

Transference And Analytic Act in Psychoses

SUMMARY

EDITORIAL

Débora Rabinovich - EOL

Raquel Cors Ulloa - NEL

“Transference and the act of the analyst, the way out that each one invents”

Luisella Mambrini - SLP

“Transference and the Act in Psychosis in the Era of the Parlêtre”

María Eugenia Cora - EOL

“Solidification, an Effect of Transference”

Guy Briole - ECF

“Erotomanic Invention”

Marcelo Veras - EBP

“How to Interpret the Other in Paranoia”

Gustavo Dessal - ELP

“Psychosis Under Transference (Or how to let oneself be taught by the subject who knows)”

Bilyana Mechkunova - NLS

“Questions of Transference and Psychosis as Encountered in Clinical Practice”

Editorial

Débora Rabinovich - EOL

Transference and the analytic act in the psychoses

We continue working towards our next Congress. In the preceding five *Papers* we have approached diverse aspects of the category of ordinary psychosis introduced by Jacques-Alain Miller. For this penultimate issue of the Papers, we are concentrating on the end of the title of the Congress: *under transference*.

In the psychoses there is transference. This affirmation takes its point of departure in Lacan's teaching. Freud in contrast maintained that the psychotic was incapable of establishing transference bonds suitable for undertaking an analysis, principally on account of his narcissism^[i]. This was why Freud advised against taking a psychotic subject into analysis.

We will thus be working on the articulation between two syntagms introduced by J.-A. Miller. The most current – *the ordinary psychoses* – and the most classic – *under transference*, which sends us back to his lecture from 1984 entitled *C.U.T.*, “Clinic Under Transference”^[iii].

In Lacan's teaching, transference “is not distinguished from love”. Love and transference are linked by the formulation “the subject supposed to know”, given that “I love the person I assume to have knowledge”^[iii]. This implies that it is in the subject supposed to know that the two aspects of the transference are articulated with each other. It will thus be fundamental to elucidate the specific characteristics of love and knowledge in the psychoses. To what does transference in the psychoses refer if it is not a question of a demand for love or of a demand to the subject supposed to know – which is precisely what underlies that demand for love? We need to circumscribe how we think of transference and the act of the analyst in going from the empire of the Name of the Father to its pulverization, from the unconscious to the *parlêtre*, and from language to *lalangue*.

Psychotic subjects address themselves to psychoanalysts. Psychoanalysis is, above all, a device for the treatment of *jouissance*. Could we then think of this address as a demand to learn how to make do with the eruption of *jouissance*? There is a void where a certain hooking between the signifier and *jouissance* might be expected. For lack of the Other of tradition that would put things in order, the subject is called on to invent^[iv].

The clinical perspective has broadened in our times and the direction of the treatment has to rethink its references. The analyst no longer limits himself to the indication given by Lacan in 1958 of being secretary to the insane^[v]. It is a question of seeing, case by case, what the act of the analyst points to. As Éric Laurent^[vi] indicates, it is not the same if an interpretative psychosis is involved or if the subject confronted with a hole remains perplexed in the face of the void.

We will have to see in each instance what style of *partner-analyst* is appropriate to the construction of the case. We continue to examine with the late Lacan the indications of the first clinic, such as what is “the conception to be formed of the handling of the transference in such treatment”^[viii].

Undoubtedly, the transference as the living aspect of psychoanalysis is the logical path for the treatment of *jouissance*. With the continuist clinic we know that this is as valid for the neuroses as it is for the psychoses. Does this involve a displacement of the transference to the *analyst-sinthome*, that is, to an analyst who forms part of the knotting?

The transference has not been clarified on the basis of the Borromean knot. On this point we are encouraged to argue our experience without being crushed against the wall of language^[viii]. There is here a whole field to be investigated and explored in order to consider the possibility of opening new perspectives.

In *Television* Lacan says that “the analytic discourse cannot be sustained by one person only”^[ix]. He underlines the good fortune of having followers: “Thus the discourse has a chance”^[x]. Oriented by these words of Lacan our effort will consist in continuing to give it the chance to be at the cutting edge of our times.

In this instance the seven authors have leaned towards more clinical texts; the transference and the singular that this implies have given their imprint to Papers No. 6.

Raquel Cors Ulloa underlines the importance of inventions in analysis. She shows us the fundamentals of the presence of the analyst and their calculation on the basis of the transference. She raises the question of how one analyses, taking support in the *sinthome*, in cases where the *parlêtre* does not have the Name of the Father at their disposal.

Luisella Mambrini sets out from the term “treatment” that Lacan uses when speaking of the psychoses. On that basis she affirms that the analyst should have a presence and an intervention that makes manifest the clinical equality not between structures but between *parlêtres*.

Maria Eugenia Cora proposes an original formulation as central thesis of her text: transference as operator of solidification in ordinary psychosis. Diagnosis and unprecedented invention will only be possible under transference.

Guy Briole approaches with precision the complex theme of erotomanic transference and the particular attention that this requires from the psychoanalyst. He highlights a clinical maneuver that allows the erotomanic transference to be reoriented in an analysis.

Marcelo Veras examines by way of two clinical vignettes the place of the analyst and his or her act. He shows the subtlety required to add meaning without this functioning to feed the delusion.

Gustavo Dessal, on the basis of three vignettes of psychosis, enlightens us as to how the analyst allows themselves to be taught “by the subject who knows”, and on that basis to orient the direction of the treatment.

Bilyana Mechkunova presents clinical work with a mother and child, showing the effects of separation and implication that the sessions had for each one of them.

[i] Freud maintained this on various occasions, for example in the 27th of his *Introductory Lectures on Psychoanalysis*.

[ii] Miller, J.-A., “Clinic Under Transference”, *The Psychoanalytical Notebooks of the London Society*, Issue 17, 2008.

[iii] Lacan, J., *The Seminar, Book XX, Encore*, Norton, 1998, p. 67.

[iv] Miller, J.-A., “Paradigms of Jouissance”, *Lacanian Ink*, Issue 17, 2000.

[v] Lacan, J., *The Seminar, Book III, The Psychoses*, Norton, 1993, p. 206.

[vi] Laurent, E., “Ordinary Interpretation”, *The Psychoanalytical Notebooks of the London Society*, Issue 19, 2009.

[vii] Lacan, J., “On a Question Prior to Any Possible Treatment of Psychosis”, in *Ecrits*, Norton, 2006, p. 485.

[viii] Miller, J.-A., “The Unconscious and the Speaking Body”, Scilicet, NLS Publication, 2015.

[ix] Lacan, J., *Television*, Norton, 1990, p. 29.

[x] *Ibidem*.

Transference and the act of the analyst, the way out that each one invents

Miller says that Roland Barthes wrote about Brecht that he knew how to affirm and to suspend a meaning in the same gesture, to offer it and to disappoint, and that all his works ended with “Look for the way out”^[ii]. Looking for the way out could be unbearable for the clinician accustomed to the classical distancing of quilting which grants a binary diagnostic classification that is tributary of the Oedipus complex, especially when it involves subjects with a logic conforming to an open set, supplementary and not complementary. For these subjects who have a difficulty with the quilting of significations, although they might find a place in society, the psychoanalytical clinic represents a possibility to construct or to maintain that which holds together in them thanks to the social bond.

Almost twenty years ago, at the end of the 1990s, Jacques-Alain Miller proposed to the field of the Lacanian orientation the term Ordinary Psychosis as a category that remains under investigation, even if today it is now a clinical concept. Rethinking these categories – which had previously been traversed by the highway of the first teaching, within the framework of the Symbolic, the Name of the Father and mechanisms of psychic functioning such as foreclosure, repression and denegation – is to rethink our practice, which is without standards but not without principles – in the treatments that we direct under new forms of transference, with the surprises of the analytic act and the effects of interpretation, where the question posed is that of “knowing whether the effect of meaning in its real is sustained in the use of words or solely in their ejaculation”^[iii], given that ejaculation retains an isolable meaning, which in no way implies simply the blah-blah-blah of the signifying category, given that behind this is the unconscious that interprets, before each inhibition, symptom or anxiety.

That which holds beyond the Symbolic “consists” in an Imaginary “support” that gives the *parlêtre* a dignity of what is made or invented, as Lacan indicates in 1975^[iii]. But the analyst also has to invent, not without the resources that emerge from the treatment itself and its contingencies, which allow the singular solutions of each case to be worked, upheld, stabilised or tied. The analyst today makes use of distinct interventions under transference, in the mode of conversation, translation or punctuation, procuring some type of detention, whether by separation or by nomination. Nomination can “consist” in naming a “that’s it” with which the signifying flux is detained; it can also “sustain” the Imaginary, this form that envelops, dissimulates, clothes the object; this image that in the majority of cases is constituted beneath the dependence of a signifier.

Today, the new forms of intervention for new stabilisations, under new transferences, require more than ever the presence of the analyst, as well as the “super-audition” of supervision, which is not always chained in the signifying pair (S1, S2), but rather centred in the body event that proposes the imaginary interpretation of the pair (S1, *a*) in reference to the *sinthome*.

The *sinthome* comes to be an orienting reference when faced with the question of how to analyse when there is no Name of the Father. We have learned to allow ourselves to be taught by the treatments that we direct and supervise; in them are the coordinates of the late teaching, which in each case reveal the supplementary function whose consistency is referred to that which holds the place of the One Father. Without arriving too quickly at the conclusion that everything is unclassifiable, our practice, which is always in advance of the theory, takes the preliminary time granted by the transference to pay special attention to the most ordinary details, the discreet signs, the spare parts, that each case entails. These are cases that from the beginning are outside the Oedipal formula; this requires that the function of the analyst and analysand are situated as *partenaire* of an unconscious that is perhaps real rather than transferenceal.

In the current clinic we encounter subjects for whom there is no Other of the Other, nor conclusive untying once and for all, but rather reconnections, supplementations and quiltings. In these subjects we also encounter those singularities of invention that Lacan was so interested in, indicated for our formation with a “that’s it”:

“It is indeed because these things have interested me for a long time, even though I had not yet at the time found this way of depicting them, that I began my seminar on *The Names of the Father*. [...] If I entitled this seminar *The Names* and not *The Name of the Father*, it was because I already had certain ideas about the *suppléance* of the Name of the Father.”^[iv]

If we make a bridge between 1937 and 1975 we find that Freud in “Constructions in Analysis”^[v] proposed that from the void one makes the leap into delusion, while for the late Lacan it is not a question of the leap into delusion but rather of the resources that each one finds with the most singular invention of the One. There are cases that arrive in analysis with their singular solutions, which can be functional or devastating, in which an Other appears that can be malign, persecutory or erotomaniac, or rather give place to an ordinary life, not unchained from the Other, stabilised, with a point of detention, of solution, of invention that the analyst knows how to make room for.

What is certain is that no punctuation or conversation would be possible without at least one sequence of signifiers to translate. When this signifying sequence is neurotic, a point of detention is reached thanks to the function of the Name of the Father, but when a case of psychosis is involved one arrives at this point of detention thanks to their invention. The psychotic, who does not believe in the father, believes in his original interpretation, and imposes it by means of what is imposed onto him by his words. But each case is unique. Lacan found in Joyce a case where after receiving a beating he noted that the affair of the body slipped away like a peel; where the bodily imaginary was not sustained by the ego; and for whom the symptom of writing gave a jouissance in the imaginary; and finally, a *sinthomatic* knotting without the Name of the Father.

It would be the function of the analyst to accompany each psychotic session by session, whether in order to allow separation from the Other, to authorise choice, to offer a silence, or the support of the gaze, a ritual, a semblant, a signifier, a saying in the order of an event, a gesture, a clasping of hands. Calculating the power of the transference, so that it does not become as massive as was the case of Schreber with Flechsig, for example, the punctuation of the analyst can thus be the comma, the semi-colon, the dotting of the i.

Today the transference is no longer what it was, nor is the opening of the unconscious. We thus have to question the algorithm of the transference^[vi] in as much as it ex-sists in the treatment and in the School. How are we to think the transference today in the work of a community that supports a conversation about the cases that we undertake, in the bonds that we establish, in the work of interpretation, in the clinical, political and epistemic inventions that would not be possible if we were not bearers of the analytic discourse?

From the perspective of the transference and the act of the analyst, without aiming to be conclusive, but rather to localise the possible ways out that psychosis teaches us, a field of investigation opens up for us that puts the spectator in search of the way out, as suggested by Brecht’s dialectical theatre. And as Miller reminds us, with respect to the patient, “if we seek the way out for him, in his place, well, that is perhaps our way of being ill”.^[vii]

Translated by Roger Litten

^[i] Miller, J.-A., “Teachings of the Case Presentation”, in Schneiderman, S., (ed.), *Returning to Freud: Clinical Psychoanalysis in the School of Lacan*, Yale University Press, 1980, p. 44.

^[ii]

Lacan, J., *Seminar XXII, RSI*, class of 11th February, 1975, unpublished.

^[iii] Lacan, J., *Seminar XXII, RSI*, *op. cit.*

^[iv] Lacan, J., *Seminar XXII, RSI*, *op. cit.*

^[v] Freud, S., “Constructions in Analysis”, (1937), *S.E. Vol XXIII*, p. 255.

^[vi] Lacan, J., “Proposition of 9th October, 1967 on the Psychoanalyst of the School”, trans. R. Grigg, *Analysis*, No. 6, 1995, 1-13.

^[vii] Miller, J.-A., “Teachings of the Case Presentation”, *op. cit.*, p. 44.

Transference and the Act in Psychosis in the Era of the *Parlêtre*

In *On a question prior to any possible treatment of psychosis* Lacan uses the expression ‘treatment for psychosis’, which reminds us of the fact that in the case of psychosis there must be a different mode of presence and intervention, given that knowledge is on the side of the psychotic, the Other is neither constituted as treasury of signifiers nor decompleted, and the subject is not constituted in a relation of separation from the object.

From the moment that the function of transference articulates, in close intertwining, both a semantic and a libidinal sides, it becomes a question of rethinking, in the passage to Lacan’s late teaching, these two sides of the transference in the light of the specific characteristics of love and knowledge in psychosis. On account of the radical deficit in psychosis in the values of lack relative to phallic signification, to symbolisation and to the localisation of *jouissance*, it is not one’s own being that in love one seeks in the Other, but rather the being that the Other lacks, which the Other finds in the subject. In other words, it is the subject that realises and embodies that which the Other lacks. On the one hand, we find a dead love addressed to an Other that is an empty carcass, given that it does not contain the object; and on the other hand, a persecutory love that is produced by the certainty of knowing that the Other takes enjoyment in the subject. Despite this, Lacan orients our practice by saying that there can be transference in psychosis, although it may be persecutory and erotomaniac, which may therefore serve to hinder the analyst’s action.

It should also be said that transference love in psychosis is not necessarily delusional, that the responses encountered can be relatively plural, and that in some cases erotomaniac love turns out to have a stabilising effect, that is, functioning as an invention that can treat the persecutory aspect of the desire of the Other.

Until the Seminar *Encore* love had been considered as the movement that goes from subjective lack towards that which is concealed in the Other, resulting in the inevitable impasses in psychosis. When a new definition of the unconscious emerged in Lacan’s teaching, as a set of unchained signifiers, disconnected Ones considered as producing a direct incorporation of the symbolic, a new aspect of love emerges. Love is no longer thought on the basis of object *a*, but rather on the basis of bodies and the fault of *jouissance*. Love thus appears as a question not of the subject but of the speaking body^[1], originating as it does from the obscure recognition of “signs that are always punctuated enigmatically”^[2], through which those exiled from the sexual relation find each other; signs that concern them not as subjects but as speaking beings^[3]. Even though love maintains an “irremediable division”^[4], it functions as a relay between the traces, between the Ones-all-alone, without the connection passing through the object or the *agalma*. Regarding this aspect of love that does not originate from the *agalma*, the nuances that can be assumed by the impasses specific to psychosis should at least be questioned in terms of the subject’s love for the other.

More generally, however, given that love in the Seminar *Encore* aims at “the supposed subject of a sign”^[5], it can be said that transference belief, which is indeed love, “aims at knowledge in the real like a meaning that can speak, like a subject”^[6]. In other words, there is a displacement of the subject supposed to know in relation to the “classic phase when the symbolic is in the foreground”^[7] towards the register of the real. The real of the unconscious raises the problem of the possibility of an effect of meaning that reaches the real, or at least a know-how with this real outside of meaning.

Lacan's last teaching thus opens onto a practice that is more on the level of know-how than of knowledge. The classic approach to the issue in psychosis, where the analyst in the position of subject supposed to know is exposed to becoming the object of erotomania and producing effects of paranoia in the subject, is thus displaced rather than negated.

From the moment it is affirmed that for each one of us something of *jouissance* evades treatment by a universal operator, a substantial clinical equality emerges between *parlêtres*, resulting in a paradigm different to the one that presided over the psychosis/neurosis binomial. The issue is no longer that of knowing whether the Name of the Father is present or not, but rather whether there is an element, including the Name of the Father, that could function as a *sinthome* connecting the Symbolic to the Real.

The function of the analyst in this perspective is no longer that of being the complement of the symptom but rather that of the *sinthome*, which involves another discipline for the analyst, that of practising psychoanalysis “against the grain”^[8] precisely on the basis of the absolutely singular consistency of the *sinthome*.

In this practice “against the grain”, as Miller notes, transference is conspicuous by its absence, as is the subject supposed to know, at least in the Seminars *The Sinthome* and *L'Une-bévue*^[9]. In the latter Seminar, Lacan affirms that it is impossible to offer the attribute of knowing to someone, when the one that knows in analysis is the analysand. At the same time he warns that it is not the analysand who knows, but rather that the knowledge is of the One. “He is the one who knows and not the subject supposed to know”^[10], that is, the remainder of *jouissance* extracted at the end of the analytic experience which is not articulated to any knowledge.

Lacan affirms that: “what I am trying to do with the knots is something that would not involve any supposition”^[11], because with the Borromean knots you are at the level of the real rather than of hypotheses. For the unconscious at the level of the real you need logic^[12], which has the objective of reabsorbing the problem of the subject supposed to know; given that logic formalises, proposes its axioms and deduces that which is outside meaning^[13], it operates in a field of language freed of signification.

In the practice of the late Lacan, the prominent place that had previously been given to transference is occupied by the act. The analyst, if we wish to maintain the formula of the subject supposed to know, is the one supposed to know how to operate^[14], the one who knows how to include him- or herself in the knot through their act so that the knots hold. It is a question of working in the direction of a crystallisation of the *sinthome* at the point where it is missing, or of consolidating it where it is shaken, in order to allow an arrangement of *jouissance* that avoids its diffuse or delocalised return in the body, in thought, or in the passage to the act.

Taking into consideration the elastic possibilities of the knot, that its deformations are “necessarily temporal”^[15], and that the mental consistency of the body is reworked with the passage of time^[16], it is a question of helping the subject with the search for a nomination of *jouissance*, with making a name that will stick for a certain amount of time^[17] within a process of becoming.

The analyst-*sinthome* fulfils their function by lending their body to support the act, embodying and veiling at the same time the dimension of the drive, allowing the function of a sort of “depository, a kind of additional organ which permits of condensing the *jouissance* out of the body”^[18]. At the same time, given that the knotting is not limited to the dimension of signification alone, but must include the object *a*, that it is maintained by a multitude of knots, the analyst is called upon to take on the object, cut out but not separate, binding it in a multiplicity of knots.

Translated by Carlo Zuccarini

- [1] La Sagna, F., “Gliuomini, le donne e l’amore, ancora”, *La Psicoanalisi*, No.58, July-December 2015, p. 102.
- [2] Lacan, J., *The Seminar, Book XX, Encore* (1972-1973), New York, W.W. Norton & Company, 1998, p. 144.
- [3] *Ibid.*, p. 145.
- [4] Lacan, J., *The Seminar, Book XXI, “Les non dupes errant”*, seminar of 15 January 1974, unpublished.
- [5] Miller, J.-A., “*L’orientation lacanienne, Le lieu et le lien*” (2000-2001), course of 17 January 2001.
- [6] *Ibid.*
- [7] Laurent, E., *L’envers de la biopolitique*, Navarin, Paris, 2016, p. 36.
- [8] Miller, J.-A., “*L’orientation lacanienne, Le tout denier Lacan*” (2006-2007), course of 14 March 2007.
- [9] *Ibid.*
- [10] Lacan, J., *The Seminar, Book XXIV, “L’insu que sait de l’une-bévues’aile à mourre”*, seminar of 10 May 1977, unpublished.
- [11] Lacan, J., *The Seminar, Book XXI “Les non-dupes errent”*, seminar of 12 March 1974, unpublished.
- [12] Miller, J.-A., “*L’orientation lacanienne, L’être et l’Une*” (2010-2011), course of 30 March 2011.
- [13] *Ibid.*, course of 25 May 2011.
- [14] Lacan, J., *The Seminar, Book XXV, “Le moment de conclure”*, seminar of 15 November 1977, unpublished.
- [15] Miller, J.-A., “*L’orientation lacanienne. Le tout denier Lacan*” (2006-2007), course of 6 June 2007.
- [16] *Ibid.*, course of 17 January 2007.
- [17] Laurent, E., “Psychoanalytic Treatments of the Psychoses”, in *The Psychoanalytical Notebooks*, Issue 26, 2013, p. 99.
- [18] Caroz, G., “Some Remarks on the Direction of the Treatment in Ordinary Psychosis”, *The Psychoanalytical Notebooks*, Issue 19, 2009.

PAPERS 7.7.7. N°6

María Eugenia Cora – EOL

Solidification, an Effect of Transference

The theme of the WAP Congress invites us to specify the uses that are given to the term *ordinary psychosis* – epistemic, but above all clinical uses. *The Ordinary Psychoses and the Others, under transference*. This theme has the potential to highlight the necessity of orienting ourselves in practice both in terms of structure and by means of notions of continuity and discontinuity, in order to formalise a clinic in permanent movement.

We set out from the research project proposed by the notion of ordinary psychosis and we direct ourselves to the praxis. It is not a question of the structural clinic *versus* the clinic of the *sinthome*, and this immerses the practitioner in details, discreet signs, tonality... Along this path, the ordinary psychoses bring to the fore the question of diagnosis: it will be necessary to prove neurosis or psychosis and this proof can only be brought about *under transference!*

What defines an ordinary psychosis? In principle, that is not extraordinary. But this amplification blurs its definition.

What makes a notion solid?^[1] In the first instance, the evidence of its use. Then, its power of nomination. With this it succeeds in ordering the logic of the cases that find a functioning under this heading. Which operators allow this notion to be reduced? Is it a question of returning to the father and phallic signification? Can we make use of the subject’s arrangements and singular solutions in order to clarify it?

I understand that transference can function as an operator of the solidification of ordinary psychosis. *Solidification* is the physical process that consists in the change from the liquid or gaseous to the solid state of a material, whether through change of temperature or compression, hardening or dehydration.

This takes place through the heat of the transference – not without the presence of the analyst – or the dehydration of the sea of meanings – which implies an analyst aware that “your own world, your own phantasm, your own way of making sense, is delusional. That’s why you try to abandon it, just to perceive the proper delusion of your patient, the way he makes sense”.^[2]

In the Beginning was Love^[3]

We know since Freud that transference is the pivot of our experience: it pulsates in every encounter between analysand and analyst. We also know the avatars of transference: what functions as the motor of the treatment turns into an obstacle.

Lacan said that he had taken eight years to concern himself with the “crux of our experience”.^[4] He located a series: verb, action and practice, in order to finally stress transference as the opaque core of this experience. In the beginning, then, is love.

What place does transference occupy in the clinic of ordinary psychosis? What orients the analytic act in these cases?

We start from the following affirmation: ordinary psychosis is psychosis. We can point to a tension in the fact that the two paradigmatic cases of psychosis are not the product of clinical experience, but instead come from the reading of texts. This poses us the challenge of working with psychosis under transference. This is the proposal of the Congress that has put us to work.

Lacan began his third seminar by distinguishing the question of the psychoses from their treatment: “one can’t speak straightaway of their *treatment*”.^[5] Here he sets out that the Freudian experience is not pure or pre-conceptual, “but one that is well and truly structured by something artificial, the analytic relation”.^[6]

He dedicated this whole year to the work with psychosis, taking up Freud’s account, based on Daniel Paul Schreber’s *Memoirs of My Nervous Illness*, a text that is not the product of the clinic, but of the reading of an autobiography. This is a period of his teaching in which Lacan “derives the structure of psychosis from the structure of neurosis”.^[7] Starting from here, we read psychosis through the absence of the Name of the Father (P₀) and the lack of the castrated phallus (Φ₀). The model is neurosis, leaving psychosis – in deficit – at the mercy of the possibility of putting supplements to work.

Twenty years later, Lacan worked on Joyce, the *sinthome*. He emphasises how a *parlêtre* finds its solution by means of its singular manner of dealing with *lalangue*. Psychosis is not on the path of deficit here, but instead functions as a model.

Supported by these two ways of conceiving psychosis, we receive the subjects who come to the consulting room. What remains is putting transference to work, case by case.

Irruptions of Jouissance and their Treatments, Under Transference

The analyst’s position is oriented by being “the support of the subject’s invention in its work on *lalangue*, in its capacity to find a singular solution that reconciles the living and the social link”.^[8] That is, by favouring the singular manners of inventing an unprecedented solution.

With Lacan, we learn not to retreat from psychosis. We know how appropriate is the position of the secretary of the insane, how to work in order to temper the effects of the bad Other, in order to drill a hole in this Other’s jouissance. We count on all of this, each time.

The research on ordinary psychoses adds a few hypotheses: *neo-transference*, the *lalangue* of the transference, the psychoanalyst as *helpmeet against*... Starting from the fact that knowledge is on the side of the psychotic subject, “what motivates neo-transference is not the subject supposed to know, but *lalangue* insofar as it is what allows a signifier to be able to make signs [...] of something which is outside meaning: onomatopoeia, cipher, mark”.^[9]

For the analyst, what is stake is letting oneself be taught: supposing to the psychotic a *savoir-faire with lalangue*. Thanks to the analyst’s desire this know-how can be turned into an elaboration. This is what is implied by the analyst’s position as *sinthome*.

The challenge of working with transference as a pivot implies our reference to the clinic. This is where the diagnosis and an unprecedented invention are solidified.

I will mention the case of a man who sought help in order to deal with his impulsiveness, which was the axis of the sessions. Because the diagnosis was difficult, it reappeared as a problem in the direction of the treatment. The decision to take into account the arrangement that the *parlêtre* had found when faced with the traumatism of *lalangue* allowed the *sinthome* to be elaborated precisely on the basis of impulsiveness, localising in this way the connections to and disconnections from the Other.

Analysis became for this subject the condition of existence, and achieved a connection to life that found its singular measure starting from an intervention: “*A man is what he does*”. This taught me the importance of transference in relation to two points: the diagnosis, and the analyst’s presence as part of the solution.

Translated by Howard Rouse

^[1] I follow here Miquel Bassols’ developments in his text ‘Psychosis, Ordered Under Transference’.

^[2] Miller, J.-A., ‘Ordinary Psychosis Revisited’, *Psychoanalytical Notebooks 19*, p. 159.

^[3] Lacan, J., *Seminar VIII: Transference*, Cambridge, Polity, 2015, p. 3.

^[4] *Ibid.*, p. 4.

^[5] Lacan, J., *Seminar III: The Psychoses*, London, Routledge, 1993, p. 3.

^[6] *Ibid.*, p. 8.

^[7] Miller, J.-A., ‘Ordinary Psychosis Revisited’, p. 149.

^[8] *Ibid.*

^[9] Miller, J.-A., et al., *La psicosis ordinaria*, Buenos Aires, Paidós, 2003, p. 134.

PAPERS 7.7.7. N°6

Guy Briole – ECF

Erotomantic Invention

It is invariably transmitted, and certainly not without relevance, that one of the risks, one of the obstacles, encountered in an analysis is the appearance of erotomania in the transference. We almost always highlight this in the direction of the treatment with a psychotic subject, less often with other analysands.

But, at the same time, why are we surprised by these erotomantic irruptions when we know, as Lacan clearly underlined, that in an analysis one speaks of love. He even says that this is the only thing one does! He adds, and this is a key point, that “to speak of love is in itself a jouissance.”^[1] The analysand, and the analyst too, can nevertheless allow themselves to get trapped here, if this displacement from the person of the analyst to the knowledge that is supposed of him does not take place. It is in this interval, in these comings and goings between the two protagonists of the treatment and the knowledge that is at stake, that the misunderstandings of love are played out.

Nevertheless, these misunderstandings are situations on the basis of which the analyst can orient the direction of the treatment while also taking support in them to advance it, in order to dislodge the analysand from a position of defence that escapes him. The erotomania of the transference can be one of these instances.

It is the Other who loves

The initial postulate of the erotomaniac is that the other loves but cannot say so for reasons that, most often, have to do with his position. It is in the non-declaration of the lover, Lacan says, that “the elevated position of the object takes on all its value”.^[2] Let us say from the start that this can also be imputed to the analyst on account of the place that he occupies. Whatever the reason invoked, it is this that would prevent the lover’s declaring himself.

In the morbid and traditional form of erotomania, as described by Clérambault, the classical *phase of hope* is followed, with more or less lengthy delays, by phases of *pique*, then of *resentment*. This process is not immutable and there exist other passional expressions that have this same initial postulate without thereby having this tragic end.

Freud, love and erotomania

In Freud there exists, from the beginning, this idea that in love the first perception is that it is the other who loves. It originates “with an external perception of being loved”.^[3] It is a question that Freud considered above all on the feminine side.

In psychosis, where that which is foreclosed from the interior returns from without, one understands that the imputation of love to an Other or other would be at its height.

With the case of President Schreber, Freud now finds himself faced with erotomania in a man. He goes on to theorize what he will name unconscious homosexuality. Lacan will modify the Freudian interpretation by highlighting that if the subject indeed experiences the threat of being penetrated, it is above all when the libido is put in the place of love. “He loves me” is transformed into “he wants to enjoy me,” which ends up being equivalent to “he wants to destroy me.”

With the theory of generalized foreclosure one sees that this displacement from love to jouissance can be produced for each subject, with its consequences in the erotomaniac colouring that can concern every transference bond to a greater or lesser degree. It is here that we see all the importance that these nuances take on when one considers the practice of knotting familiar to us within the continuist clinic, in relation to which Jacques-Alain Miller has made “ordinary psychosis” stand out.

With the analyst

There is no analysis without a psychoanalyst, and no future for psychoanalysis without a decided position of the analyst to occupy this place, always to be reinvented. This invention touches on the act, on the direction of the treatment. It is in this light that one can understand Lacan’s determination in insisting on the desire of the analyst, which does not fall on the side of a differential knowledge, but rather leads him to insist on the risk taken in the renewal of the practice.

In the erotomaniac transference, there would thus be a sliding from love, “he loves me”, to jouissance, “he wants to enjoy me”. It is thus when a non-barred jouissance is displaced by the analysand onto the analyst that the erotomania of transference arises.

There remains the question of knowing what the *desire of the analyst* can come to contain of this excess of jouissance not marked by castration. How to maintain it outside the transference so that something can come to be for this subject in treatment? First of all, the analyst must not take upon himself the place in which the analysand puts him: being the one who wants to enjoy the analysand. For such an analysand this is not, as in the case of neurosis, a maneuver of the transference that implies a position of the semblant that would dislodge the analysand from this place where he is both persecuted and enjoys existing for another.

The place of a gaze

At a very particular moment of a treatment, where the analysand was feeling spied on, mocked, insulted, gazed at unceasingly by those who shared his daily life, the analyst was able to bring to light another side to this place – which could have led him to the worse – by suggesting to him that it could be the others who felt themselves harmed by the gaze that he bore upon them! This surprised the analysand, who took it the wrong way, was offended, but in the end was prepared to consider this possibility. He then experienced a certain relief, found his life changed, more appeased. Only time will tell... up to what point and for how long!

Nevertheless, one can note that the subject took upon himself a share of this *jouissance* that he attributed to the other, to some others supposed to be bad. The hatred of the Other can be on his side, there where he was blinded by the bad *jouissance* of the others, under the aegis of a malicious Other of whom they were only the ill-intentioned ambassadors. This made it possible to introduce a detachment, a minimal distancing between the one who enjoys – the bad Other – and the one who is the object, who considers himself the victim – the analysand. In this circuit the analyst was in the position, according to the analysand, of not being able *to declare himself* for or against... Nevertheless, the intervention of the analyst produced this shift that would extract a part of this *jouissance* from the face-to-face.

A possible transference, to invent

With Lacan, the problematic posed by transference with the psychotic subject is that of the *decentering* that would allow an exit from the impasses that every analyst fears, such as being the one on whom a massive libidinal transference would fall, inflaming the psychosis, or being put “in the position of object of a sort of mortifying erotomania”^[4]. The experience of the Other for the psychotic means that he most often comes to deny this Other so as not to be absorbed or destroyed by him. This does not prevent the Other from existing and even, Lacan highlights, that this relation to the Other only ever appears to us “in sporadic sketches of neurosis.”^[5] An apparent neuroticization of the psychotic subject in his relation to the other is very often the best one can aim at with these subjects.

“Not to recoil before psychosis”^[6] is not about doing anything and everything; neither is it to do nothing under the pretext of not triggering an acute moment, thus not destabilizing an equilibrium that the psychotic subject has found all alone. For that he had no need of the analyst. He had no need of the intervention of the analyst in order to be of his times and in order to construct for himself an entity made to measure where he can at the same time lodge his modernity and his theorized wait-and-watch position.

Translated by Samya Seth

^[1] Lacan, J. *The Seminar Book XX, Encore*. Translated by Bruce Fink, Norton & Co., 1998, p. 83.

^[2] Lacan J. *De la psychose paranoïaque dans ses rapports avec la personnalité*. Seuil, 1975, p. 264.

^[3] Freud, S. “Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (*Dementia Paranoides*).” *Standard Edition, Volume XII*, p. 63.

^[4] Lacan, J. “Presentation of the *Memoirs* of President Schreber in French Translation”. Translated by Andrew J. Lewis. *Analysis*, Issue No. 7, 1996, p. 4.

^[5] Lacan, J. “On a Question Prior to Any Possible Treatment of Psychosis.” *Écrits, The First Complete Edition in English*. Translated by Bruce Fink, W.W. Norton & Company, 2006, p. 460.

^[6] Lacan, J. “Ouverture de la section clinique.” *Ornicar?*, Issue No. 9, 1977, p. 12.

PAPERS 7.7.7. N°6

Marcelo Veras - EBP

How to Interpret the Other in Paranoia

Paranoia manifests a strange operation that exiles that which is disturbing about *jouissance*, that which is not treated by the phallic norm, outside the body. It involves a disposition that gives consistency and holds together the real, the symbolic and the imaginary. It is nonetheless a curious exile, given that phallic *jouissance* is also lodged in the field of the Other. It is as if the disquieting *jouissance* no longer inhabits the body itself, only the Other. The paranoiac operation, in this sense, is the climax of the denaturation of the mental space. It is

the paradigm of a radical cleavage between the parasitic real of jouissance^[1] in the analytical experience and the sensations of the organism that interest the neurosciences. This is one reason for understanding why paranoia is so refractory to pharmacological treatment. In schizophrenia it is possible to perceive how interventions on the real of the body have a certain efficacy, whether by medication or by more aggressive and questionable methods, such as the old therapies by insulin-induced shocks, malaria-therapy or even electroshock. Any clinician knows, however, how ineffective it is to prescribe an antipsychotic to a paranoiac.

In this context, what interpretation would be possible confronted with the tenacity of the delusion? If the interpretation does not divide the subject, perhaps it can divide the Other. This was the maneuver used with a patient who identified in the young people of her neighborhood the evil that disturbed her life. She only had to see a group of young people to immediately be convinced that they were arguing about drugs, using or dealing. On occasions she called the police, but sometimes she would put herself at risk and personally go to confront the groups, often really dangerous youngsters from the violent periphery where she lived. The environment, along with the neighbors, became unsustainable. In the course of the sessions it was gradually possible to displace the evil onto the big bosses involved in drug trafficking and the international crime syndicates. With this maneuver, a relative pacification of the neighborhood was acquired. This did not involve a centrifugal expansion of the delusion, as we used to see in delusions of negation, whose most significant example is Cottard syndrome, but rather a displacement of jouissance towards a space far beyond her garden, allowing her to go back to having an inhabitable world.

For another patient, whose years of treatment have produced a marked attenuation of his paranoia replete with worrying passages to the act, a new clinical event puts his treatment at risk. Here the maneuver was similar, but a bit more risky. Following an encounter with a psychiatrist, he became convinced that he had developed OCD: the compulsion to look insistently at other people's valuables, such as cell phones and wallets. From there, his life once more became a permanent nightmare, affecting his relationships in the family and work environment. This time it was not the gaze of the other, but his own that was the source of torment.

In his comments on paranoia, Jacques-Alain Miller reminds us that it is the extraction of the object gaze that allows us to have the sentiment of perceptual reality. The extraction of the object must be understood as the possibility of this object lacking both for the subject and for the Other. This is, moreover, the condition for the alternation of roles in the matheme of the fantasy. However, although in paranoia the object is not stuck to the subject, as it is in schizophrenia, one can still not speak of extraction, since the object gaze is not lacking to the Other. The gaze, in this case, "imposes itself upon the subject in a permanent manner"^[2].

In the case of this patient, he found himself forced to change his social environment systematically, thinking that his gaze on objects would be interpreted as the will to steal the precious goods of the other. In his life, there was always the disturbing jouissance of the Other's gaze, which led him to identify spies on all sides, an eternal persecution without respite from this gaze. Now, it is he who does not cease to look without, however, recognizing himself as the one who looks. "It is not me, I am forced to look." This implies a jouissance located in his own gaze, but experienced as another.

From supervision came the idea of an interpretation that could give some meaning to the real of this enigmatic jouissance, allowing the patient to rescue something of his subjectivation. The patient, who always expressed leftist ideas and condemned without mercy the capitalist Other, was also interested in psychoanalysis. On the point of giving up the treatment, he was insistent on the question of how psychoanalysis could help him, in other words, what the theory might have to say about this. The analyst's response to his scopic compulsion was as follows: "It is not me who says this, but I will give you a Freudian interpretation. If you improve, it is because psychoanalysis would be right in saying that the wallet you look at stands for the politics of the right, capitalism, that is, everything you have always criticized." The patient listened attentively to this interpretation, and in the following sessions told me that it was entirely possible that Freud was right, given that the compulsion had in fact considerably diminished.

One of the aspects of the passage to the act in psychosis, as Silvia Tendlarz notes^[3], indicates the attempt to establish a symbolic difference in the real, that is, to produce an extraction of the jouissance of being, locating it in the field of the symbolic Other. In this case, there is a delicate balance between the localisation of

jouissance in the field of the Other, which generated a delusion of persecution, and the possibility of locating it in the analyst himself, making him the image of the persecutory Other.

I realized that the attempt to localise real jouissance by way of the image, beyond the push to imaginary aggressiveness, re-launched the patient in a constant dispute with the Other. The scopic compulsion sought to establish a phallic measure that would allow the subject to find an equilibrium amongst men. When the question of gaze became a threat to the social bond, an intervention was required, through a calculated risk, to resituate the disruptive jouissance in the field of the Other. As in the previous case, the maneuver was only possible because the persecutory Other was no longer so close, to the point of having to be eliminated. The Other had become very distant, an abstract Other of global capitalism or an imperialist country, that is, something sufficiently consistent to support the structure yet distant enough not to elicit the passage to the act.

The knotting of the three registers would not be possible if the interpretation about the wallet were only an interpretation taking its support in meaning. Here, what maintains the transference is not the supposition of the analyst's knowledge. When the patient asks the analyst for an interpretation, it does not involve a desire to know; what is in question is a fixation of jouissance by the letter.

In the course of time, I could see that the patient situated the analyst in the transference as the one who interprets something of his enigmatic experience. In cases of paranoia, interpretation becomes problematic, given that the Other of the symbolic is always under suspicion. Interpretation, therefore, must be practiced with caution, so as not to allow some excess of meaning to turn into delusion. One of the last times he came to see me, he made this very pertinent remark: "I can never make head or tail of your comments. You seem to say things in passing, but I know that they relieve me."

^[1] Lacan, J., *The Seminar, Book XXIII, The Sinthome*, Polity, 2016, p. 58.

^[2] Miller J.-A., *L'orientation lacanienne, Choses de finesse en psychanalyse*, class of 17th December, 2008, unpublished.

^[3] Tendlarz, S., Garcia C., *A quién mata el asesino?*, Buenos Aires, Grama Ediciones, 2008, p. 80.

PAPERS 7.7.7. N°6

Gustavo Dessal - ELP

Psychosis Under Transference (Or how to let oneself be taught by the subject who knows)

Lacan stated on various occasions that the true subject supposed to know is the analysand. Jacques-Alain Miller, following a fine thread of reading, made us understand that it is the unconscious that interprets. These two statements are related. Together they are essential to remembering - very especially in the field of the psychoses - that what is decisive in our action should be minimal, light, at times imperceptible. "I did not make you say it", is another of the well-known formulations that emphasize the importance of conducting the treatment in such a way that our presence is as discreet as those signs to which we give so much value in distinguishing where the saying [*dire*] of a subject is located

Here are some examples of what the analytic experience with the psychoses has taught me.

- 1) After a few interviews, B. began to manifest a frank negative transference that was expressed with violent verbal aggression towards the analysis and toward me. He showed a hostile scepticism towards the treatment, accused me of doing nothing to help him, and asserted that my interventions lacked any

effectiveness, which was undoubtedly true. I realized that at the same time the subject turned a deaf ear to any of my comments, and that he remained absolutely refractory to the slightest change in his convictions. My attempts to produce a subjective rectification, or to get him to assume some responsibility for his suffering, clashed with his refusal and aroused an aggressive tension that at times became difficult to bear. This period coincided with the maintenance on my part of a doubt regarding his diagnosis, since I had not completely ruled out the possibility that it could be a neurosis. It was B. himself who, tired of verifying my inefficiency, suggested that I review my knowledge of "psychiatry" (sic). From the moment I was able to conclude that the structure of the patient could be located among the so-called "unclassifiables", that is, a psychosis that has not followed the classic course of triggering and its development in the form of delusional outbreaks, my position in the treatment could change. This in turn allowed the transference to become completely pacified and the patient to begin to experience some signs of improvement, the most important of these being the relief of his chronic anxiety. Moreover, once I made the resolution not to try to change his opinion about anything and to accept all his certainties without questioning him in the least, I began to get the result that had not been possible before. The patient began to formulate questions about some of his primary convictions, such as his hatred towards his parents, his misogyny, and his social isolation. He began to recognize that his personality was strange and singular, and that he had serious problems in living.

The most remarkable thing, which has been for me a veritable teaching, was the fact that it was B. himself who, in his own way, knew how to resituate me in the right position of listening by sending me to revise my psychiatry...

2) In contrast, J. (a chronic delusional psychosis) established from the beginning a positive transference, which I tried to reinforce by adopting a semblance of cordiality, taking into account the dramatic circumstances of his early history. I did not have to make much effort as the patient was a man of agreeable disposition. I tried to make him feel that his visit was a joyful occasion for me, granting him a few minutes at the beginning of the session to listening to the comments he used to make in reference to the weather, to a newspaper article, or to some information about Argentina, a country for which he felt great affection, despite not having visited it. Although I do not usually do so, in his case I agreed to answer some personal questions (whether I am married or not, how many children I have, whether they study or work). All this stimulated an atmosphere of trust that allowed him to attend his sessions every week with rigorous punctuality and to bring a concrete task to work on, generally some idea, feeling or behaviour that he himself recognized as a disturbance and that he wished to examine in the light of the analysis. For my part, I had to maintain a special prudence to avoid stepping into the place of the master to which he often convoked me. I never tried to contradict his persecutory experiences, but would rather limit myself - respecting the truth of his sayings - to trying to attenuate the virulence of the jouissance attributed to the Other. For example, I did not argue when he claimed that one of his children was making fun of him, but instead reminded him that the young are sometimes disrespectful, and that he should not give it too much importance.

On one occasion, J. warned me that I should be prudent in my handling of the semblance of affability. With magnificent irony and sense of humour, but without detracting from the seriousness with which he thought about it, he retorted to me the following: "I always tell my wife that I love coming to talk with you, among other things because you are a person who treats me with a warmth that I was never used to. You already know my story. And my wife, who is very suspicious, always says the same thing to me: not to be a fool, that you are surely interested in my case for your own research. Women are so distrustful, don't you think?"

From that day on I was still amiable, but not quite so much, just in case.

3) M. spends long hours doing accounts. Afflicted by a chronic delusion of ruin, he calculates the future of pensions, the inflation rates of the next decades, the indexes of devaluation of the bond market, and various other figures that he combines in order to draw conclusions about his future. He is convinced that after forty-seven years (M. is over sixty) inflation will have exceeded the value of his pension, which worries him a lot. In those moments I remind him that he will always have the

alternative of "getting out" (an expression that he usually uses to refer to the idea of suicide), and this reassures him.

M.'s sessions are very brief. The duration has been imposed neither by Lacanian technique nor by scholastic debates. M.'s anguish and his pain of existence arise from the infinitude in which he finds himself trapped. He feels condemned to an eternity from which he can only escape through suicide. "But since I do not have the courage to end it, let me at least take charge of the duration of my sessions. I will tell you when the time is right to cut them."

Of course, I fully grant him that authority.

Translated by Florencia F.C. Shanahan

PAPERS 7.7.7. N°6

Bilyana Mechkunova- NLS

Questions of Transference and Psychosis as Encountered in Clinical Practice

I shall illustrate through an example how the questions of transference and psychosis are encountered in the clinical practice of a therapeutic social service for children and parents, oriented by applied psychoanalysis. How could the treatment be oriented especially in relation to a case of a psychotic child, in which the child is the mother's "object", blocking the possible access to the truth of her own lack and her desire of woman^[1], the paternal function doesn't operate, and the possibilities of child's subjective construction are restricted? What position might the clinician occupy in order for transference to be installed and treatment to become possible? This example presents the clinical work over a period of four months, in which the mother is met by me and the child – by another clinician.

The first meeting with Mrs. P. and M., her seven-year-old son, is a meeting with their suffering – he suffers from involuntary uttering of various loud sounds and movements, involving his entire body, very intensive, sometimes extending to an "eruption"; she presents her turmoil and helplessness. The shouts and movements began more than a year previously, when she was "pregnant with his sister and separated from his father". The diagnoses, received from different doctors she has taken him to, of "neuro-vegetative dystonia", "infantile neurosis", "epilepsy", have made her anxiety unbearable. In the discourse of the mother, M. is described as "like her", "very emotional, likes that there is euphoria all around" and not "like his father, who is introverted and melancholic".

The screams and movements of M. are frightening and enigmatic for Mrs. P. At this point I name these harassing phenomena "tics", saying that tics are not so rare among children; they are not caused by parents quarreling with one another, and more likely they are connected with something particular for the child, something which we don't know in advance, but we could search for. The signifier "tics" alleviates the menace for Mrs. P. while at the same time preserving the place of the enigma. This nomination, based on a signifier, current in everyday speech and beyond a medical diagnosis, remains in the dimension of the trivial, but at the same time implies and introduces the singularity of the symptom. Now her signifiers "too much excitement" could emerge and be included in the interpretation that "tics are serving M. for the expression of excessive excitement that he is experiencing in his body", which introduces an appeasement. Simultaneously, through these signifiers, she could begin to talk about herself, because "he is like her". The clinical work with both of them may thus begin from this point.

At the beginning M. is present only by his body and by manifestations of jouissance in the body. But when he is given the opportunity and initiative to speak, he takes the floor and complains: "My father doesn't

participate in my games”, which points to a supposed defect of the function of the Name of the Father: “Let us now try to conceive of a circumstance of the subjective position in which what responds to the appeal to the Name-of-the-Father is not the absence of the real father, for this absence is more than compatible with the presence of the signifier, but the lack of the signifier itself. [...] At the point at which the Name-of-the-Father is summoned – and we shall see how – a pure and simple hole may thus answer in the Other; due to the lack of the metaphoric effect, this hole will give rise to a corresponding hole in the place of phallic signification.”^[2]

It is obvious in the sessions that when he is faced with a hole, a void, where there are no words and meaning for him, his body responds through an eruption of tics. The clinician addresses him, expressing an understanding of his painful experience and a doubt that anyone will be able to free him from it if he himself does not get involved. This invitation to work and invention is accepted by this boy, who makes his choice to become an actor in the construction of his own subjectivity. In the clinical work under transference, in which the clinician is supposed to not know, to “not want something from the subject, so he can make use of us”^[3], and to be an aid to translation^[4], M. talks about his discoveries. He has found out that the tics might stop when he is listening to the music of games on his phone, using headphones, but without watching them. In the dislodgement from the position of realizing the presence of the object *a* in the maternal fantasy, the subject could emerge and make use of a proper name, the proper name of the clinician, as standing between him and his mother. This is not without effect on her.

Addressing M. as someone, capable of taking responsibility, surprises Mrs. P. Even though the tics are considerably less and do not interfere with his going to school, she asks when they will disappear completely: “When will all this stop?” My answer “I don’t know” brings about a greater surprise. It might be supposed that when she first came, the child was her precious object, which had been damaged and needed to be repaired. My response as one who does not know and lacks the knowledge which could complete her, as a refusal to fulfill her initial demand for healing and introducing something of the dimension of the impossible, might be placed in a consequence, which makes it possible for Mrs. P. to give the child a chance to leave this place. She is thus able to bear that this child, “all for her”, could be lacking something, saying “that’s the way things will be, some are going to disappear, others will emerge, a matter of change”.

Under transference, her relation to the child-object turns out to be relatively opened to a disturbance, a change. In the space, opened to her words, which she could address to an Other, by saying: “There is something that concerns only me. I have been drinking for years, I suffer and I’m asking for treatment”. Her symptom is given shape as alcohol, being her partner.

Could her question to me, whether I know someone who she could meet, but not to be prescribed drugs, someone with whom she could talk with, be assumed as a demand for analysis? My answer is “yes”, guided by “the demand for analysis is to be situated as a consequence of a transference already underway beforehand.”^[5]

^[1]Lacan, J., “Note on the Child”, *Psychoanalytical Notebooks*№ 20, Journal of London Society of New Lacanian School, 2010.

^[2]Lacan, J., “On a Question Prior to Any Possible Treatment of Psychosis”, *Écrits*, trans. Bruce Fink, London & New York, W.W. Norton, 2006, p. 465-466.

^[3]Zenoni, A., “Orienting Oneself in Transference”, *Psychoanalytical Notebooks*№ 26, Journal of London Society of New Lacanian School, 2013, p.122.

^[4]Laurent, E., “Psychoanalytical Treatment of the Psychoses”, *Psychoanalytical Notebooks*№ 26, Journal of London Society of New Lacanian School, 2013, p.107.

^[5]Miller, J.-A., “Clinic under Transference”, *Psychoanalytical Notebooks*№ 17, Journal of London Society of New Lacanian School, 2008, p. 9.