"Ordinary Psychosis"

Éric Laurent

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Translation by Dinorah Otero.

I thank Leonardo for his presentation, which leads us to the point of Jacques-Alain Miller's invention, naming the work of Clinical Sections (Seminars) held in 1998 as *Ordinary Psychosis*. This punctuation, Jacques Alain Miller's invention to name it as ordinary psychosis, functions as a punctuation of a work that started before that conversation of three: Angers, Arcachons, and Antibes. It started previous to the dissolution of the*Ecole Freudienne de Paris*. It started in the clinical Sections (Seminars) from the orientation given after Caracas when the other Lacan was presented, the Lacan of the object *a*.

We initiated there a program of work within the Clinical Sections (Seminars): the reading of psychosis, the clinic of psychosis, not only from the signifier, but also from the couple S1-*a*. The first attempt to re-think the clinic was the reading of Schreber, in "On a question prior to any possible treatment of psychosis," with the object *a*. This initiated a programme of work.

The program of work was based in the following: to consider the signifier in its effect of disjunction. The signifier allows regimens of disjunctions, series of disjunctions. When one takes into account whether the signifier of the Name of the Father was present or not, or if the subject functioned under a regimen of repression or foreclosure, it was possible to maintain clear separated categories almost as in a tree of disjunctions. Instead, if one takes into account the couple S1-*a*, first one can obtain in the place of the Name of the Father the inclusion of the pluralizations of the function of the master signifiers that allows the functioning without the help of established discourses. This is because the object *a* is more related to a regimen of supplement, rather than a regimen of disjunction.

From this reorganization we consider first extraordinaire psychosis and the established categories: paranoia, schizophrenia, melancholia, and mania. This produced a series of studies. But then we had to face the context of psychoanalysis in the 90s. That era, in the psychoanalytical movement in general, was characterized by the success of the "borderline states." The "borderline states" had as an essential promoter, in a whole zone, Otto Kernberg, who developed a clinic held in the consideration of the reinterpretation of the Ego defense mechanisms similar to Anna Freud, rather than taking into account the distribution of the symptoms producing discontinuities. Then, Kernberg came to consider the "personality disorders." From this tool—"personality disorder" —he constituted a clinic that, instead of being based on the symptomatology, was based on the dynamic equilibrium between the neurotic and the psychotic process, looking for equilibriums in the borderline states, separating the borderline personalities from the psychosis as such.

That was his attempt to renovate the clinic at the same time that he negotiated—in the 90s—with the promotion of the clinic of the DSM, the clinic of the syndromes, the clinic of the deconstruction of the basic categories. He negotiated the possibility of maintaining an axis within the new system, the axis II, centered on personality disorders. It was a quite extensive project: the one of negotiating the place of psychoanalysis with the biology clinic and the construction of a new conception of psychoanalysis. It constituted a quite strong program of investigation.

Then, we also had to consider whether or not that project was worthy. For us, the mistake of all this investigation was to center, once more, on the Ego mechanisms of defense. Yes, renovated, reinterpreted, but finally the same axis to which Lacan was opposed to in the 60s. We had then a new version of a phenomenon from which we had to differentiate ourselves and propose an orientation on that clinic that had certain effectiveness. It was then that Jacques-Alain Miller proposed a reading, he considered the couple S1-*a*, that is to say, that a signifier does not go without its face of jouissance. In the same way that in the cuantic mechanical there are always two aspects of one phenomenon, in our "mechanical" the signifier aspect and the aspect of jouissance are always in play.

In this way the interest for the functioning of the S1 alone was constituted first. It was not as much as related to the couple, but instead the S1 alone, cut from its relation with the S2. From that an effect was produced which allowed the approach of the clinic of the psychosis in general, in a way that we could face these phenomena that were presented as psychosis. For example, from a general clinical point of view what was considered as attenuated psychosis or psychosis with neurotic mechanisms of defense, or neurosis with psychotic phenomena included, etc. All the confusion that appeared in this approach, this presentation of the new clinic—outside of the organized categories, of a very clear perspective—represented a difficult zone.

Thus, our tool to re-organize and put a Lacanian perspective within this was the S1 alone, in order to interrogate with that the elemental phenomenon and the relation of the subject with its supplements ("suppleances").

We also studied what appeared as the negative, for example, the un-triggered psychosis. We changed the perspective: rather than considering that until the moment of the triggering was a neurosis, and then "tac," the triggering was produced going into another subjective place, we had to consider that previously we were not in the presence of the register of neurosis.

This programm concluded in 1998 with the idea of the ordinary psychosis that names in a striking way what in reality is a programme of investigation. It continues being more than a diagnostic category or a category of symptoms—as we would say from a perspective of Linnean classification, from Linnaeus, the naturalist.

This is very interesting, especially, because today we have to continue our programme of investigation in a more extensive way. Why? Because what is

expected is that the category of "personality disorder" of the DSM V will disappear within the next five years. The axis "personality disorder" was a result of a negotiation between the people from the universities inspired by the IPA and people from the biology field at the end of the 80s. The biological psychiatry sees this as a remainder and considers that this equilibrium now will be soon overcome. Our Colleague Juan Pablo Lucchelli, a professor in Switzerland, called my attention over a book, "A research agenda for DSM V," in which the decision of separating this dimension (axis) is implied. Thus, our colleagues of IPA have to approach this clinic without the holding (support) of the established discourse on "personality disorder." It will be interesting to see how they will do it. We will have to follow up the effort that they will do, the effort of poetry that they will have to produce.

We also have to face the massive prescription of medication such that now when a subject presents with symptoms that are not very clear, he is prescribed five essential medications: one anti-psychotic, one antidepressant, one stimulant, one mood regulator and one hypnotic. I am not going to bore you with ciphers, but the last investigations show that prescribing is massive. People are included in those researches, but with the difficulty that they have to obtain those impeccable cases that would allow one to maintain the dream of an ideal affection and a medication of immediate effect. But, as the cases are not ideal, in some universities the patients go from floor to floor, according to the distribution of power and who has the agalma at that moment—that is who seems to have the future in his hands. But as the point is that the cases do not fit exactly in any entity, then the use of medications is extensive.

We have to orient ourselves in these perspectives and use our program of investigation, which is not centered in those categories—categories type in "personality disorders" or those centered in biology, in a biological disorder that explain a pathology. We have to use our program as an empirical and clinical investigation in order to be aware of those displacements of the clinical atmosphere, or the clinic discourse, in order to maintain and insert ourselves in this clinical conversation that is displaced.

First, there is the idea of a program of investigation on a defined clinical space from the idea of a differentiation between the two big configurations: neurosis, psychosis—which can be written within structural coordinates or within a topological configuration of knots. This disposition allows us think on topological distortions from one state to the other one. It also makes possible to think of ruptures that will not allow the knot to be written in the same way. Besides, it allows the distribution of phenomena such as inhibitions, symptoms, and anxieties. But it also allows the production of deformations; for example, how the symbolic and the imaginary are connected (linked), as they can do it in diverse ways. This produces clinical consequences, for example, the fact that the subjects are taken by a master signifier of our era, such as the signifier "depression," and under which the subject recognizes himself. It could help that under the signifier "ordinary psychosis" a subject would come to the analyst saying, "I have an ordinary psychosis. I am going through a difficult phase. My ordinary psychosis concerns me." (Laughs).

There is something in the term ordinary psychosis where at the same time that we maintain the category “psychosis” —that sounds like the 19th century—we include the term “ordinary,” which is something that is mainly of the order of the philosophy of the “ordinary language,” that is it is more of the 20th century. It is with this that we attempt to produce a signifier of the 21st century. We will see if with this we achieve, not only to develop a programme of investigation for us, but also to help subjects appropriate it in order to transform it in a tool to defend themselves. That is, to do it without the support of an established discourse, without the support of a program of investigation.

The criticism of the approach to psychosis from the “personality disorder” or the narcissism perspective has to take into account that, precisely, the success of the notion of “depression” is that it is supported in a narcissistic approach of the pathology. That is why, for example the sociological studies about the consequences of the individualism of crowds lead to what they name “the tiredness of oneself” as something natural. This formula was successful because it caught something. But the tendency of the sociologist, because of their methodological presupposition over-evaluate or consider easy to measure the “tiredness of oneself,” what in the individuals can be isolated. However, it is much more difficult for them to think of the effects of the inconsistencies of the barred Other, and the consequences that it has in the functioning of a civilization in which the knotting of the established discourses—only a few of them have consistency—depends on the way in which each subject makes the norm of his inventions, can write his inventions of knotting, of quilting, what for each works as master signifier. How to inscribe them within a system of norms, that is, the normal register of knotting, in an era in which the Other does not exist? The program of investigation which approaches the clinic from the concept of ordinary psychosis consists of attempting to establish a pragmatic, case by case, of how a subject comes to knot the consistencies of the real, the symbolic, and the imaginary. How does the subject interpret the body events? How does he situate the flight of meaning? How does he manage the dispersion of the imaginary in the fundamental dismemberment? How does he try to apply more or less established norms in order to lean upon the construction of something? Precisely to talk about all that is crucial for the orientation of the treatment.

In “Antibes” there were three categories: neo-conversion, neo-triggering, and neo-transference. The neo-conversion was to go from what was the opposition “hysteric conversion and hypochondriac” to a more global conception of the body event in order to explain what happens in the clinical zone that interests us: how does a subject relate to a body that is not organized by a symptom centered in the love of the father?

The neo-triggering was about seeing how to conserve at the same time clear triggering phenomena and a more lax phenomenon. It was related to a certain continuity in which the triggering seems more difficult to identify, with the perspective that it seems that it always was like that. How to conciliate these two perspectives at the same time, as there were phenomena, which were much more about changes that cannot exactly be named triggering. That is, it is not a

phenomenon of collapse and almost immediately a delusion as in the acute psychosis, in which in a serene sky, from one day to the other we can go from a rupture to the construction of something surprising. It is about an unplugging phenomenon that can at the same time maintain and make compatible a perspective of discontinuity and a certain perspective of continuity.

And the neo-transference was precisely something crucial: how to interpret that very particular loop that allows the organization of a direction of the cure? Because at the end, in that last instance, it is about this: what is the direction of the cure in a subject that comes in this way?

In the big delusions the direction of the cure consisted of attempting to prevent the delusion as such. The model was Schreber. In the beginning, we have millions of "examined souls," and with the evolution of the delusion, there is a reduction to a limited number, to a quite clear structure that comes to repeat itself and that put the subject in relation, we can say asyntonic, with the encounter with his Other. Well, this gave a direction. But when we don't have precisely such an important production, what can we do? This was what I attempted to reconsider in my lecture about the interpretation in the psychosis in order to localize in it the pauses, ruptures, and cuts. The idea was to center in the body events like the moment of knotting, that point in which it is possible for the subject to knot that consistency R-S-I. Considering the phenomena and the pragmatic with which the subject makes with this emergence of something new, something that emerges in his body and that cannot be interpreted with the constituted discourse, and take it as a possibility of a construction. But instead of a construction of a delusion, we can think it in terms of knotting.

In this sense, the orientation of the treatment consists of privileging the quilting, the scansion, the ruptures, in order to avoid the construction of a delusion. So that this would be maintained at the level of these phenomena that appear as pieces of real. That is, there is no need of throwing him out to the general discourse or the common language; there is no need to constitute an enormous delusional construction that will separate the subject from the common discourse and that only allow him recover after a long path. The delusion is a cure—as Freud said—in the extraordinary psychosis, when there are those impressive constructions. But that also requires that the subject develop a work that can take him years, decades. If with the punctuation on those moments, those erratic emergences of the real, it is possible to avoid that same construction, we make the subject save a lot of work. It is this orientation from the ordinary psychosis what leads us to consider and research: how in the same practice can we consider that we obtain those effects? How do they maintain?

This investigation will continue in the new context that I have described. That is, a discourse of the clinic in general without the conception of "personality disorder," which implies many consequences. It will also have consequences for the fanatics of evaluation in the IPA who dedicate themselves to elaborate sophisticated programs of evaluation according to the psychoanalytic criteria excluding other criteria. The smarter exponent of this orientation is Drew Westen, who recently sent an email to people of his orientation telling them that

he considered that now it was impossible to attract the interest of anyone within the NIMH—the National Institute of Mental Health [in the United States]—, it was impossible to attract the interest of anybody there in order to have financial support for a program of evaluation of long-term therapy. He said that they even do not have the money to finance a short-term therapy study, therefore to finance it with government funds was impossible. Then, he sent another email saying that the only task of the psychoanalytical association in the world should be this: to collect private funds in order to finance long-term research. On the contrary, he said, the psychoanalytical association will not have any member in 2030.

Our programme is exactly the reverse. In a context like this we reject in a decisive way evaluation and explain why the perspective of evaluation is completely erroneous and we should not negotiate with it. We have to denounce this perspective as what it is: a *management* of the developed societies brought on by the anxiety of the Master Discourse unable to deal with it and seduced by a false science. But it is a perspective that will not last. In 2030, the evaluators are the one that will not have members, rather than the psychoanalytical associations. We will see, but this is our answer. Evaluation will last for a while, and then the return of the effects of the real will be such that this perspective will appear as what it is: a dream, a scientificist dream that emerged at the start of the 21st century and that then with the catastrophes that occur it will manifest with a clear impossibility of treating the effective real. We give as an example for the United States, Irak; for Europe, the relation with Israel. We can enumerate problems that came up as symptoms, that they are not in itself the horizon of a mystical manifestation of the real, but they are symptoms of the incapacity of this scientificist dream in treating the problems.

Then this is at the level of the Other, the inconsistency of the Other. But it also is at the level of the clinic, of the one by one. There, within these dreams of obtaining the distribution of pathologies and its approach through the discourse that is elaborated from the evaluation there will be conflicts, inconsistencies, facts that are produced by the cocktails of medication that are massively distributed from an early age. In this sense, one can remember that the younger bipolar of the world is a 2-year old Texan girl and that the mother achieve from the judge, suing her psychiatrist, so that her daughter would be recognized as a bipolar and obtain medication through the judge. This was in the name of the human rights, of course. That is, this kind of phenomena that shows what comes after the enthusiasm for the antidepressant medication. I remember a Canadian anthropologist—an Argentinean migrated to Canada—who had his internship in the Borda Hospital. In a study he carried on, he came to the conclusion that the Lacanian had a tendency to diagnose patients more as psychotics than as depressives. And so those psychiatrists prescribed more anti-psychotic medication than antidepressants, triggering more paralysis and diskynesia, putting the subject in risk instead of prescribing an antidepressant, which had less secondary effects. I have read this study I think it has also been widespread here. But one year later, studies against antidepressant medications started to appear. In them you see the list of numbers of suicides that were facilitated by the use of antidepressants: once produced the effect of desinhibition the subjects

pass to the act. So now on the boxes of antidepressants is written: "Warning…the medication can lead to suicide."

Thus, we see that it is about the scientistic tale of finding happiness or, instead, of finding a good way of doing with this real. Maintaining the scientistic dream, we see how we bump into a series of things. While in this new era, our orientation is precisely to continue with the program of investigation of how to do with this perspective of the functioning of the S1 alone. And how we can orient ourselves now in a field that will change, that it is renewed, that is distributed without the support of the interpretation with the S2, which oriented our managing of interpretation before this perspective. That is, this is the field of one effective investigation that we are carrying on.