Exact date is not known.
Probably quoted by Gabriela Medin on Saturday 29th January 2022 at London Society Clinical Seminar

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Only in Spanish
https://radiolacan.com/en/podcast/the-ordinary-psychoses-and-the-others-towards-the-11th-congress-of-the-wap-psychoanalytic-allegory-of-the-stool/3
"The Ordinary Psychoses and the Others. Towards the 11th Congress of the WAP": "Psychoanalytic Allegory of the Stool"
On February 16th, 2018, Miquel Bassols participated in the Seminar of the Freudian Field of Barcelona. His accurate reading of Lacan's text "On a question preliminary to any possible treatment of psychosis", served as an approach to the theme of the next Congress of the WAP. During his presentation, he referred to the "three-legged stool", mentioned in Seminar 3, and made use of the work of the artist and Chinese activist Ai Weiwei, a stool with four or three legs, to remind us that "not all stools have to have four legs" to sustain themselves, but at least three are necessary, as pointed out by Jacques Lacan, anticipating with this allegory the clinic of the knots.

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https://congresoamp2018.com/en/textos/psicosis-ordenadas-transferencia/
Towards the April 2018 Congress,
World Association of Psychoanalysis. XI Congress
THE ORDINARY PSYCHOSES AND THE OTHERS
Under Transference

Guidance Texts
Psychosis, Ordered Under Transference

Miquel Bassols Presidente AMP (ELP, Barcelona) Date not known

The solidity of a clinical concept is measured by the effectiveness of its use, especially when it accounts for a field of phenomena for which there did not exist before an established map. From this perspective, we can doubtlessly say that the concept of "ordinary psychoses", coined by Jacques-Alain Miller at the end of the 90's, has come to be an already established clinical concept, a concept of enormous effectiveness given its widely extended use since then in the Freudian Field… and beyond. The ordinary psychoses account for a series of phenomena that at times go unnoticed for their apparent normality, but that when listened to from the perspective of Lacan's teaching indicate the structural conditions that we have learnt to locate in the field of psychosis. Discreet body events, subtle plumb lines of meaning in the sliding of signification, veiled and allusive phenomena, minimalist substitutes in which the subject sustains the fragile stability of its reality. These phenomena were there, for all to see, but in their frequency they were confused with the landscape of normality. As Jacques-Alain Miller himself indicated in the today well-known "Antibes Convention": "we have passed from surprise to rarity, from rarity to frequency".[1] That is, we have passed from the surprise at the encounter with the exceptional and the extraordinary to the registering of phenomena that by their frequency had already become familiar to us.
But precisely where the prejudice of normality operates, that fantasy that acquires in our days the category of statistical truth, what is stake is always the encountering of the strangeness of the clinical trait in its most singular detail. In this way, the ordinary psychoses reveal

themselves to us now as a kind of purloined letter of our clinic: they were so open to the view of all that were hidden to that of each. A slight displacement of the clinical focus was enough to make apparent in these phenomena the structure of the psychoses in their diverse forms of knotting, and to reveal with this change of perspective that, in the clinic, the strangest was inhabiting the most familiar. The ordinary psychoses are also in this way the *Unheimlich* (the strangely familiar) of our clinic. And it is not infrequent to obtain in the practicing psychoanalyst this affect linked to the *Unheimlich* when the strangely familiar dimension of these phenomena is pointed out.

So, if the concept of the ordinary psychoses has come to delimit the map of what was until then a *terra incognita* of our clinic, this is also because it shows that the orography of its terrain is present in every one of the continents previously defined by classical cartography, the cartography distributed according to the categories of psychosis, neurosis, and perversion. Put differently, the map here creates the territory before representing it, even to the point of becoming confused with it. Which is also to say that, before it has a function of the representation of reality, language – including that of the clinic – is knotted in the very operation of the construction and perception of this reality. This is something as strange as it is familiar to someone formed in the most classical Lacanian orientation: perception eclipses structure precisely where this structure reveals the way in which this perception is constructed.

We are now going to consider the nature of the terrain that we know today with the term "ordinary psychoses". Imagine a kind of *Google Earth*of the clinic in which we can visualise the terrain and the geographical locations with their names and borders. We find here clearly established, following our classical clinic, the two great territories of the neuroses and the psychoses, with their borders and sub-borders, with hysteria and obsession on one side and paranoia and schizophrenia on the other. We can also locate melancholy and the perversions, although at times they blur a little bit more at some of their borders in order to reveal their condition of traits that can be shared by different countries. Melancholic traits exist, in effect, in various places of the delimited continents, just like traits of perversion, to take up again the theme of an International Encounter of the Freudian Field from decades ago.

If we now write "ordinary psychoses" in this imaginary search engine of the clinical *Google Earth*, in order to see how the successive zooms lead us to a precise location, then surprise, surprise!, the list of places that appear in the search window becomes longer and longer, until it presumably becomes infinite. To such a degree that it would seem that the "ordinary psychoses" can be today in any part of the map, without it being possible to either reduce their description to a trait or constitute them as a self-enclosed continent. If we click on any one of these names, it leads us however to already known places. And if we continue to verify the list, perhaps we can then conclude that ordinary psychosis is in reality *Google Earth* itself as a whole, the very system of representation with which we try to locate the places of our classical clinic. It is a clinic made up of discreet traits, which count because of the difference that exists between each one of them, in the style of the structural system of language (*la langue*) that we know since Saussure's linguistics. But the traits are so discreet here – allow me the equivocalness of this word – so subtle, that they disappear from the general view and only appear in the singularity of each case, and each time in a distinct manner. It is difficult to construct a general map and a precise search engine with these conditions of representation, without, as we said, the place in question that we are looking for finally becoming the very system of representation within which we operate.

We should immediately say that this paradox does not seem at all strange to the readers of Jacques Lacan. It is present from a very early point in his teaching. He himself read his entry into psychoanalysis, which carries the title of his famous 1932 thesis, *On Paranoiac Psychosis in its Relations to the Personality*, by saying a few years later that

personality *is* paranoia, and that it is for this reason that there are not in fact relations between the one and the other. There is nothing more normal than personality, nothing less discreet too, if we take the term "discreet" with the equivocalness that we have pointed out.

But does the category of "ordinary psychoses", which seemed to us so effective in its use, not then evaporate now precisely because of the extension and effectiveness of this use? Is the same not happening to us as what Lacan drew attention to in the 50's when he studied the use of interpretation in the analytic medium starting from the observations of Edward Glover? I remind you of his indication concerning this in his *Écrit*on "The Direction of the Treatment and the Principles of Its Power". Edward Glover, Lacan writes, lacking the term of the signifier in order to operate in analytic experience, "finds interpretation everywhere, being unable to stop it anywhere, even in the banality of a medical prescription."[2]

Our confusion of languages would doubtlessly constitute such a going astray, a confusion that would add itself to the current clinical Babel, a clinic that itself seems to disappear in the world of increasingly disordered nosographies, further fed today by the crisis of the DSM system. It is well known that the crisis of this system, in its new versions, has extended in such a way the descriptions of the pathological in everyday life that there is no longer a single corner of human existence that is not diagnosed as a possible "disorder". Up to the point that someone has said that, if one doesn't find oneself described in one of the pages of the manual, this is because one really must have a serious "disorder".

We are dealing in reality with an error of perspective homologous to the one we described with the *Google Earth* model. With the introduction of the category of the "ordinary psychoses" into the clinic we find ourselves – as Jacques-Alain Miller pointed out in the very moment in which he introduced the term – "divided between two points of view that are contrasting, but that do not exclude one another".[3] From the first perspective, which we can order using Lacan's first teaching, there is a discontinuity between neurosis and psychosis, there are more or less precise borders, there are discrete and differential elements, tributaries of the logic with which the Names-of-the-Father function, and of the logic of the signifier which operates in a discretional way, by means of the relative differences between the elements. When there is a border on the map, there are discretional differences between the territories, there is also a possible reciprocity between them in order to define what one is and is not in relation to the other. From the second perspective, which we can order using Lacan's last teaching, it is rather the continuity between territories that is highlighted, what makes them contiguous, as two modes of response to the same real, as two modes of jouissance confronted with the same difficulty of being. We are no longer concerned in this second perspective with the establishment of borders, but instead with the verification of knottings and unknottings between continuous threads.

In this way, we can say that there is no proper clinical description of the ordinary psychoses according to the classical model, which orders their categories starting from a series of traits present in the interior of a more or less well-delimited set. It would be impossible then to include such a category in the logic of the DSM or the usual diagnostic manuals, where the traits are enumerated that must be present for each clinical category. From the descriptive point of view, the ordinary psychoses could be better defined by a trait that we find to be lacking, never the same one in any case, by that which we feel to be lacking in relation to the classical psychoses, but also by that which we find to be lacking in relation to the classical neuroses. We find ourselves obliged to define them, then, more than ever, case by case, and always according to the context in which we find this lack.

If you allow me to put it like this, the category of "ordinary psychoses" then includes the categories that don't include themselves: it looks like a hysteria but it isn't a hysteria, it doesn't include the traits that we know of hysteria, it looks like an obsession but it doesn't include the traits of obsession, it looks like a paranoia but it doesn't include the traits of

paranoia… This transforms the ordinary psychoses into a kind of Russell's paradox, the well-known paradox of the set that includes the sets that don't include themselves. There are various ways of illustrating Russell's paradox, one is that of the catalogue that includes all the catalogues that don't include themselves, without being able to finally conclude with the question of whether the first catalogue includes itself or not.
In this way, the category of the ordinary psychoses explodes the diagnostic system of the structural clinic. Something similar occurs with them as occurred in the first Freudian clinic with the introduction of the "actual neuroses", the neuroses that Freud distinguished from the classical psychoneuroses, and that are defined by the lack of an infantile history and the lack of a symbolic overdetermination of symptoms. Every neurosis was an actual neurosis until these two structural elements were found that didn't stop not writing themselves… up until the contingent encounter that decanted their signification.
Let us say that the only mode of verifying this fact, the only mode of putting to the test this real that doesn't stop not writing itself in every case, is the very structure of the analytic experience, the structure that is thrown into the light of day in the phenomenon of the transference.
Put differently and to conclude: the ordinary psychoses are only clinically ordered when their phenomena are precipitated, ordered, in the logic of the transference. It is only there that the ordinary psychoses are revealed as ordered under transference.

[1] Jacques-Alain Miller, en IRMA "La psychose ordinaire", Agalma 1999, p, 230.
[2] Jacques Lacan, *Écrits: a selection*, Routledge, London 2002, p. 497. See The Direction of the Treatment and the Principles of its Power:10th-13th July 1958 : Jacques Lacan or here http://www.lacanianworks.net/?p=138 & below
[3] Jacques-Alain Miller, *opus cit*. p. 231.

Julia Evans' notes

'He himself read his entry into psychoanalysis, which carries the title of his famous 1932 thesis, *On Paranoiac Psychosis in its Relations to the Personality*, by saying a few years later that personality *is* paranoia, and that it is for this reason that there are not in fact relations between the one and the other' See 'The Case of Aimée, or Self-punitive Paranoia': Jacques Lacan: 1932 or here http://www.lacanianworks.net/?p=113 However where it is stated a few years later has not been established.

Footnote [2] '… in his *Écrit*on "The Direction of the Treatment and the Principles of Its Power". Edward Glover, Lacan writes, lacking the term of the signifier in order to operate in analytic experience, "finds interpretation everywhere, being unable to stop it anywhere, even in the banality of a medical prescription."[2]' See The Direction of the Treatment and the Principles of its Power:10th-13th July 1958 : Jacques Lacan or here http://www.lacanianworks.net/?p=138
NOTE : the Gallagher translation is the better one. JE
p9 of Cormac Gallagher's translation : You should read Edward Glover if you want to appreciate the price he pays for lacking this term: though articulating the most relevant insights, he find interpretation everywhere, finding nowhere to stop it, even in the banality of a medical prescription. He even goes as far as to say quite baldly - I am not sure whether he is aware of what he is saying - that symptom-formation is an incorrect interpretation by the subject [13]. See The therapeutic effect of inexact interpretation : a contribution to the theory

of suggestion : October 1931 : Edward Glover or here
http://www.lacanianworks.net/?p=12085
p497 of Bruce Fink’s translation : This importance of the signifier in the localization of analytic truth appears implicitly when an author holds firmly to the internal coherence of analytic experience in defining aporias. One should read Edward Glover to gauge the price he pays for not having the term "signifier" at his disposal. In articulating the most relevant views, he finds interpretation everywhere, even in the banality of a medical prescription, being unable to set any limits to it. He even goes so far as to say, quite simply-without our being sure he knows what he is saying-that symptom formation is an inexact interpretation on the subject's part [13].