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# Enjoy-meant of language and jouissance of the letter

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Text given at the Alliance Française in London on 15<sup>th</sup> December 2001 to pay homage to Jacques Lacan on the centenary of his birth and twenty years after his death.

I have chosen to talk about the psychoanalytic clinic of psychosis today--not only does the psychotic know more than most what it is to encounter the unbearable, to take the title of this meeting. But also, if we take the reference to a 'contemporary psychoanalytic clinic' to imply the challenges that psychoanalysts face in their clinical work today and for the future, then the clinic of psychosis qualifies as a major one.

Why a challenge? For a start, it is a challenge that Lacan threw down to us a long time ago at the official opening of the Clinical Section of the Department of Psychoanalysis: psychoanalysis must not back away from psychosis, he said. This is not simply a recommendation to treat psychotics but more importantly it is a remark motivated by the view that psychosis is no simple add-on to a clinic of neurosis, but is central to the psychoanalytic clinic.

There are other reasons why psychosis is a significant challenge for psychoanalysis today. There is on the one hand it's prevalence in the clinic, and on the other the increasing complexity and diversity of its forms. Here particularly, a psychoanalytic clinic must be called upon to respond to the new complexity and diversity of psychosis, .

There are no doubt several reasons for these phenomena--prevalence, complexity and diversity. Two seem to me important. The first is the fact, certainly true in my country but I think it's a world-wide phenomenon, that the practice of psychoanalysis occurs against a background of increasing funding cuts in mental

health services and the expanding deinstitutionalisation of the mentally ill. And the second, though perhaps not everyone will agree with this claim, is that the increasing use and sophistication of neuroleptic medication now makes, and will continue to make, psychoanalysis a much more viable option for a greater number of psychotics.

If there are new challenges for the psychoanalytic treatment of psychosis, Lacanians are well placed to face them. Lacan's theoretical advances of nearly fifty years ago have made possible a new clinical approach to psychosis, in all its different forms. At the heart of these advances is the discovery that psychosis is the result of a specific mechanism, the mechanism of foreclosure, which is distinct from the mechanism of repression that Freud discovered at work in neurosis.

Nevertheless, having set out on the right foot with this start, the Lacanian theory of psychosis has been able to contribute a great deal to various of the issues involved in working with psychosis: the onset of psychosis, the psychotic phenomenon, what we are likely to encounter, the aims of analysis, etc. And, actually, there are not just important matters for the treatment of psychotic patients. For one issue that is important to the practice of all analysts, whether working with psychotics or not, is the issue of undeclared psychosis, where there may be an underlying psychotic structure with no onset of psychosis.

Returning to the diversity of psychosis, an increasingly important issue for today's clinic is those cases that do not fit easily into our categories, in particular into the sharp distinction between psychosis and neurosis, such as the so-called borderline personality disorders. It is possible to say that because the theory implies a clear and sharp distinction between subjective structures, 'borderline' makes no sense from our point of view and can only indicate a lack of certainty over the diagnosis.

Yet if we do say this, we must accept the consequences of doing so. We need to be able to give some account, in terms of our theory, of the very symptoms that lead to the designation 'borderline' in the first place. How is it that particular cases do not clearly conform to our categories?

There is a related but slightly different issue that also confronts any contemporary psychoanalytic clinic. It concerns certain types of psychosis. We might, I suppose, call them 'mild' cases, since the subjects involved tend to do okay, they generally avoid hospitalisation and quite possibly avoid even any contact with mental health services. Along the lines of 'petite hystérie' we might speak of 'petite psychose'. In private practice we do receive many persons into treatment where we are certain of a diagnosis of psychosis, but this can and does include cases that we consider clearly psychotic but which do not so easily fit the classic tableau.

For these different reasons, psychosis raises real issues for a contemporary psychoanalytic clinic. Lacan's contribution is of course unsurpassed and a few of us underlabourers, like Jean-Claude Maleval and Didier Cremeniter, for instance, have made significant steps towards filling in some of the detail. It is no accident that

these authors, and others, appeal to the psychiatric tradition. I will return to this point below.

Lacan's study of Schreber and the account of psychosis that emerges from it are still an essential reference for the study of psychosis, in all its forms, including these 'non-standard' forms I've been referring to. But we also need to look to the very important work that Lacan does in his analysis of Joyce in his seminar of the mid '70s. The Joyce analysis is not a brand new theory of psychosis that replaces the earlier theory, but is a supplement to the earlier theory. In particular, precisely because it refers to a person not overtly psychotic, it throws light on some less 'classic' features of psychosis.

Let me now refer to some elements from a case that illustrate the issues I raise.

A woman comes to see me because she's become disturbed by her compulsive behaviour and suicidal thoughts. The diagnosis will remain uncertain for a time. The history, combined with no clear indication of the presence of typical formations of the unconscious, is suggestive, and, while inconclusive, it does indicate prudence in the treatment. The conjecture about the diagnosis turns out to be confirmed when, two weeks after the birth of a child and fifteen months after the start of the analysis, she has a brief but florid psychotic episode. The episode lasts only a few hours but the after-effects of it will be experienced for a further six to twelve months. This episode confirms suspicions about a shadowy episode some years earlier: a 'crisis' she had had when, returning to the parents' home, after a long interval, for a visit with her boyfriend, they had been put up in her father's study.

At the centre of the whirlwind that was her psychotic episode she felt that she was going to die. But she knew that if she kept on speaking she would not die--she would not die so long as she kept on saying the word, and the word was 'word', and she also knew that she would not die so long as she avoided the words 'death' and 'dead', which also meant the word 'dad'.

When Elle (as I will call her) came to Australia at the age of 24, she saw it as an escape--an escape from her parents, but also, as it turned out, since she was French, an escape from her language. And in her new country Elle has established herself as a writer. She writes in English. She started writing in English long before, some ten years before, she came to Australia. But since her arrival she has been published and gained a degree of recognition for her work. Very occasionally she has translated her own work into her native tongue.

She produced many dreams, often very florid dreams that were often unmistakably transferenceal and eroticised. Yet the associations to the dreams were either impoverished or quite unusual. 'Unusual'? What do I mean? What can I say about them?

The unusual associations were on a par, of a kind, with her use of language. It would be wrong to say that there was an absence of metaphor; on the contrary there was a heightened awareness of the metaphorical resonances of language that she exploits

very resourcefully. There was a fascination with metaphor, and with the oddness of metaphors. It is always as if she has come across them for the first time; as if she were someone learning the language who comes across the expression for the first time and finds it odd or amusing or unusual. For instance, the word 'lipstick', which becomes 'lipstuck', as in 'putting on lipstuck'. It's an interesting example because the 'stick' in 'lipstick' has the same sense as 'stick' in 'stick of licorice' or 'stick of chalk', etc. But by converting it to 'lipstuck' she brings out a second, incidental connotation of the term--'stick' in the sense of 'to stick' or 'glue'.

Another example. To signify the banality of putting on make-up before going out, she speaks of 'putting on her face'. It's an ironic expression; and at the same time, underlying the irony in the expression is a more profound irony over the fact that the expression is intended to signify the thesis that, in 'putting on her face', she is making the mask that masquerades as her (problematic) femininity.

Her relationship to her native French calls for comment. She has been reluctant to use French in sessions, even when recounting her childhood recollections. Even all the little phrases and sentences from childhood that stick were recounted in English. It was only later that they came in French. Her first language was hurtful and brutal. To be sure, it was a source of jouissance, but a source of excessive and unbearable jouissance. And in her enjoyment of English, she has found an enjoyment that she can obtain in measured and mediated doses.

It is therefore interesting to note that at the same time as she exploits the semantic richness of the language, she also plays with the letter, with the literality of the signifier, and here she happily plays upon the links between English and French. The new city in which she lives comes to be written as 'M'elle bourne', and in a sense she is born--or reborn--in Melbourne. Elle has made English her 'language of enjoyment'. But her enjoyment is not just the enjoyment of meaning; equally important, particularly important, is the enjoyment of the letter.

In a case like this Lacan's analysis of 'language disturbances' in Schreber--code and message phenomena, the enigma, the overabundance of meaning--do not take us far enough. The analysis of Schreber's psychosis is insufficient. There are no 'disturbances' of speech or language--at least, none that are different from the practices of other poets and writers. There are no delusions, and there is no delusional metaphor. Relations with others remain intact and sustainable. And yet, what we are presented with is clearly psychosis. We need to look further in Lacan, to his late work on psychosis in the Joyce seminar.

When, in the Joyce seminar, Lacan revises his views about the structure of psychosis, he introduces the concept of the sinthome, as an amalgam of fantasy and drive, and writes it with a Greek sigma, S. In the analysis of Schreber's psychosis, foreclosure of the Name-of-the-Father is decisive in producing a psychosis. And there is something open and shut about this--either foreclosure has occurred or it hasn't. In the Joyce seminar, on the other hand, the Name-of-the-Father comes to be viewed as just one particular way in which one type of sinthome, S, binds real, symbolic and imaginary together. This solution by the Name-of-the-Father is a privileged solution, to be sure,

given that it is a ready-to-wear, off-the-rack, version of the *sinthome*. But it's not the sole way of holding it all together. Indeed, Lacan is of the view that Joyce's writing plays this role of *sinthome*; and that, for Joyce, it is equivalent to the neurotic solution via the Name-of-the-Father. Thus, while the Oedipus complex is ready-to-wear, Joyce, as it happens, has tailored his own.

While Lacan compares different features of Joyce's experience with psychotic phenomena--for instance, considering the famous epiphanies to be equivalent to the elementary phenomena and the enigma of a declared psychosis--one must not lose sight of the extremely important differences between Joyce and Schreber.

In particular, Lacan pinpoints in Joyce a further dimension of the psychotic's experience. This is the enjoyment taken in the letter, the materiality of language. The 'enjoy-meant', the *jouissance* of meaning for the neurotic, becomes, for Joyce, *jouissance* of the letter. Note that psychiatry has, to some extent and in its own way, been aware of this phenomenon of the letter in psychosis. However, because it has tended to treat the phenomenon as a purely pathological one, it has ignored the literary dimension of this *jouissance* of the letter. And this is why Lacan's analysis is so important--not because it throws any light on literature, but because it explores a dimension of psychotic experience lost to psychiatry.

What we know from analysis, and the case I have presented illustrates this point, is that the creative writing of a Joyce is not merely the means of staving off a psychosis but can also be the key to the psychotic's symptom. We also know that for whatever reason not every individual has the capacity to--I'm not quite sure how to put this point--to 'communicate' through their writing, or better, the capacity to forge a social link by its means. In Joyce it's clear. The legacy of Joyce scholars is testimony to the fact that his books create a social link just by themselves, and give him the place of exception within it.

In the case of Elle there is, equally, a *jouissance* of the letter, in her puns, her calembours, her manner of taking the language apart. (A bad pun might have it that she enjoys.) But by the same token, she is also like Louis Wolfson when she abandons her maternal tongue and, like Wolfson, she does it so as to enjoy the literality of language all the more. The fact that she turns her work into a commodity, gains social recognition and produces something that others value raises a further issue--the place of sublimation in psychosis. But that issue is for another day.

Some concluding remarks. The challenge that faces a contemporary psychoanalytic clinic of psychosis is that we still have much to learn about the varieties of psychosis and the psychotic experience. As Lacanians, we have a very clear sense of the difference between psychosis and neurosis, based on structure, and this can serve as a reference point in an often confusing field. But there is a disadvantage to this situation. We are quite parsimonious with the number of categories we operate with. Forget about the DSM system of classification--that's simply beyond the pale. But by comparison with a good old-fashioned textbook of psychiatry, we are nothing short of miserly with our categories. And perhaps we sometimes find too much that's the

same, and lose sight of the variety. As I say, it's no accident that Lacanian work in this field benefits from an older psychiatry. Psychiatry does have a tradition (which is perhaps in danger of being lost) of a much richer classificatory system and we can learn, and we have learnt, from it. However, psychiatry has focused on the more serious and obvious cases--les grandes psychoses--as is to be expected of a discipline that is largely observation-based and hospital-based, particularly where psychosis is concerned. But this is also its weakness. It should not be forgotten that our clinic is a 'clinic under transference', and so we have at our disposal the possibility of a much more refined tool of discovery. Let's put it to use.

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Suggested references and their availability

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