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A REVIEW OF THE LONDON SOCIETY OF THE NEW LACANIAN SCHOOL

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## Editorial

'Ordinary Psychosis' was "A Powerful Attractor Of Meaning", Jacques-Alain Miller says in his talk included in this issue. 'Ordinary Psychosis' has indeed become a very productive signifier. Discussing this clinical invention in the English speaking world is so pertinent to its culture, it amounts to a real oversight that the original 'Convention D'Antibes' is not yet available in English.

The clinical questions, of whether 'Ordinary Psychosis' sits on the dividing line between psychosis and neurosis - whether these two discrete structures are becoming less defined, more changeable, less dependable ways of approaching the clinic, whether a fluid clinic without a clear division of the structural binary is in danger of blunting the precision that Lacanian psychoanalysis stands for, and, indeed, whether this is a development in our 'culture', in the analysands and thus a response to an evolved world, or an occurrence born out of a better understanding of what has always been the case - these questions, and others are all answered, and then newly opened up again, in the elaborations of the 24 texts in this issue.

The Paris-English-Seminar of July 2008 was a great success. The programme, exhilarating, intense, dense and gruelling all at the same time, spread over six days from morning into late at night, with a hundred people attending from many parts of the world. The intention was to invite an anglophone public, traditionally more familiar with a 'cultural' reading of Lacan, to the centre of the clinical Lacan, to discuss this very culture that affects us and affects our bodies and produces the symptoms we suffer and delight in.

The real phenomenon underlying the work of the Paris-English-Seminar and all its precedents is however, the wealth of 'scientific evidence' that Lacanian analysts are producing one by one, be it in French, Spanish or even in English, which this special issue of the Psychoanalytical Notebooks hopes to bring to the anglophone world.

## LACANIAN ORIENTATION

# ORDINARY PSYCHOSIS REVISITED

**Jacques-Alain Miller**

I want first to congratulate Marie-Hélène Brousse for organising this Paris English Seminar. Really, I'm surprised and so pleased to see nearly one hundred people here, from so many countries. I wanted this Paris English Seminar to begin anew, because years ago we already had a Parisian series in English, and then we discontinued it. But I was preoccupied with it, and I asked Marie-Hélène Brousse to begin it again and for me it's a great opportunity to see that over all these years the audience of the Freudian Field in the English-speaking countries has not diminished, but indeed you're more numerous now than ten years ago, and quite important I believe.

In my opinion the Freudian Field is not sufficiently represented in the English-speaking world and we intend to change that. The Freudian Field wants to promote itself with vigour in the English-speaking world – in Great Britain, in the United States, in Australia – and in other countries where English is the language used to convey Lacan's teaching and our research.

I chose as the title of this Seminar, *Ordinary Psychosis*, which I believe is a Lacanian category – a Lacanian *clinical* category – despite not being Lacan's category. It's a creation, I believe, as a direct consequence of what we call the 'last teaching of Lacan', which is a feedback from his practical development over thirty years of his *Seminar*. I intend to give you an informal talk about this concept of ordinary psychosis as a further feedback from many years of using this category with my colleagues, many of whom have contributed to giving a more definite shape to this concept.

### **The Case Of Mr Walter Twist**

But first, I shall give the floor to one of the participants of this seminar. As a matter of fact, some days ago, Ellie Ragland showed me a case history. Ellie is, I may say, my oldest American friend, the person thanks to whom I first came to the United States – first it was a conference in Ottawa in '85,

and then it was Amherst, if I remember well – and I began the Freudian Field in America under Ellie's tutelage. Well, fidelity is a virtue, reciprocal fidelity between Ellie and me, and I'm glad she has shown me a case history, which is not so usual for Ellie who usually likes more theoretical work, but it was a simple and very singular case history, and I didn't want to keep it for myself so I asked her to present it here, to use some of my two hours time with twenty minutes of this case history. So please Ellie, come up here and give us what you wrote for me.

Ellie Ragland – Thank you Jacques-Alain. [...] My case is called 'Between Psychosis and Ordinary Psychosis: The Case of Mr. Walter Twist'

*In the USA, psychiatrists generally take the approach to psychotics that they either have a psychosis or not. After a treatment of electrical shock, medication, and perhaps some talking, the psychosis is said to have disappeared (or not).*

*I would like to take up the case of Mr. Walter Twist who is, in fact, a paranoid schizophrenic. I came to know of the case from his wife whom I treated in analysis. My hypothesis regarding this man is that between his periods of déclenchement or breakdown, many of his symptoms resembled those of an ordinary psychosis. By working with the points advanced by Agnès Aflalo in La Conversation d'Arachon, I shall start with the first one, the fact that ordinary psychotics have trouble with the alignment in the three circles—RSI. Mr. Twist had many problems in this regard. After having been fired from his job in business as an investment banker, his symbolic anchoring began to come unmoored. He inclined towards imaginary self-definitions. He thought he was one of the ten geniuses of the 20th century, so how could they have let him go? At this time, he sent his wife away to a friend's house one weekend so that he could drink and look at pornography in peace. Following Aflalo here, one can say that his relationship between his body and his ego became centered on his penis – on the real father who must not deprive – and Mr. Twist had a more or less permanent erection, marking his masculinity and his Being in this way.*

*The difficulties that Walter Twist had with his social link, as noted by Aflalo as a second point, were obfuscated by the fact that Walter was an alcoholic and for this reason continually sought out parties and gave elaborate dinner parties. But when he was alone with his family, he became agitated, if not enraged, when the doorbell or telephone rang, especially if these events occurred at*

*dinner time. Walter's relationship to food was primordial. Food and drink calmed his permanent anxiety – and here I've made a note to say that this reference to a primordial hunger has nothing in common with some object relation's theorists idea that psychosis is a problem caused by a bad maternal breast. Another problem Mr. Twist had with the social link was his wish not to be disturbed by anyone from the outside world, with the exception of his business colleagues or his wife's family whom he took as his own.*

*When children came to Walter's house to play with his little son, he became angry. When his son interrupted any conversation he was having with his wife, he was enraged – his relationship to The Woman's voice being primordial.*

*Picking up on Agnès Aflalo's third point regarding the presence of the real father in ordinary psychosis, one can say that the real father was very present for Walter in his relationship to the boss who had fired him. He began to plan ways to kill this man.*

*In regard to Aflalo's fourth point, Mr. Twist was always in the position of being directed to and by the pousse-à-la-femme – push to feminization. Supporting Aflalo's elaboration of her fourth point, one sees Walter's relationship to homosexuality in his fond memories of his weekend 'circle jerk' with adolescent boys at a YMCA, as well as in his encouragement of his wife to have male friends, not lovers, but many friends. Moreover, the majority of the friends Mr. Twist chose from his work were homosexuals.*

*Taking up Aflalo's fifth point, one cannot speak of a failure of déclenchement for Walter since he had had several psychotic breaks. But one can affirm Aflalo's sixth point; Mr. Twist's narcissistic self-love. Not only was Walter enamoured of showing his real sex to his wife, he had only profoundly narcissistic relationships with others. All his friends had to be like him in their professional and personal interests. Otherwise, he did not wish to speak to anyone outside this closed circle. But Mr. Twist seemed very generous and giving to his friends, working hours with them on various projects. But this only hid that he was giving to himself what he seemed to give them. When Walter's wife surpassed him in a business venture, of her own, he became angry to the point of changing jobs, insisting that his wife take up a new job in a new city with a company that had no interest in her specialty. This change favoured Mr. Twist's narcissism by giving him a higher, but empty, title. His wife's success, along with the fact that his previous company had not admired him greatly, caused him to make this move to an inferior city and company, and to the distress of his wife.*

Agnès Aflalo's seventh point on ordinary psychosis would apply to Mr. Twist in that he had not just one delirious metaphor but, a proliferation of delirious metaphors. He sometimes saw himself as Jesus Christ or as the inheritor of Rembrandt's and Van Gogh's artistic talents. Although Mr. Twist's metaphors were mostly delusional, he used some of them to good effect. He decided, for example, that he should start a business in Brussels, Belgium. He would have simply gone there with no financial backing if his wife had not persuaded him to find a bank who would back his costs. He succeeded in the endeavour.

Taking up Aflalo's ninth point, one can say that Mr. Twist's relationship to the *pousse-à-la femme* – push to feminization – was total. He saw himself as One with his wife. On an occasion when a business colleague's wife tried to start a disagreement between him and his wife, Walter went to his apartment and plunged a butcher knife into the wall. In another example, when Walter's young son knocked on his parents' bedroom door early in the evening to ask a question about his homework, thereby disrupting a conversation between Walter and his wife, Walter choked his child while marching him away from his parent's bedroom.

I conclude that most of the nine points given by Agnès Aflalo seem to apply to Mr. Twist, when he was not in a state of psychotic break. Mr. Twist appeared to the outside world to be normal, charming, engaging, generous, and learned. When he had psychotic breaks, none of his friends would accept that label. Even the Chief Psychiatrist at a mental Hospital where Mr. Twist spent a year in a high security ward, because of his violence, even the psychiatrist kept asking Walter if he had not been slipped some drug in his drink by someone.

Jacques-Alain Miller in *La Conversation d'Arachon* pointed out the floating quality of the ordinary psychotic's discourse which seems to attach these persons to no object *a*. I would say that in the case of Walter Twist, he took two objects as his symptom of having foreclosed the Father's Name. These two objects were signifiers from which he lived. They were his business life and his Oneness with his wife.

Mr. Twist would be for most American clinics an example of a cured psychotic. He takes no medications now except one for his state of more or less continual stomach problems. He is secure and very well-known in his business field. One even wonders if this position does not give him the signifier which he lacks.

Finally, one hears the resonance of Jacques-Alain Miller's idea of the ordinary psychotic's successive branching out into the Other, with a certain silence at the base.

Thomas Svolos – Thank you Ellie. I'll just make one comment. This paper fits perfectly into the discussion we had earlier this morning, which is, what is the utility of the concept of ordinary psychosis in cases where there has been evidence of extraordinary psychotic activity that then ends and stabilises? Some take the position that maybe ordinary psychosis doesn't include moments of acute triggering, but there were other positions that, well perhaps, in a case such as this, there's no doubt that this is psychotic, but is it ordinary?

Ellie Ragland – No, it was extraordinary. But I'm arguing that in between the breaks you have the symptoms of ordinary psychosis, but this was really a case of extraordinary psychosis with the person being hospitalised many, many times.

Thomas Svolos – So my question would be, how do you conceptualise what led to the multiple episodes where he became very acutely psychotic, and how did he get out of it specifically?

Ellie Ragland – In each of the episodes when he became psychotic, he encountered a symbolic order challenge he could not handle such as the loss of his job, and then fleeing to Brussels without a job. So, each time something happened, and usually around the Father's Name. I mean, he wanted to kill the boss that fired him and made very elaborate plans to do this.

So, each time that there was a break, there was always something that had to do with work, the challenges in the symbolic order that come from work. His wife recounts his saying to one of his colleagues that he met by accident one summer, 'you were picking on me at work, you sent me to the hospital'. And this poor guy had no idea what he'd done, he'd said something just a little bit ironic, and it had pushed Walter toward a break. The first serious break, when he spent a year in the mental hospital, was when he left his home in a foreign country and came to live in the United States to work there. He left a psychotic mother, a psychotic brother, basically a little knot of psychosis behind. He couldn't handle that challenge at first. He had a break.

Thomas Svolos – *It shows the utility of the concepts from the 'Question Prior to Any Possible Treatment...' about the encounter with the Un-père. There was something that came to a place where something didn't exist.*

Ellie Ragland – *Right.*

Hany Samir – *A clinical question [with regard to] the role of the analyst in this case in particular and in other cases of psychosis in general. By that I mean what indicators have you got to show or to indicate the role of the analyst in, if you like, the evolution of the case between déclenchement, or décompensation, and stabilisation?*

Jacques-Alain Miller – If I understand the case, if I understand what Ellie said, she didn't say that Mr Twist was in analysis, his wife was. He is without an analyst, so we can't invent him an analyst. It doesn't look like he could permit himself to be analysed. I believe it's a case where the analyst himself is foreclosed. Sometimes, with a foreclosure of the Name-of-the-Father comes a foreclosure of any possibility of being analysed. And one of the problems of this case is that we know all this through the testimony of the wife. So, the wife is like the measure of reality or normality, of normalcy, which is questionable. We mustn't forget that it's a story told from the point of view of the wife. And if you hear wives speaking of their husbands, it's not always totally objective knowledge! The opposite is true also, I agree. So, it's a one-sided story of how, let's say, a woman considers her *homme-ravage*, the man who was her torment. It's a one-sided tale of 'that man was my ravage'. So it's the wife's testimony, which is the shadow of the tale.

Ellie Ragland – *I very much appreciate those remarks, they make total sense. One thing I would add about this case that I found interesting and that fits with Lacan's classical work on psychosis, and what I've read over the years, is that Mr Twist was always seeking out imaginary fathers. And he would take somebody, for example a house he had inherited, and he took for example a man that lived in the house and managed the house, and got free rent, and had a job of his own after retirement, and had plenty of money by his kids to supplement him, but Mr Twist insisted on giving him money even after he had sold the house. And he took this little man, this worker, to be a kind of imaginary father. So, there was always this*

*quest for these imaginary, ideal fathers on his part. But Jacques-Alain is perfectly right in saying that somebody who is already Jesus Christ and being given art by Rembrandt and Van Gogh does not need an analyst!*

Jacques-Alain Miller – Thank you Ellie.

### America Divided

So you remember that Freud asked himself the famous question, 'What do women want?' As a man, he asked himself this question. And perhaps as a woman too. We do not have the answer, in spite of thirty years of Lacan's teaching. We tried. So it's not a discriminating question. I have another question, which has been troubling me for years, which is – 'What do Americans want?' I have the answer! A partial answer. They want Slavoj Zizek! They want the Lacan of Slavoj Zizek. They like it better than the Lacan of the Freudian Field, for the time being perhaps. The question is, do they want very definite concepts? Or do they want some room to wrangle? Some negotiating space? And that is the case with the concepts of psychoanalysis.

For instance, Otto Kernberg said he was very troubled by the fact that he couldn't catch the exact definition of Lacanian concepts. He said it was changing all the time. And you can imagine dear Otto – he reads French – reading Lacan looking for the Name-of-the-Father, looking for the signifier, and he wants the definition, and he doesn't come across one definition, he comes across a plurality of definitions, he comes across contradictory definitions, and he's always lost in Lacan. It's very difficult to make sense with those constantly shifting meanings of the concepts of Lacan. So Otto – perhaps because he was called Otto, I mean perhaps because he was of German descent – Prussians, we know, want very rigid definitions – but that's a part of the American soul if I may say. I always remember Kernberg telling me, when I was giving a talk in New York – the only talk I gave to the IPA, in New York in '85, I was much younger – when I finished he said in a question he was asking me, 'but, affects are fifty percent of psychical life'. How could he measure fifty percent of psychical life? But that was Otto. He wanted clear-cut definitions. And that's one part of what America wants – very definite knowledge, usable, and with numbers.

And on the other hand, I feel that Americans want room to give their own ideas, to say, 'You think that way, I think another way. I have this idea myself, I have another idea,' without any undue respect to prestige and knowledge. It's a democratic way of questioning the knowledge of the Other. I feel that the American soul, or the spirit of America, if I may, is torn between a desire for extreme precision and numbers on one side, but on the other side, a desire to be able to speak one's own mind and follow one's own ideas.

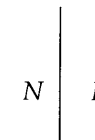
### Ordinary Psychosis Defined Ex Post

Ordinary psychosis is more on the second side. And that's why I chose it for this 're-born' Seminar, because ordinary psychosis doesn't have a rigid definition. Everyone is welcome to give his feeling and definition of ordinary psychosis. I didn't invent a concept with ordinary psychosis. I invented a word, I invented an expression, I invented a signifier and I gave a very sketchy definition, just to attract the various meanings, the various shades of meaning around the signifier. I didn't give any know-how as to how to use this signifier. I bet that this signifier could elicit various echoes in the clinician, in the professional, and I wanted it to grow and see how far this evasive expression would go.

I was inspired by what Lacan did with The Pass. You know that he called the true end of analysis 'The Pass', but he gave a very sketchy definition, because he didn't want people to imitate it. If you say that you can recognise the end of analysis when the subject is doing this or that and saying this or that, everybody will do it, immediately. Like you see at the university, if you need a grade, you need to say things in such a way and such a style and, well, people just conform. If they want to have the grade, they conform, and you live in a world of shadows, a 'City of Ghosts' like in Jean-Louis Gault's paper from Monday. I must say, because we are in a confidential setting, the university is a city of ghosts with people imitating what you're supposed to be. Lacan gave only a sketchy definition of The Pass and opened it up to experiment so as to see, once this moment had been defined sketchily, what would appear, what people would contribute. I wanted to do something like that with ordinary psychosis. And I believe it has been a powerful attractor of meaning. Many people came along afterwards saying, 'I know a case of ordinary psychosis'. If we try to give a definition, it's the definition *ex post*.

### The Binary Clinic And The Excluded Third

I can now reflect on why at that time I felt the necessity, the urgency, and the utility of inventing this way of talking – ordinary psychosis. I would say it was to dodge the rigid binary character of our clinic – Neurosis *or* Psychosis.

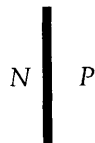


You know that every signifier is fundamentally defined, in the theory of Roman Jakobson – which is an old theory now –, by its position in relation to another signifier, or to a lack of a signifier. Jakobson's idea was a binary definition of signifiers. I observed that we essentially had a binary clinic for years, which was Neurosis *or* Psychosis. An *Either/Or*, an absolute *Either/Or*. Well, you also had perversion, but it didn't weigh on the same scale, essentially because true perverts don't really analyse themselves so what you have in analysis are subjects with perverse traits. Perversion is a questionable term which has been put into disarray by the gay movement, and so tends to be a discarded category.

So our clinic had an essentially binary character. The result of this was that for years you saw clinicians, you saw analysts, psychotherapists, wondering if the patient they had was a neurotic or a psychotic. When you had these analysts in supervision you could see them year after year coming back talking about patient X and you'd ask, 'so, did you decide if he's a neurotic or a psychotic?' and they'd say, 'no, I haven't decided yet'. And it went on like that for years and years. Clearly that wasn't a satisfactory way of considering things.

It was clearly a difficulty in cases of hysteria. When in hysteria you do not have a good enough – this Winnicottian term which I like so much, 'good enough' – in the cases where you don't have a good enough narcissistic identification with one's own body, because in hysteria you always have some mark of a certain absence from the body, a certain disarray with the body, you could wonder if this disarray goes to the point of not in fact being hysteria but a psychosis. And so you saw people trying for years to decide if their patient was on one side or the other. Or when you have

subjects testifying to the void they experience in themselves, you could also wonder whether it's a hysterical void. Is it the barred subject, which is nothing in neurosis? Or is it a psychotic void, a psychotic hole? And so, year after year, in spite of this supposedly absolute differentiation between neurosis and psychosis on the basis of the foreclosure of the Name-of-the-Father, which was really like a Lacanian credo – the Lacanian credo was 'I baptise you neurotic if there is the Name-of the-Father, I baptise you psychotic if the Name-of-the-Father isn't there' – some cases would look like they were between the two. And this frontier, year after year, in supervision and in practice, became thicker and thicker.



A growing thickness, like you get around the waist! So there was something that wasn't going well because if it is neurosis it is not psychosis and if it is psychosis, it is not neurosis.

In fact, ordinary psychosis was a way of introducing the excluded third, excluded by this binary construction, but at the same time relating it to the right hand side position.



It was a way of saying, for instance, if for years you have had reason to doubt the neurosis of the subject, you can bet he's more like an ordinary psychotic. When it is neurosis, you have to know. And that was the contribution of this concept, to say that neurosis is not the wallpaper. Neurosis is a very definite structure. If you don't recognise the very definite structure of neurosis in the patient, you can bet, or you have to try to bet, that it's a dissimulated psychosis, it's a veiled psychosis. So, it's not

sure that ordinary psychosis is an objective category. You have to discuss whether it is the category of the thing-in-itself. Can you say that ordinary psychosis exists objectively in the clinic? It's not sure. Ordinary psychosis concerns your knowledge, your possibility of knowing something about the patient. You say 'ordinary psychosis' when you do not recognise evident signs of neurosis, so you are led to say it is a dissimulated psychosis, it is a veiled psychosis. A psychosis that is difficult to recognise as such, but which I infer from various very small clues. It's more of an epistemic category than an objective category. It concerns our way of knowing it.

### Lacan's Construction Of Psychosis In The *Écrits*

#### I. The Shifting Imaginary World

As a matter of fact, in his classical text on psychosis in the *Écrits*, 'A Question Prior to Any Possible Treatment of Psychosis', Lacan begins with neurosis. He thinks through psychosis from the perspective of neurosis. He derives the structure of psychosis from the structure of neurosis as a variation on the fundamental structure of neurosis, or of normality.

There is a connection between neurosis and normality, which is the Oedipus complex. In Lacan – and one may say in Freud – the Oedipus complex, which Lacan translated as the paternal metaphor, is both the fundament of common reality and it is prominent in neurosis. The Oedipus complex is the link between normalcy and neurosis. You may say that neurosis is normalcy. A supposedly normal person is a neurotic who doesn't suffer from his neurosis, or who doesn't suffer too much from his neurosis, or who doesn't cure his neurosis through an analysis, who cures his neurosis through living. It's less interesting. It's more interesting to cure one's neurosis with an analysis but people don't always think of it and they go on living like that. And so I feel like Dr Knock in the famous French play from the beginning of the century who decided that everyone was ill without knowing it, so that he would get a very large clientele, a very large practice. As a matter of fact Lacan also had a large practice! His *Séminaire* was a way of convincing people they were ill! I beseech you Marie-Hélène not to publish this talk!

What is the common basis of psychosis and neurosis from Lacan's point of view? What is the beginning of psychological life? The beginning of



psychical life in the classical Lacan is what he calls the imaginary. Everyone supposedly begins with the imaginary. That's classical Lacan. It's questionable because it defers the incidence of language. As a matter of fact, from the beginning, the subject is immersed in language, but in classical Lacan, in his classical text on psychosis, as in nearly all the texts of the *Écrits*, except the very last ones, he constructs the fundamental dimension of the subject as pertaining to the imaginary dimension. So that is the supposedly common beginning of the subject – be it a future neurotic, a future normal, a future pervert, a future psychotic – living in, we may say, the mirror stage.

The mirror stage is the first structure of the primary world of the subject, which means it's a very unstable world. The world structured by the mirror stage is a world of transitivity. Transitivity means that you don't know if you did it or the other did it. Transitivity is when the child gives a knock to his companion and says, 'He hit me'. You have confusion – 'is it me or is it him?' It's a good example for understanding that it's a world of shifting sands. It's an unstable world. It's a world without constancy. It's a shadowy world. In Lacan's first *Seminar*, this is the way he describes this primary world, or rather constructs it – I say 'construct' because you have to make an abstraction of the language that is already present from the beginning – it's from there that he structures psychosis. It's also for him the mother's world. It's supposedly a world whose driving force is the desire of the mother, the un-ordered desire of the mother toward the child-subject. And in some way it's equivalent to saying that madness is the primary world. It's a world of madness.

## II. The Symbolic Order

In a second moment in this construction comes the symbolic order. You have to stress the word 'order'. You might say 'the imaginary order', 'the real order', but no, in fact it means that order comes to this imaginary world with the symbolic. Lacan's structure introduces the symbolic – language, the paternal metaphor – as the power that imposes order, imposes hierarchy, imposes structure, imposes constancy, a power that stabilises the shifting imaginary world. He condenses this power, this ordering power of the symbolic, with the Name-of-the-Father – I'm using the capital P to represent the French word *Père* – which is an extra element, it's a plus (+), with the consequence of minus (-), minus

jouissance. The imaginary jouissance that was permeating the imaginary world is driven out, is subtracted. And you meet that in every Lacan text – the idea that with the symbolic, jouissance is evacuated. And Lacan expresses that in various ways, we may speak of extraction, we may speak of subtraction, it's always the same idea. When you introduce the ordering element of the Name-of-the-Father, you have a subtraction at the level of libido, jouissance and the drive. If you speak in terms of the phallus, well here you have the complete imaginary phallus ( $\phi$ ), and here you have minus phi ( $-\phi$ ) which means castration and which is the Freudian word for this subtraction of jouissance.

+NP	$\phi$
-J	$(-\phi)$

From there, as you know, Lacan constructs psychosis as the lack of the Name-of-the-Father,  $P_0$ , and the lack of this castrated phallus which he writes as  $\Phi_0$ , and you have two correlated holes on the I Schema – you have to write it like this, with three arrows – at the level of jouissance, which is in fact a 'too-much'.



The imaginary jouissance which is 'too much' continues to exist, and the Name-of-the-Father is not operative. This means that minus-phi is not operating. It's minus phi zero, in fact.

I'm not going to re-explain this construction of psychosis in Lacan. But what he introduces at the same time when he's reading the Schreber case is the idea of the delusional metaphor. You do not have the normal paternal metaphor in Schreber. It is revealed at one moment that he is not related to the signifier of the Name-of-the-Father, which triggers his extraordinary psychosis, but after a first moment of the total disarray of his world – a world which was stabilised before, because he managed to get a very high judicial magistrate position, so his world had a way of ordering itself before, but when he was solicited to answer from the point

of view of the Name-of-the-Father he couldn't, it triggered his extraordinary psychosis – then you observe that a kind of ordered world re-organising itself. Schreber progressively managed to arrange for himself a liveable world. And so Lacan says that it's true that he doesn't have the paternal metaphor, but he has a delusional metaphor.

As a matter of fact, a delusion is symbolic. A delusion is a symbolic tale. And a delusion is able to order a world. Ask yourself if what orders our world is not for a large part a delusion. If you refer it first to scientific knowledge, those stories about an all-powerful God, his mother, his father, etc, from a scientific point of view you're led to say it's a delusion. I wouldn't say that, I wouldn't dare, but people in the eighteenth century dared to say that, and indeed for a part it's a delusion. The Freudian Field is a delusion, it doesn't have a clear-cut existence. It's a thing for a few thousand people in the world who speak of the Freudian field, but it doesn't have a clear-cut existence, I must say. When you read about Mohammed – God forbid that I say anything against Mohammed – he went away alone, he had some divine message, he wrote it down, and this discourse ordered one million people in the world. It was a divine delusion. But in fact, it's not a completely far-fetched hypothesis that a delusion can order the world.

Schreber has a private delusion. He couldn't manage in late nineteenth century Prussia to make his delusion for everyone. He had to privatise. He made a one-man delusional enterprise. So you may have a delusional symbolic order.

### From Proper Name To Predicate

I may say that in the last teaching, Lacan is very close to saying that all of the symbolic order is a delusion, including his own construction of the symbolic order. In fact, life doesn't make sense. Making sense is already delusional. And that is a very deeply held conviction of Lacan's. In practice, when you understand what the patient says, you're captured by his delusion, by his way of making sense. Your work as a clinician is not to understand what he says. It's not to participate in his delusion. Your work as a clinician is to understand the particular way, the peculiar way he makes sense of things, how he always makes the same sense of things, how he makes sense of the repetition in his life.

That introduced a changing status for the Name-of-the-Father. We use the Name-of-the-Father as a proper name in the classical Lacan texts. When we ask, 'does the subject have the Name-of-the-Father or is there a foreclosure of the Name-of-the-Father?', logically we are using the Name-of-the-Father as a proper name. The proper name of one peculiar element which is called the Name-of-the-Father. If we continue with the idea of the delusional symbolic order, we may say that the Name-of-the-Father is not a proper name, but a predicate as defined in symbolic logic – NP ( $x$ ). Such an element functions as a Name-of-the-Father for the subject. This element is the principle that orders his world. It is not the Name-of-the-Father, but it has the quality, the property of the Name-of-the-Father. And this is very useful for thinking about the fact that Schreber led an apparently normal life for fifty-one years. His psychosis was triggered only when he was fifty-one, in what used to be called in medicine the climacteric of male life. This idea helps us to understand how his world could function. What would have happened if you had had Schreber in analysis before the triggering of his psychosis? There was no psychoanalysis at the time but let's imagine he was treated by Freud – perhaps, before he was fifty-one, you could already observe certain peculiarities in the construction of his world that would have made you say it was an ordinary psychosis – Freud didn't know ordinary psychosis, he knew many other much more important things, for sure – but perhaps what we call ordinary psychosis is a psychosis which is not evident until triggered. For instance, that's one way of taking the concept, which you have discussed.

So, the question is of the Name-of-the-Father as predicate. This means that it's a substituted substitute. The Name-of-the-Father substitutes itself for the desire of the mother, imposes its order on the desire of the mother, and what we call the predicate of the Name-of-the-Father is an element which is a kind of make-believe of the Name-of-the-Father, a *Compensatory Make-Believe* of the Name-of-the-Father – the CMB. We are going to make-believe that we are doing some kind of highly scientific research! And we shall say that we are going to observe and make a complete list of all the possible forms of Compensatory Make-Believe in psychosis! In fact, it's more difficult than that. It's more difficult than this kind of joke.

### A Disturbance At The Inmost Juncture Of The Subject's Sense Of Life

What are we trying to pinpoint in speaking about ordinary psychosis? That is to say, when the psychosis is not self-evident, when it doesn't look like a neurosis, it doesn't have the signature of a neurosis, it doesn't have the stability and the constancy and the repetition of a neurosis. A neurosis is something stable, it's a stable formation. When you don't feel – it's a matter of feeling too for the clinician – you don't feel you have the well-defined, clear-cut elements of a neurosis, the regular constant repetition of the same, and you don't have the clear extraordinary phenomena of psychosis, then you're looking to say it's a psychosis, but it's not a self-evident psychosis, it's a hidden psychosis.

You have to look for very small clues. It's a very delicate clinic. Very often, it's a question of intensity. It's a question of more or less. It directs you to what Lacan calls – I'll say it in French first and in Bruce Fink's excellent translation after – '*un désordre provoqué au joint le plus intime du sentiment de la vie chez le sujet*'. That's the sentence that I stressed for years in my *Cours*, and in discussion with my colleagues [from page 558 of the *Écrits*] – it's on page 466 of Bruce Fink's translation – 'a disturbance' – and it's a very good translation for *désordre*, he doesn't put 'trouble', which would have been a DSM term, he puts 'disturbance' – 'a disturbance that occurs at the inmost juncture of the subject's sense of life.' And that is what we are looking for in ordinary psychosis – this disturbance at the inmost juncture of the subject's sense of life. 'Sense of life' translates '*sentiment de la vie*', and it's a very syncretic term, '*le sentiment de la vie*', how you live your own life. It's very difficult to analyse this term. Psychiatrists have tried to delineate this sense of life. They speak of *syntesthesia*, the subject's general feeling, the general 'being in the world'.

The disturbance is in the way you feel the surrounding world, in the way you feel your own body, and in the way you relate to your own ideas. But what kind of disturbance because neurotics too feel a profound disturbance? A hysterical subject feels a disturbance in her relation to her body, an obsessional subject feels a disturbance in relation to his ideas, so what is this 'disturbance that occurs at the inmost juncture of the subject's sense of life'? This is very difficult to express.

### A Threefold Externality

#### I. Social Externality

I shall try to organise this disturbance in the sense of life in accordance with a threefold externality – a *social externality*, a *bodily externality* and a *subjective externality*. The clues may be classified in these three registers.

Concerning the social externality, concerning the relationship with social reality in ordinary psychosis, the question is, *what is the subject's identification with a social function, with a profession, with 'his place in the sun', as you say in English?* The clearest clue is when you have a negative relation of the subject to social identification, when you have to admit that the subject is unable to conquer a place in the sun, is unable to assume a social function, when you observe a mysterious helplessness, a powerlessness in relation to this function, when he doesn't fit in – not in the rebellious way of the hysteric, or in the autonomous way of the obsessional, but there is some kind of gap which mysteriously constitutes an invisible barrier – when you observe what I called *débranchement*, 'disconnection', you sometimes see the subject going from social disconnection to social disconnection – disconnecting from the business world, disconnecting from the family, etc. – which is a trip made frequently by schizophrenics.

For instance, I've said schizophrenia. That may well be the reality of the subject, which may appear as an ordinary psychosis because it's not self-evident. But ordinary psychosis is from your point of view. Once you've said it's an ordinary psychosis, try to classify it in a classical psychiatric way. You mustn't stop at saying that it's an ordinary psychosis, you must go further than that and look for what it is in the classical psychoanalytic and psychiatric clinic. If you don't do that – and this is the danger of the concept of ordinary psychosis – it's what we call in French an '*asile de l'ignorance*', it's a refuge for not knowing. If it's ordinary psychosis, what kind of psychosis is it? And we saw this for instance at the last colloquium of the French clinical sections [the Cercle UFORCA Conversation on *Situations subjectives de déprise sociale* at the Maison de la Mutualité on 28-9 June] when, in a case of ordinary psychosis, one colleague, a psychoanalyst and psychiatrist, said, 'it's a sensitive paranoia in the sense of Kretschmer'. It was an ordinary psychosis because it was not self-evident, but once you've said that it's ordinary psychosis, it means it's a psychosis, and if it's a psychosis, it may be subjected to classical

organisational concepts. And I felt that this colleague was right, in that case it was a sensitive paranoia in the sense of Kretschmer. Ordinary psychosis must not be a permission to ignore the clinic. It's an invitation to go further than this term.

So, that was negative social identification, but you have to be alert to positive social identification in the ordinary psychotic. I mean, when they invest too much in their job, in their social position, when they have an over-intense identification with it. You may see, and we frequently see, with ordinary psychotics that for instance a loss of job triggers a psychosis because the job meant much more than a job or a way of living. Having a job was a Name-of-the-Father. Lacan says that nowadays the Name-of-the-Father is the fact of being named, of being appointed to a function, of *être nommé-à*. The fact of being elevated to a social position is the Name-of-the-Father today. We see that, in fact, being part of an organisation, an administration, a club, may be the only principle of the world of an ordinary psychotic. For instance, having a job has an extreme symbolic value nowadays, and people are willing to take on badly paid jobs just to have the symbolic value of being at work, and governments are intelligent enough to understand this clearly and they offer them poorly-paid jobs. The French government precisely wants to extend this favour to the psychologists and psychotherapists. This is what we're talking about. They want to create a new profession of psychotherapist that would be less well paid than physiotherapy. So that's social externality and positive and negative social identification.

## II. Bodily Externality

The second clue concerns the bodily Other, the body as Other for the subject, starting with the principle, 'you are not a body, you have a body', as Lacan says. In hysteria you have the experience of the strangeness of the body, the body that has its own ways, and in the male body too you have at least one part of the body that has its own way, the penis, as is well known, but in ordinary psychosis, you must have something more, a *décalage*. The inmost disturbance is a gap where the body is un-wedged, where the subject needs some tricks to re-appropriate his own body, where the subject is led to invent some artificial bond to re-appropriate his body, to tie his body to itself. To cast it in mechanical terminology, he needs a joint brace to connect with the body.

The question is that all those means that looked abnormal years ago are common nowadays. Jewel-encrusted piercings are fashionable now. Fashion has been inspired by ordinary psychosis, it's clear. Tattoos, too. But a certain use of tattoos is a criterion of ordinary psychosis, when you feel that, for the subject, it's a way of bonding himself with his body, he needs a supplementary element as the Name-of-the-Father. A tattoo may be a Name-of-the-Father concerning the relationship with the body. How does this compare with hysteria? Well, you can't talk about it in other terms than those of tonality – it doesn't have the same tone – and in terms of excess – it exceeds the possibilities of hysteria. Hysteria is constrained by the limits of neurosis, it's limited by the minus phi. In spite of the rebellion and disarray, hysteria is always constrained, whereas you feel the infinite in the gap present in the relation of the ordinary psychotic to his body.

## III. Subjective Externality

Well, I won't discuss sex life. After social reality – the social Other – and the bodily Other, I shall speak of the subjective Other. Frequently it's an experience in the ordinary psychotic of void, of emptiness and vagueness. This you may encounter in various cases of neurosis, but in ordinary psychosis you look for a clue of a non-dialectisable quality of the void or of the vagueness. There is a special fixity of this element.

I wanted to develop the relationship to ideas, but I'll leave that for another time.

You may also look for the fixity of the identification with the object *a* as waste. The identification that is not symbolic but real because it is without metaphor. The subject may transform himself into a reject, neglecting himself to the utmost point. I say it's a real identification because the subject goes in the direction of realising the weight in his own person. Eventually, he may defend himself against this with an extreme mannerism. So you may have the two extremes. I may refer here to Guéguen's paper on Genet. You remember that Pierre-Gilles Guéguen spoke [on Tuesday morning] about Genet's non-dialectisable identification to waste. I would introduce also here a reference to Jean-Louis Gualt's talk [on Monday] concerning the partner of that subject. He said that the true partner of the subject's life was not in fact a person but language itself, and you can see in the subject a special echo of the world

of the others. In neurosis you also have that, but in Gault's case, you have something like a stigma produced by each proposition of those others so in fact it's something like a fundamental relationship to language and not to a person.

I could refer already perhaps to a case you are going to hear [on Friday afternoon] by Julia Richards called 'A Capitalist Dialect in a Case of Ordinary Psychosis'. It's a case where the subject introduces himself straight away with his demand of 'getting back the ten percent I'm still missing to be sane again'. Already, in that manner of introducing himself, you can see first that he has the feeling he's not sane, he's telling himself that, and secondly he's saying it with a Kernbergian precision – Kernberg knows that affects are fifty percent and this subject knows he needs ten percent! In fact, I suppose he's an American! He gives a precision with numbers. Already, in this very first sentence with which he introduces himself, you can see this delusion. The ten percent of delusion. 'I'm missing ten percent'. There's something which is amiss, and he gives it a number. 'I'm missing ten percent of castration'. [Laughter]. Well, it's not funny, but in clinical conferences people laugh a lot at things that are not funny. Or he also says, 'Why *would* there be a benevolent God? I'm lucky, and that's why the shroud of doom over me and the paranoia, I shouldn't complain' and so on. 'The shroud of doom over me', connected with a reference to God, is also a small clue, and makes us understand that his partner is this God. Saying that one's life is 'under a shroud of doom' could be said by anyone – it could be said by a romantic neurotic – but clinically, it tends towards psychosis. When he says furthermore, 'the centre doesn't hold, things fall apart, it's scientific', all these labyrinths of sentences look like they have the same absent centre. And Julia Richards also says that 'his most solid point of identification, albeit imaginary, is constructed with every shard of paternal identification at his disposal'. And this is also very typical of ordinary psychosis – identifications that are constructed with bits and pieces, with bric-a-brac, with flotsam and jetsam. I asked Tom beforehand how to translate *bric-à-brac*. I didn't know 'flotsam and jetsam'. I like that. Mr Flotsam and Dr Jetsam!

### The Theoretical Consequences Of Ordinary Psychosis

I feel that the theoretical consequences of ordinary psychosis run in opposite directions. In one direction, it leads us to a refinement of the

concept of neurosis. Like I said, neurosis is a peculiar structure, it's not the wallpaper. You need some criteria to say 'this is a neurosis', you need a relationship to *the* Name-of-the-Father – not *a* Name-of-the-Father – you need some proof of minus phi, some proof of a relation to castration, impotence and impossibility, you need, to use the Freudian terms of the second topography, a clear-cut differentiation between ego and id, or between signifiers and drives, you need a clearly delineated superego, and if you don't have this and other signs, well, you don't have a neurosis, you have something else.

So, in one direction, we are led to try to refine the concept of neurosis, but on the other hand, and this is the opposite consequence, you are led to a generalisation of psychosis. And Lacan followed that lead. This generalisation of psychosis means that you don't have the true Name-of-the-Father. It doesn't exist. The Name-of-the-Father is a predicate, is always a predicate, it is always one special element amongst others which for a special subject functions as a Name-of-the-Father. So if you say that, you bury the difference between neurosis and psychosis.

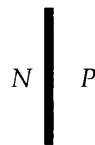
It's a perspective in accordance with 'everyone is mad', with 'everyone is delusional in his own way', and Lacan wrote this in 1978 – I commented this sentence in the last lessons of my *Cours* this year, '*tout le monde est fou, c'est-à-dire, délirant*', 'everyone is mad, that is to say, delusional'. It's not the only point of view, but some level of the clinic is like this. You may not function as a psychoanalyst if you are not aware that what you know, your own world, is delusional – phantasmal we say, but phantasmal means delusional. To be an analyst is to know 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. That's why I recommended the reading of Erasmus's *In Praise of Folly* [in *Le Monde des livres*, Friday 20 June], the classical work where, in his own way, he says just that – everybody is delusional. I shall end this talk with this sentence – *making sense is delusional in itself, that is to say, making sense distances us from the real*. What we call the real is something that cannot be made sense of. And that is why we use the category of the real. So beware of making sense.

I'm aware that I've been making sense for an hour and a half now, so beware of what I say!

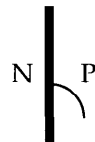
## QUESTIONS

Roger Litten – Jacques-Alain, I have followed with great interest what you have said, and where you finished with a warning against making sense, there's something that doesn't make too much sense to me. There's almost a contradiction in the two different axes that you've followed, starting with the initial binary clinic – the distinction between neurosis and psychosis – and the emergence, can we say, of the notion of ordinary psychosis, and the broadening, or the obscuring of the distinction between them. And then, on one hand, it appeared that you were taking every care to re-situate the concept of ordinary psychosis back into the psychiatric and the binary clinic...

Jacques-Alain Miller – Well, I did it like this – I said neurosis/psychosis with the thickening of the frontier...



and then I did that...

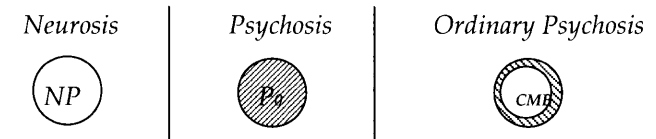


...back into psychosis.

Roger Litten – So, in a way, no matter how much that frontier thickens, it always has to be situated back on the side of psychosis – forgive me for obscuring what you've already clarified. But then, the almost opposite tendency is then to take up the modification of the notion of neurosis as a very specific structure. And you say that neurosis is no longer the wallpaper, in a funny way psychosis is the wallpaper, and neurosis almost becomes a very specific modification of a use of the Name-of-the-Father against the possibility of psychosis. We almost have the

importance of the binary distinction, and the simultaneous obscuring of that distinction. And I wonder whether there's something that I'm not following there.

Jacques-Alain Miller – In neurosis we have the Name-of-the-Father here, in his proper place. The Name-of-the-Father has his place in the sun – and the sun is a representation of the Name-of-the-Father. We suppose in psychosis, when we detect it, and when we construct it in the classical Lacanian way, that we have a hole instead. That's a clear difference. The Name-of-the-Father is there [in the left column]. The Name-of-the-Father isn't there [in the middle column]. In ordinary psychosis, you have no Name-of-the-Father, but something is there, a supplementary device.



And you may say, well, it's a third structure. Because here you have something, there you don't have it, and there you have something that fits more or less. But as a matter of fact, it's the same structure. And in the end, in psychosis, if it's not complete catatonia, you always have something that enables the subject to get away or to continue to survive. And in some way the true Name-of-the-Father is no better than this, it's a well fitting make-believe.

So, I manage to have a binary clinic, a ternary clinic, and a unitary clinic, all in one! Like the holy Trinity!

Not all psychoses take the form of a triggered, exploded psychosis. You have psychotics who will live all their lives of psychosis as calm and ordinary psychosis. You have dormant psychoses, like you have dormant spies, which will never awaken. You have a difference between psychoses that can be triggered and psychoses that cannot be triggered. Psychosis is a vast continent. Psychosis is an immense continent. Look at the difference between a good, fine, muscular paranoiac, who really makes a world for

himself and for others, and a schizophrenic who can't get out of his room. And we call that psychosis.

When you have a paranoia, the Make-Believe of the Name-of-the-Father is better than yours, it's stronger than yours. We hope that if you get a paranoiac in your practice you won't classify him as ordinary psychosis, because you'll perceive the psychosis. But you have some kinds, like the kind of sensitive paranoia I mentioned before, which are not clear-cut from the beginning and it was only after three years of analysis that the analyst perceived that something was amiss, perceived that the subject was constructing, every day, his paranoia. And then you have the socially disconnected schizophrenics, whereas the paranoiac is totally socially connected. Large organisations are frequently managed by powerful psychotics who have a super social identification. So it's immense.

The idea of triggering is when you have this kind of psychosis, compensated with a CMB, you have a CMB psychosis, and you have a moment when the Make-Believe falls away, the make-believe is cut, and the subject's world tumbles down, and then you have an evident triggering. Then you have a reorganisation which may be as good as before, or which may be with a deficit of not 'good enough', and the subject will disconnect progressively from social reality. Clearly Schreber had this. Beforehand, he had a compensatory identification, then when he was elevated to the top level his world crumbled, and then he managed to be a good patient on the doctor's ward, he managed to continue his conversations with his wife, and managed to write his book. He became a writer. After the triggering, he managed to get back to some kind of compensatory activity.

Ordinary psychosis pinpoints the existence of 'a disturbance at the innermost juncture of the subject's sense of life'. It means we can connect the various small symptoms that appear to be spaced far apart, we manage to connect them to a central disturbance. So we order the case. In borderline, it's like it's not neurosis and it's not psychosis. We don't believe that. The category of ordinary psychosis stems from practice, from the practical difficulties. If you don't recognise a neurosis, if you don't see evident signs of psychosis, look for the invisible signs, look for the small clues. It's a clinic of the small clues of foreclosure. For instance, in the

quick list of small clues I gave, we saw that a social identification with your job is normal, but there can be an intensity to the identification with your job that points in another direction. It's tonality. It's a clinic of tonality. That is its use. But it must be reducible to a classical form of psychosis or an original form of psychosis.

----- (from Israel) – *This conception brings us to the concept of the subject as a defence. All kinds of structures are a defence. But defence against what? What is the status of what we are defending against?*

I mentioned defence once, so you're the one who's choosing to make it a Name-of-the-Father of this talk! The general idea is that we are defending ourselves against the real, against what we are not able to make sense of. We defend ourselves against what we cannot make sense of by madly making sense. Only in our dreams does what doesn't make sense come back. Well, the dreams make sense, but the nightmares that awaken us generally awaken us on a nonsensical element. That's where we are perhaps nearer the truth. And clearly delusions are constructed around a real that doesn't make sense and this not-making-sense appears and makes holes in the patient's discourse. Even in a patient presentation, in one hour's time, you can see that, you can see those arrows that Lacan draws on the I Schema piercing the patient's discourse. The discourse of the patient is webbed around a real, and you may even call it a defence.

Vyacheslav Tsapkin – *Personally, from my clinical experience I have found the concept of ordinary psychosis to be a brilliant idea, a most inventive idea, but what I would like to do is just inform you of some not very pleasant predecessors to this idea. It is a common fact that psychiatry was very seriously abused in the Soviet Union, but it has some theoretical background. And the basis was the theory of Andrei Snezhnevsky with the idea of slowly-progressing psychosis. This idea has two social consequences. One is that, in the Soviet years, psychiatrists were looking for some minor clues, and would ask 'Who is your favourite author?' If the answer was 'well, I'm quite fond of Kafka', there was no more question about the diagnosis for the psychiatrist. So, dissidents were considered to be psychotic, for obvious reasons. And secondly, even these days – this is specific to the Moscow School of Psychiatry, a psychiatric clinic in which I worked for many years – they treat neurotic patients like psychotics, giving them great doses of*

*neuroleptic drugs, even though they're neurotic, because the preferred diagnosis in the School of Snezhnevsky, the Moscow School of Psychiatry, was neurotic-like schizophrenia, or psychopathic like-schizophrenia.*

Jacques-Alain Miller – Well, for a long time I was against the idea of non-triggered psychosis. For many years I didn't like the idea of non-triggered psychosis, because I was afraid of the abuse of the notion of dormant psychosis. But the clinical facts are there. When you have a triggered psychosis, the period before is a period of un-triggered psychosis. So, I was in favour of detecting the dormant psychosis that could be triggered. So clearly that was necessary. But one step more is to understand that there are psychoses that do not lend themselves to triggering, psychoses with the inmost disturbance continuing without a clash, without an explosion, but with this gap, or deviation or disconnection perpetuating itself.

Concerning the Soviet psychiatrist who gave the diagnosis of psychosis to the Kafka reader, as a matter of fact, what was revealed in 1992, if I remember well, was that the Soviet Union was itself a delusion! And indeed it disappeared completely! It was a delusional reality. It was Lenin's dream for seventy years!

Vyacheslav Tsapkin – *If I may just correct you, the Soviet Union was an extraordinary psychosis, now Russia is an ordinary psychosis!*

Thomas Svolos – *In the Freudian clinic, with Freud's attachment to the Father and the Oedipus complex, neurosis was in the centre of the clinic, and the extraordinary psychoses, well, you couldn't help but miss them, but well, we're not going to do a lot with them. It seems to me that with the clinic of ordinary psychosis, we have a true Lacanian conception of psychosis that we've extracted from the work of Lacan that provides a clarity to psychosis, and that the older psychiatric formulas that we've adopted – schizophrenia, mania, paranoia – we can look at them now as a sort of variant of psychosis or a type of psychosis, but that ordinary psychosis has elucidated something more basic about psychosis. I say that because of the clinical work. For example in Ellie's case, this was an extraordinary psychosis, but what was interesting was how she used the concepts that have come out of the research into ordinary psychosis to conceptualise and understand the case.*

Jacques-Alain Miller – You think it's an extraordinary psychosis?

Thomas Svolos – *Well, it's hard to say, but it sounds like this gentleman had many clear breaks, and the question is, are the times between breaks, when he is at peace, to be understood as ordinary psychosis? And if we take a category like schizophrenia, do we understand the time between breaks as dormant or quiet or latent schizophrenia, or do we understand that as ordinary psychosis? In other words, in my mind, I think we can have a specific, restricted notion of ordinary psychosis that Marie-Hélène alluded to – the ordinary psychosis of the banal, where it's very stable and limited and so forth – but then ordinary psychosis opens up a more general theory of ordinary psychosis against which we can articulate the specific structures of, say, schizophrenia or paranoia. The utility of the concept is the way that it's broadened our ability to conceptualise psychosis and think about issues of stabilisation in a way that it didn't exist in the literature before. In reading the literature from the sixties or seventies on psychosis, it seems it's a very different literature than the literature from the last ten years on psychosis. I think the research project has opened up a general notion about psychosis.*

Jacques-Alain Miller – I agree. Concerning Freud, clearly he was not a psychiatrist. He studied Schreber through his book. But he had a case of ordinary psychosis – the Wolfman was a psychotic, and it was an ordinary psychosis because he had a lot of neurotic traits. He helped Freud to clarify neurosis. You can doubt the psychosis when you read the Freudian case, but when you get the follow up with Ruth Mack-Brunswick, it's difficult to question it. Many years ago I commented the case of the Wolfman with my colleagues for one whole year. Some said he was neurotic, some said he was psychotic, and my pleasure was to keep it in suspense because it solicited a great deal of interesting remarks from my colleagues. But as a matter of fact the quilting point of the question is not in the book by Freud but in the book by Mack-Brunswick.

Penny Georgiou – *My question pertains to whether or not you could clarify something around triggering. There was a discussion on Monday about whether cases of ordinary psychosis are triggered or un-triggered, and in this case of Ellie's the psychotic breaks happen several times. I had a question earlier here*



*around the difference between the psychotic break, which is the outbreak of phenomena, and the structural triggering of a psychosis.*

Jacques-Alain Miller – I believe I answered the question by saying that when you go, for the first time, from a CMB situation to the opening of a hole, and it goes on and on, you have a triggering. ‘Multiple breaks’ is when you have a repetitive pattern and it’s compensated again and again. We don’t say triggering. We say ‘triggered’ when it happens once. Then on the other hand you have what I may call in developmental terms an ‘evolutive’ psychosis. You have psychosis with a cut, and you have psychosis with a decline when it’s a continuous process, an ‘evolutive’ psychosis.

Ellie Ragland – *I wanted to say in the case I spoke about, because I only said a few things, but one of the kinds of things that happened in the breaks was that he had a fragmented body. In one he said to his wife, ‘Why didn’t you tell me that I had one shoulder here and another shoulder on the other side of the room?’*

Jacques-Alain Miller – Seriously? No, the question is ‘seriously’, because when Mr Twist says ‘I’m Jesus Christ’, it could be humour. It’s all a question of tone. Or ‘I’m equal to Rembrandt’, or ‘I have my shoulder on the other side of the room’. You have to believe the wife that he was serious, or that he wasn’t being ironic, that it was without metaphor.

Ellie Ragland – *He also couldn’t sleep, he stayed awake for three nights and days, talking. He was totally out of it, he was crazy.*

Jacques-Alain Miller – Well it’s the confluence of all these traits that helps us to imagine that life with Mr Twist must have been fairly difficult.

Manya Steinkoler – *You touched on sexuality not to talk about it. You spoke of the bodily Other and the social Other, what’s the sexuality in un-triggered psychosis?*

Jacques-Alain Miller – It’s not typical, you don’t have a typical sex life. You could make a list of some kinds of special experiences in sexual life. We brought out a book of various case histories under the title *Love in*

*Psychosis [L’amour dans les psychoses, Seuil, 2004]* in which you have different shades of the way of living sexuality. Sometimes in the male subject you have a push to feminisation through the sexual act. Sometimes you have, on the contrary, sexuality as a way of integrating the body. Sometimes you have the body disintegrating. You do not have something typical. You’re just looking for the disturbance of the inmost sexual act. And generally you find it.

Question on triggering as encounter with A-father and generalisation of this encounter in ordinary psychosis to be anything that disrupts the CMB.

Jacques-Alain Miller – When we speak of CMB, it’s a compensation for the foreclosure of the Name-of-the-Father. So, supposedly, to trigger this psychosis, you must have an element that comes in a third position like A-Father. If we suppose that you have a foreclosure of the Name-of-the-Father, I suppose that you don’t necessarily have A-father, but something that comes to a ternary position in relation to the subject.

Text transcribed and established by Adrian Price