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Date: 31 March 2016 at 21:55:12 BST
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NLS Minute

- 17 -

To Diagnose: An Effort of Poetry
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Text published in The Hebdo Blog, No 64 (21 Feb 2016), dedicated to the FIPA Study Days, 12 March 2016
http://www.hebdo-blog.fr

Clinical Phenomenon or Diagnostic Dispute?

During an afternoon of discussion and debate with the CPCTs[1] and related institutions in March 2015 (reported by Patricia Bosquin-Caroz and published by FIPA), Jacques-Alain Miller underlined that diagnosis is no longer applicable in a clinic that has taken note of the Lacanian notion that 'all the world is mad'. In this context, he added, diagnosis is no longer spoken, but is understood. Elsewhere, what is brought to the fore is clinical questioning in so far as it allows us to see the phenomenon, to specify it, and to describe it succinctly. This concise description is of the order of a nomination.

For those clinicians unable to give up their knowledge of the catalogue of true psychiatry, as opposed to the DSM, their competence to describe the clinical tableau will depend upon their talent to speak well; clinicians who are able to name the phenomenon without effacing either the subject (the patient) or the clinical relation between them. The genius of Clérambault is here a source of inspiration. Speaking of the reports which Clérambault compiled each day by the dozen, Paul Guiraud, (in his preface to Clerambault's *Œuvre Psychiatrique*), qualifies these as "certificates, works of art as much as science". In one or two pages, Clérambault knew "how to flawlessly, seamlessly trace the personality of the patient, without recoiling from the neologism that was always the genuine foundation. We can say that he almost created a literary school, one that should be the school of all administrations."[2]

In using the DSM5, you can content yourself with noting the code 297.1 (F22) in order to indicate that the patient suffers from *Delusional Disorder.* All that then remains is to specify whether it is erotomaniac, grandiose, jealous, persecuted, somatic, or 'mixed'. In opposition to that, Clérambault's literary descriptions in his short 'certificates' give a living consistency to the person described. It is not only a clinical picture but also has a presence, a materiality, which is seasoned by the patient's words. Thus, you can believe that you can hear the voice of Amélie, seamstress in a religious house, describing the strangeness of the parasitic mental automatism that affects her. To quote her: "When one says 'one', one has the air of speaking of two people… There is something that speaks when it wants to, and that stops when it no longer speaks." Much later Clérambault notes that "her eroticism is manifested in smiles and prolonged blushing" or again that she "starts and stops from impulsive gestures. She says out loud what she supposes we think." The reader feels as if they participate in the interview when they read Clérambault: "A part of her is getting tired at the end of the examination and this inclines her not to reply, and another part of her, which is favourable to us, is irritated by this, and she rebuffs the former part out loud: "we want to answer; you leave; we can wait a little" (ibid, p. 457-8). We think of *L'amante anglaise* by Marguerite Duras[3], which allows us to put our finger on the psychotic reticence that forms the basis of the staging of the link established between the author of the crime and the person investigating it, who tries to

identify the inexpressible hole of her motivation. And then, when Clérambault writes, in his laconic fashion: “In conclusion: Automatism. Erotism. Mysticism. Megalomania”, these words, which belong to a universal classification, are transformed, in the case of Amélie, into nominations of phenomena wholly particular to her.

The *présentations de malades* given by Jacques Lacan testify to the teaching of Clérambault, who he regarded as his sole master in psychiatry. Jacques-Alain Miller portrays how these presentations remind us of Greek tragedy, except that the participants at the presentation, simultaneously the chorus and the public, are waiting not for a catharsis, but for a diagnosis that will be the last word on the patient.

Lacan dodges this expectation, he makes a sidestep. He ends up affirming the diagnosis, but at the same time suspends it and problematises it in order to lengthen the study. His reference to classification is there in order to speak of the normality of the psychotic subject who does not fail to recognise the Other in the mental automatism that traverses him. For the rest, Lacan follows the Freudian thread of naming the singular jouissance that is carried along by the psychiatric nomenclature. So, Ernst Lanzer has entered into the history of psychoanalysis under the name of the Rat Man rather than as a case of *obsessional neurosis*. And again, we think of Sergei Konstantinovich Pankejeff as being the Wolf Man, before considering him as a case of *infantile neurosis* (a diagnosis that has since been contested).

Thus, psychoanalysis agrees with the psychiatric nosography but tries to follow more closely not only the personality but also the jouissance of the subject. The nomination of phenomena requires a literary competence more than a scientific one, and there is nothing better to shape and form this effort of nomination than the analytic experience itself. To know how to name your own jouissance is a precondition to being able to speak about that of another. To diagnose is to make an effort of poetry.

Translated by *Janet Haney*

[1] The Centres for Psychoanalytical Consultation and Treatment (CPCTs) are one of the many forms of the Federation of Institutions of Applied Psychoanalysis (FIPA), see http://www.causefreudienne.net/connexions/fipa/

[2] Clérambault, G., *Œuvre psychiatrique*, PUF, Paris, 1942.

[3] Duras, M, *L’amante anglaise*, Transl. Barbara Bray, Pantheon Books, New York, 1968.

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