory of generalized forclosure formulated by J-A Miller in 1986 since, at first sight, this proposition seems to object to it.

This theory can be related to the last part of "Subversion of the subject and dialectics of desire...", where Lacan declares: "*the neurotic underwent imaginary castration at the outset, it sustains the strong ego that is his, so strong, one might say, that his proper name bothers him, so strong that deep down, the neurotic is Nameless*".³² This passage reminds us of the issue of the absence or presence of the Name-of-the-Father, and it also suggests that both for the neurotic and the psychotic the Name-of-the-Father is, to say the least, in question.

Taking this part of "Subversion..." and the pluralisation of the Names-of-the-Father effectuated by Lacan in his sole lesson of 1964, entitled "The non-existent Seminar", Miller has emphasized more than once the status of logical function proper to the Name-of-the-Father, stressing the existence of the hole in the Other for the neurotic as well as for the psychotic.

In a commentary on Freud's "Wolfman" given in Milan in 1994³³, Miller offered an interesting rationale for this theory: namely, that in a certain perspective, reconstruction and remembrance can be opposed and yet, they are made of the same material. Lacan overcomes this opposition by speaking of "*signifying elaboration*". "*For this reason Freud is led to formulate that what is repressed is the historical truth... finally what is repressed is Truth, Wahrheit. The equivalence between remembrance and construction in relation with truth is decisive* —says Miller—*to open up the way to Lacan*".

Further down he adds: "*Thereby Freud proposes to consider that hallucination and delusion derive from the same mechanisms. He extends out to psychosis a mechanism that he previously had set aside for neurosis only.... if hallucination and delusion come under*

³² Lacan, J., *Ecrits*, op.cit. p. 700

³³ Miller J-A, *Cahiers N°3 Automne 1994: Marginalia de "Constructions dans l'analyse"*

the same structure as neurotic mechanisms, it means that at the core of hallucination and delusion lies a repressed truth. There lies the focal point of his clinical demonstration."

And indeed, the clue or -to be more precise- the Archimedean point to the question of differential diagnosis revolves around the status of "Truth" in psychoanalysis, and it can only be understood with the concept of "Stratification of the Other" (brought about by Eric Laurent and Jacques-Alain Miller in their Seminar "The Other which does not exist and its Ethical Committees" 1996-7). The stratification of the Other allows us to explain what is common and what is different in neurosis and psychosis.

As Lacan goes on, he keeps reasserting that the truth is not One; in his later teaching he even speaks of the "*varité*" ('varity') of truth, a pun conveying that there are always several aspects to Truth³⁴. What has sometimes been qualified as a debasement or a dismissal of Truth is clearly due to the rising of the category of the Real in Lacan's thought. Truth relates to knowledge and signification, while the Real rests on a hole; a hollowness. The same hole that lies in the "dream's navel" and that Freud recognized as the *Urverdrängt*. The sinthome as a rest of the analytical operation leads us to take the Lacanian definition of the Symptom to the letter, as being "what one has that is closest to the Real". And in some instances (as discussed by Miller in November 2007) Lacan will go as far as to declare that the sinthome is real because it is as close as one can get to the real, by means of a semblant that knots together body, language and image.

In this respect there is an equivalence between psychosis and neurosis. And indeed in some cases a psychotic sinthome can hold things as strongly, or even more strongly, than a neurotic one. That seems to be the gist of Lacan's demonstration regarding Joyce.

In the beginning of his teaching, Lacan thought that psychosis could be stabilized with the help of a delusional metaphor. This places the process solely on the plane of the symbolic register. In his later teaching, and with his notion of sinthome, stabilization ties together the three "externalities" isolated by Miller in his article "Ordinary Psychosis Revisited". But this proves valid only for some cases, where possible structural flaws cannot be found. Nonetheless, for many cases of psychosis and even ordinary psychosis -as Miller pointed out- there are usually subdued hints of difficulties that appear in the social, in the body or in subjectivity. The sinthome can be approached from two sides. The first one is to consider it as the remainder of the treatment. From this viewpoint, the sinthome is that which is obtained through the extraction of *jouissance* in the analytic

34 Condensation of «variété» (variety) and «vérité» (truth).

treatment, and therefore the *sinthome* appears as the name of that which is incurable. On the other side, the *sinthome* constitutes the ultimate defense against the Real, or what can be best invented to prevent the catastrophe of the triggering-off and its consequence. This invention, put together more or less solidly and acceptable by society, can be “natural” in spite of the elision of a “Name-of-the-Father”; we then consider the case to be a case of ordinary psychosis. It [the *sinthome*] may also be built up (usually by means of great efforts) when psychosis has already been triggered off.

In any case, diagnosis has to be made and pushed as far as possible by the analyst for practical aims that are related to the direction of the treatment, to what we call “the act of the analyst”.

Among many side-effects of the over expansion of the category of ordinary psychosis, there has been a tendency for the analyst to refrain from taking his/her part in the treatment and to instead listen passively to the patient³⁵. This has been counterbalanced by the new surge boosted by Miller during the 38th Study Days of the School of the Freudian Cause. As it has been widely noted, it produced a demassification of the enunciation, while the preceding period tended to underestimate if not totally erase the inclusion of the analyst in the treatment (at least in the contributions presented at scientific meetings).

The inclusion of the analyst in the treatment

In an important article published in 2002, Eric Laurent examined what he already called “the crisis of the case study” in psychoanalysis³⁶. He shows how Lacan's conception of the case study evolved over time, with a succession of emphases which are not mutually exclusive. He also stresses how Lacan started from a phenomenological conception of the case study inspired by Jaspers (the narrative focusing on a series of phenomena) and then moved on to a more logified conception as he was eliciting an ever more logified idea of the Unconscious. In this classical moment of his teaching, a case study represents for him a paradigm in which the particularity of the symptom's “formal envelope” includes it within a classification (and here we are confronted once again with the issue

35 Laurent, E., Quelques réflexions sur les rapports des derniers cartels de la Passe, Cause Freudienne N°75, p. 110

36 Laurent, E., Le cas, du malaise au mensonge, La Cause Freudienne N°50 [English version: http://www.amp-nls.org/en/publications/nls_messenger.php?file=2010/017.html]

of differential diagnosis): “The symptom’s character of logical coherence affirms that classes of symptoms exist and at the same time it deconstructs them.”³⁷

This moment of Lacan’s thinking about the case would belong entirely to the mechanicism of Lacanian theory if Lacan had not been also preoccupied with making place for the Freudian Drive and the dimension of *jouissance* in psychoanalysis (which is not discrete). Laurent sums it up by stating that: “The fundamental indication that Lacan gave on this matter is that in psychoanalysis demonstration is homogeneous to the form of the *Witz*”³⁸ And he reminds us that, in the Freudian Witticism, we have a “stratification of the Other” so to speak: at one level there is a mechanics, a logic of the pun, made essentially of an encounter between two registers that are usually kept apart. It produces an effect of rupture, of nonsense, of surprise. And, at another level, there is a surplus of libido which provokes laughter (Lacan indicated that in the comical effect of the pun the phallus is always at stake). If a case study is to “prove” anything in analysis -as Laurent argues- it is more thanks to the libidinal surplus that is obtained than to the righteousness of the propositions. Both are necessary, but the proof, the partaking of the logic of the assertion is only accepted if a libidinal satisfaction accompanies it. This type of *Aufhebung* that links together “mind” and “body”, signifying chain and drive, is absolutely specific to the psychoanalytic discourse. Thus, the enunciation cannot be separated from the statement. This is one of the meanings of the first sentence in Lacan’s *Etourdit*: “That one say remains forgotten behind what is said in what is heard”.

As Miller once stated “the case study that makes proof calls for a partaken practice and a lifestyle.”³⁹

Two consequences are to be deduced from this: 1) A case study will never tell the entire truth about an analytic problem. It belongs to the logic of the “not all”; no case will ever say the last word about the Real. 2) In the place of Truth comes a satisfaction that serves as proof for the listener. This satisfaction demands the presence of the analyst in his enunciation and also that the analyst does not identify with the knowledge produced by his own presentation. As Laurent points out: psychoanalysis has never and will never respond to the epistemology of the model.

37 *Ib.* p. 10

38 *ibidem* p. 31

39 Miller J-A, lecture given in Ghent in 1997 published in «Le symptôme charlatan» le Seuil Paris 1998. The title of the lecture is: «Le Symptôme, savoir, sens et réel» (Quoted by Eric Laurent)

Pitfalls in interpretation

“Assuredly a psychoanalyst directs the treatment (...) in the capital outlay involved in the common enterprise, the patient is not alone in finding it difficult to pay his share. The analyst too must pay: pay with words no doubt, if the transmutation they undergo due to the analytic operation raises them to the level of their effect as interpretation. But also pay with his person in that, whether he likes it or not, he lends it as a prop for the singular phenomena analysis discovered in transference. Can anyone forget that he must pay for becoming enmeshed in an action that goes right to the core of being (Kern unseres Wesens), as Freud put it with what is essential in his most intimate judgment: could he alone remain on the sidelines?”⁴⁰

This is a rightly famous passage from Lacan’s “Direction of the treatment”.

These considerations hold true whether the patient belongs to the clinical category of psychosis or neurosis: an analysis requires the implication of the analyst as well as that of the analysand. Nevertheless, in both cases the situation is not symmetrical: the analyst directs the treatment, the analysand is the one who demands.

As Eric Laurent states in his article “Ordinary Interpretation”⁴¹, although the analyst is free in his interpretation, there are also rules of interpretation or -to be more exact- principles of interpretation. The main one being that there is no metalanguage, no Other of the Other. Thus, interpretation is always taken from the sayings of the analysand and brought back to him so that he can read what he has said without realizing it. In this sense the analyst’s task is to insert a signifier within a preexisting signifying chain unfolded by the patient. Miller added to this (thus formalizing Lacan’s practice) that instead of another signifier, a punctuation or a cut of the session could produce the same effect of a reading of the Unconscious.

In Lacan’s classical period, he stresses that interpretation is not open to all meanings and that it should aim at the cause of desire. This is consistent with the idea that interpretation should not reinforce the interpretative tendency of the unconscious along the lines of always building up more meaning. But, in this case, interpretation (and this is still true for neurosis) will use phallic signification “*per via de levare*” in order to uncover the object *a* and the part it plays in the fantasy. It is possible inasmuch as, in spite of its flaws, the paternal metaphor operates and fixes a limit within the edge of the Real. On

⁴⁰ Lacan, J., *Ecrits*, Norton 2006, pp. 490-1.

⁴¹ Laurent, E., *Ordinary Interpretation*, *Psychoanalytical Notebooks*, p. 277 et sq

the other hand, this type of interpretation that opens up the subject's division and the fall of identifications is risky in psychosis, especially when it is triggered, since it can unleash a limitless delusional production of signifiers ('the open cast unconscious') and, in particular, put the analyst in the place of the persecutor. This is the reason why some caution is necessary with the handling of psychotic subjects.

This does not mean, however, that the analyst should stay put and not interpret. In the above cited article, Laurent puts it in a very clear manner: *“On the one hand we accompany the taking charge of jouissance by language, (...) we install the Locus of the Other, we authorize the place that can enable translation (.....) The work of translation continues but, at the same time, we must know that what we are seeking to obtain is a stabilization, a homeostasis, a punctuation”*⁴².

This, of course, advocates for the necessity of differential diagnosis.

Lacan's second clinic, based on the symptom and the 'beyond the Oedipus', does not cancel out the first one; it puts it in a different perspective. First, if we follow Miller in his “Ordinary Psychosis Revisited”, the establishment of a sound diagnosis is still necessary. And, in the case of ordinary psychosis, it is more a diagnosis by elimination: if it is not a neurosis and if there are no signs for a structural diagnosis of psychosis, then we are in the field of psychosis but of the ordinary type. And again, the kind of interpretation that is possible relies on the capacity of language to take charge of excessive *jouissance*. We will then preferentially -as Laurent puts it- “target the symptom”: which means, in this case, to target that which, in one or several of the “externalities” described by Miller, seems to indicate a weakness in the knot between the imaginary, the symbolic and the real. In this indication I understand “targeting” as inviting the subject to expand on -by means of signifying elements- what has not yet been deployed through signifiers in one externality or another. It is, indeed, a way of naming the fragile part of the symptom. In the particular case of ordinary psychosis, it is equivalent to analyzing the part of enactment of the *jouissance* that has not been taken in charge by the signifying chain. The goal of this operation -as with classical psychosis- is to obtain a stabilization, to achieve that end whereby the subject finds him/herself at peace. Now if we look at the other side of it, it is also what is expected from the work with the neurotic subject: what can be called the satisfaction of the end of an analysis is when the subject can finally accept the impossible and be at peace with a final “this is what I am!”. When this is

42 Laurent, E., op.cit., p. 288

obtained, the sinthome or the symptomatic rest -as Freud had called it- will be the name of the part of *jouissance* that the Name-of-the-Father had not been able to appease before.