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Séglas and the System of the Malicious Other

The 2008-9 lecture series on La paranoïa selon les grands psychiatres *was organised by the Freudian Field Institute under the presidency of Jacques-Alain Miller. This lecture was presented on 17 June 2009. Philippe La Sagna is an Analyst Member of the École de la Cause freudienne and the New Lacanian School.*

Jacques-Alain Miller: *The name Jules Séglas doesn't seem to ring many bells these days. This contemporary of Freud was succeeded by Henri Claude, with whom Jacques Lacan sought refuge after his quarrel with Gaëtan Gatien de Clérambault. Philippe La Sagna is going to present Séglas's book,* Des troubles du langage chez les aliénés *(1892), and in particular verbal motor hallucinations, to which Lacan makes reference in* Seminar III *and in "On a Question Prior to Any Possible Treatment of Psychosis". Next, Séglas went on to shed some light on melancholia starting off from phenomena of motor automatism, in other words, actions to which the subject is subjected beyond his will. He contrasted* delusions of negation, *which belong to melancholia, with* delusions of persecution *that evolve systematically, and which more or less overlap with paranoia. This carries a certain echo for us since in our Lacanian clinic paranoia and melancholia form two major poles, the genealogy of which we discover afresh in Séglas's lectures. Philippe La Sagna will conclude by establishing a dialogue between Lacan and Séglas.*

A Fine Clinician

Jules Séglas, "the finest clinician of the French School" according to Paul Bercherie, did not find the glory that Clérambault enjoyed. A hospital doctor of psychiatry between 1886 and 1921, this native of Évreux, a direct contemporary of Freud (1856-1939), was modest and retiring, but he was precocious. In 1884, at the age of twenty-eight, he was elected to the Société médico-psychologique.[1] He went on to become its president in 1908. In the preface to his *Leçons cliniques sur les maladies mentales et nerveuses*, he writes: "I have always sought to be as straightforward as possible, to stick strictly to the viewpoint of clinical observation."[2]

Remote from the Faculty of Medicine, he was never a houseman. He entered the Salpêtrière as assistant to Jules Falret. It was in this asylum, which had been made famous by Jean-Martin Charcot, that he gave his clinical lessons between 1887 and 1894. Renowned for their clarity, their limpidity, they surely make up one of the finest psychiatric treatises. Séglas also practiced privately, on a limited basis, at rue de Rennes. The eldest son of Ernest Désiré Séglas, an employee at the Évreux Hospice, he had one son, a doctor like him, who died at the age of twenty-seven.

Even though Séglas was not Charcot's direct pupil, he bore the master's stamp, following the example of the other clinicians who worked at "the School of the Salpêtrière – to use Bercherie's expression – i.e. the Clinic of mental illness in which the patients were taken into treatment; the admissions came under the authority of Valentin Magnan.[3] Séglas's theses on the importance of evolution in psychiatric diagnostics are also understood on the basis of this contrast between the initial state at the time of admission and the final state of the pathology:

1 One may consult the following sources: *Analytica*, vol. 30, "Classiques de la paranoïa", Navarin, Paris, 1982; *Analytica*, vol. 50, "Les édifices du délire", Navarin, Paris, 1987; Barbé, A., "Séglas, J." in *L'encéphale*, vol. 39, 1950, pp. 335-345; Barbé, A., *Précis de psychiatrie*, Doin, Paris, 1950; Barrios, G. E., *The History of Mental Symptoms*, Cambridge University Press, 1996; Bercherie, P., *Histoire et structure du savoir psychiatrique. Les fondements de la clinique 1.*, Éd. universitaires, Paris, 1991; Cohen, C., "Pour un retour vers Jules Séglas" in *L'Évolution psychiatrique*, vol. 58, No. 1, 1993, pp. 225-30; Ey, H., *Études psychiatriques*, Desclée de Brouwer, Paris, Tome I, 1948; Tome III, 1954; Haustgen, T., "Jules Séglas ou les débuts de la conception moderne des états dépressifs" in *Actualités médicales internationales-Psychiatrie*, vol. 139, 1992, pp. 1903-4; Haustgen, T., "L'oeuvre psychiatrique de Jules Séglas (1856-1939)" in *Synapse*, Issue 93, 1993, pp. 42-51; Haustgen, T, *Une histoire des psychoses*, NHA Communication, Paris, 1997; Miller, J.-A., "Paranoïa et Schizophrénie", in *Quarto*, Issue 10, February 1983, pp. 18-38; Cousin, F.-R., "Jules Séglas (1856-1939) in Cousin, F.-R., Garrabé, J. & Morozov, D., (ed.) *Anthology of French Language Psychiatric Texts*, transl. by J. Crisp, Le Plessis/Robinson, 1999, pp. 341-3.

2 Séglas, J., "Preface" in *Leçons cliniques sur les maladies mentales et nerveuses (Salpêtrière 1887-94)*, Asselin & Houzeau, Paris, 1895, p. vi. *Cf.* too, Séglas, J., "Preface", *Des troubles du langage chez les aliénés*, J. Rueff & Co., Paris, 1892. Digital versions of both books are available on the site of the Bibliothèque Nationale française.

3 *Cf.* Magnan, V., & Sérieux, P., *Le délire chronique à évolution systématique*, Harmattan, Paris, 1998.

> It is not so much the formula as the genesis of delusional ideas that can serve as the crucial element in diagnostics, the complete diagnosis having always to encompass [...] all the symptoms, somatic and psychical alike, the pattern in which they appear, their succession and their respective relations, as well as the evolution of the affliction as a whole.[4]

Might we add that he was also mindful of the fate of the patients and was an opponent of the theories of degeneration that were rife at the time.

At the Salpêtrière, Séglas mixed with Benjamin Ball, pupil of Ernst-Charles Lasègue, Jules Cotard, pupil of Charcot[5], but above all Philippe Chaslin[6], with whom he was very close. Lastly, he participated in the renowned *Traité de pathologie mentale*[7] by Gilbert Ballet who practiced at Sainte-Anne Hospital. Showing great sensitivity to the German clinic, Séglas was no stranger to the work of Emil Kraepelin and Wilheim Griesinger. He welcomed Pierre Janet into his service, but did not share the criticisms that the author of *L'automatisme psychologique* levelled at Freud; furthermore, Séglas occasionally quotes Freud. Séglas's successors in the Clinic were Henri Claude (whom Lacan mentions as a mentor from whom he parted too soon) who uses Séglas against Clérambault, and, last but not least, Henri Ey. Moreover, the last written text from Séglas is the preface to Ey's 1934 book *Hallucinations et délires*.[8] Besides the *Leçons cliniques sur les maladies mentales et nerveuses*, Séglas is also celebrated for his book *Les délires des négations*,[9] published in 1897, in which he dialogues with Cotard, the inventor of the syndrome of the same name.

Séglas's Discovery

The clinic of hallucination mobilises the crux of the clinician's work at the Salpêtrière. After his discovery of verbal psychomotor hallucinations, Séglas makes an indispensable contribution. This discovery is correlative to his ongoing interest in the language of the alienated, as well as the finesse with which he pores over the hallucinatory phenomenon:

4 Séglas, J., *Leçons cliniques sur les maladies mentales et nerveuses*, *op. cit.*, pp. 557-8.

5 *Cf. Les Génies de la science*, Issue 37, November 2008-January 2009: "Charcot, à la conquête du cerveau".

6 *Cf.* Séglas, J., & Chaslin, P., "La catatonie" in *Archives de neurologie, vol. XV*, May 1888, pp. 254-66 & pp. 420-33; *vol. XVI*, July 1888, pp. 52-65.

7 *Cf.* Séglas, J., "Sémiologie des affections mentales" in Ballet, G., *Traité de pathologie mentale*, Doin, Paris, 1903, pp. 74-270; & Ballet, G., *Les délires de persécution*, Harmattan, Paris, 2001.

8 *Cf.* Séglas, J., "Preface" in Ey, H., *Hallucinations et délire*, Harmattan, Paris, 1999, pp. i-x; & Ey, H., *Traité des hallucinations*, Masson, Paris, 1973.

9 *Cf.*, Séglas, J., *Le délire des négations, séméiologie et diagnostique*, G. Masson, Paris, 1894, re-printed Privat, Toulouse, 1998; & Cotard, J., Camuset, M., & Seglas, J., *Du délire des négations aux idées d'énormité*, Harmattan, Paris, 1997.

> It is only possible to enter into communication with the sufferer through one procedure, and one alone, which is language in its different modes. In the alienated and the sane alike, the modifications of thought and the different emotions will always be conveyed by the intermediary of language, speech, writing and gesture.[10]

At first, Séglas takes up the classical definition of hallucination provided by Benjamin Ball – "a perception without object"[11] – itself inspired by the more prudent formulation given by Jean-Étienne Esquirol in 1817: "a sensation perceived in the present, even though no object apt to stimulate this sensation is within reach [of the] senses."[12] However, in 1934, Séglas was to distance himself from Ball's definition.

Séglas's discovery is to remove hallucination from the domain of sensation and to bring it, along with motivity, to the side of language. This is what was to hold Lacan's attention. Séglas reviews the different theories of hallucination that held sway in his time (sensory, psychical, mixed, perceptual, cortically localised). The latter theory, which holds hallucination to be localised in cortical centres, is the one he reckons best.

A Conception of Hallucination Based on the Model of Aphasia

According to Séglas, unlike aphasia, which is characterised by a shortfall occurring in centres of activity in the nervous system, hallucination is to be grasped in terms of the over-stimulation of such centres. His approach thus consists in drawing a comparison between the clinic of hallucination and the clinic of aphasia.

This was in 1891. After his time spent at the Salpêtrière, Freud publishes a contribution to the conception of aphasias, his monograph *On Aphasia*.[13] The common point is Charcot and the Salpêtrière. Charcot had begun his lessons on

10 Séglas, J., *Des troubles du langage chez les aliénés*, *op. cit.*, p. 1. [TN, No English-language translation of this work is currently available, but the reader may consult the digest by F.-R. Cousin, "Language Disorders in the Insane (1892)" in Cousin, F.-R., Garrabé, J. & Morozov, D., (ed.) *Anthology of French Language Psychiatric Texts*, transl. by J. Crisp, Le Plessis/Robinson, 1999, pp. 344-60.] *Cf.* too Thefenne, D., *Les troubles du langage parlé dans l'oeuvre de Jules Séglas*, Doctoral Thesis (Medicine), Caen, 1995.

11 Ball, B., *Leçons sur les maladies mentales* (Second Edition), Asselin & Houzaeu, 1890, p. 62; quoted in Séglas, J., *Des troubles du langage chez les aliénés*, *ibid.*, p. 111; *cf.* Séglas, J., "Les hallucinations psycho-motrices" in *Le progrès médical*, Nos. 33-4, 18 & 25 August 1888; & "Hallucinations psychiques et pseudo-hallucinations verbales" in *Journal de psychologie normale et pathologique*, Vol. 11, 1914.

12 Esquirol, J.-É., "Mémoire sur les halluncinations" in *Des Maladies mentales*, Paris, 1838, p. 159.

13 Freud, S., *On Aphasia (A Critical Study)*, transl. by E. Stengel, International Universities Press, New York, 1953.

cerebral localisations in 1875. He is also the one to have pushed further than anyone else the consequences of the discoveries by Paul Broca and Carl Wernicke regarding the two types of aphasia: sensory and motor.

In this respect, Séglas follows Charcot: the word as a verbal element is a complex of differentiated images localised in separate cortical centres. These images are: an *auditory image*, a *visual image* of the object evoked, and above all an *image of the articulation* brought into play during its effectuation in speech, to which is added a *graphic image* which corresponds to writing. The type of hallucination differs according to whether an auditory image or a motor image is involved. Therefore, we meet the following kinds of hallucination:

i. auditory: non-verbal (sounds differentiated or not) and verbal;
ii. visual: non-verbal and verbal;
iii. verbal psychomotor.

These distinctions refer to a naïve theory of language development (which goes from simply hearing words to the actual emission of sentences). For Séglas, the hallucinatory phenomenon can exist outside language: hearing raw sounds, or sounds that evoke an object (bells, chains, &c). However, although not all hallucinations are verbal, he nonetheless places verbal hallucinations at the heart of the hallucinatory phenomenon.

The verbal auditory hallucination corresponds to the fact of hearing "externally" what constitutes the auditory image of the word at the level of "inner" language. On the clinical plane, Séglas contrasts two types of subject: the "auditory" type and the "motor" type. For him, the delusion of persecution is marked by an exaggeration of the auditory tendency: "after a certain while, the sufferer becomes so auditory that he cannot think without hearing his own thought clearly worded in his ears."[14] The echo of thought is referred to the subject's tendency towards *auditivation*.

There also exist visual verbal hallucinations. For example, a melancholic patient will hear the word "accursed", and see it written on his door in flaming letters. "The famous MENE, MENE, TEKEL, UPHARSIN from Belshazzar's feast" would also be part of the series.

Psychical Hallucinations and Verbal Psychomotor Hallucinations

However, Séglas's real discovery, his "revolution", is the verbal psychomotor hallucination. In 1888, he takes up the question of psychical hallucinations that Jules Baillarger had posed: "Some sufferers say that they do not perceive the sound of a voice; they claim to understand the voice through intuition, through their thought."[15] These hallucinations are said to be "psychical" and not "psycho-sensory":

14 Séglas, J., *Des troubles du langage chez les aliénés*, *op. cit.*, pp. 116-7.
15 Séglas, J., *Leçons cliniques sur les maladies mentales et nerveuses*, *op. cit.*, p. 13.

> It is not a voice, but a suggestion, a noiseless thought, an inner voice that flesh and blood do not understand. It is a silent voice.[16]

The conclusion strikes him as being self-evident: only erethism of the motor centre of articulation can give rise to this odd phenomenon. Indeed, the image of the motor movements of articulation feature in the front line of the elements that go to make up inner language. Each word is composed of four images corresponding to cerebral localisation: an auditory centre, a visual centre, a motor-articulation centre, and lastly a graphic centre.

In psychical hallucination, the subject *speaks inwardly* his parasitical thought before he actually thinks it, instead of reading it or hearing it, as he might in the other hallucinations. This is the "motor image of articulation" that allows the "voice" to be deciphered. Thus, one patient knows what the hallucination means by deciphering the mere movements of her tongue, assimilating them to speech. Sometimes her tongue pre-empts her thought: "Everything I think comes first to my tongue and I'm always ready to say it."[17] This is the *flight of thought* in the sense of its effective articulation. Another patient says: "I used to talk only with my heart, nowadays it's with my mouth. My tongue is completely dislocated, it's constantly wagging around."[18]

Although the motor element is not very strongly marked in psychical hallucination, it is quite tangible and even objectifiable for the observer in verbal kinaesthetic psychomotor hallucinations through the movements of the larynx that can be perceived by the clinician. The sufferer actually articulates the words, sometimes audibly. He might, for example, say that someone has put "a telephone in his gullet".[19]

This movement can go as far as the forced verbal impulsion that Séglas compares with the body put in motion, shifted, and tugged, by the effect of an external action in certain melancholic delusions of persecution, or else in delusions of passion and delusions of influence.

Unlike the subject of auditory hallucinations who seals up his ears with various instruments, the subject of psychomotor hallucinations will try to stamp the thing out by putting stones in his mouth or by standing immobile with his hand blocking his larynx, or even his epigastrium. The phenomenon disappears if the subject speaks and this can lead him to speak constantly, or else to say to his persecutor (the source of hallucinations of this type): "Will you shut up, at least wait for me to explain."[20]

The psychomotor hallucinations can coexist with auditory hallucinations. Thus it can happen that the subject hears what the psychomotor hallucinations

16 Séglas, J., *Des troubles du langage chez les aliénés*, *op. cit.*, p. 121.
17 *Ibid.*, p. 127.
18 *Ibid.*, p. 133.
19 Séglas, J., *Leçons cliniques sur les maladies mentales et nerveuses*, *op. cit.*, p. 12.
20 *Ibid.*, p. 39.

are saying. One epigastric voice made a woman speak out loud: "you big filthy thing", and at the same time she heard it from without. A second woman hears in her ears a voice full of reproach that rebukes her, whilst another "inner voice" makes her spit out: "You have loved a woman who is the devil". A third woman is persecuted by insults that she hears being uttered against her; but a hushed inner voice that rises up from her stomach warns her: "They're trying to poison you, mother." The subject may hear too what he is being made to say. Lastly, the subject can also misrecognise his voice and attribute to others what he perceives at the psychomotor level.[21] This confirms what Lacan was to put forward later: there are always several voices in the hallucinatory phenomenon and effects of discourse; it is a question therefore of knowing "who is speaking?"

Gradient of Motivity in Hallucinatory Phenomena

Therefore, motivity can be effectively involved in hallucinatory phenomena to varying degrees:

i. motor verbal hallucination without corresponding articulatory movements (kinaesthetic verbal hallucination properly speaking);
ii. hallucination with a hint of articulatory movement;
iii. complete motor verbal hallucination – the words are uttered in a way that is faintly audible, and yet sometimes the subject is unaware of it.
iv. verbal impulsion – the words are plainly uttered.

This impulsion can go so far as the compulsion to hurl certain words – onomatomania – which poses the complex problem of the relations and the limit-points between hallucinations and obsessions.

With time, reckons Séglas, the hallucinatory phenomenon progresses within the delusion: from the most straightforward to the most complex, from the heard sound to the verbal psychomotor hallucination that emerges more towards the end of the delusional progression.

In the systematised delusion of persecution, the subject hears first of all sounds, then voices (outer auditory verbal hallucinations), before perceiving inner, psychomotor voices. Although for Séglas there are *auditory*, *visual* and *motor* types of subject, there is also a link between persecution and the passive hearing that afflicts the persecuted subject. Auditory hallucination belongs rather to the domain of the attack the subject undergoes, whilst verbal psychomotor hallucination partakes of defence, which can for example be consoling. Thus the persecuted subject becomes active: more often than not, he attacks so as to defend himself, notably in the form of insults.

The subject may feel the psychomotor phenomena to be forces that have an influence over him. This brings into question the relations between motor

21 *Ibid.*, p. 44.

hallucination and the delusion of possession, both of which Séglas studied a great deal. One subject complains, for example, that his thoughts can be appropriated up to a distance of some seven kilometres by means of a "phonic-telescope". To each of his thoughts "correspond certain vibrations and certain unconscious movements of the tongue, which are immediately recorded by the phonic-telescope device."[22] From here, one slides easily into ideas of influence and possession – and it has been noted that these delusions belong to the age of the brand new radiophony (Marconi, 1895).

A Psychopathology of its Time

To grasp better Séglas's theoretical approach, one has to get back into the spirit of the century and see that, in spite of what he asserts, he is not a "straightforward" clinician.

Nineteenth-century psychology was considerably in thrall to sensualist theses. In opposition to this theory stood the ideas of Pierre Maine de Biran who valorised the subject's activity with its neuromuscular core. Without doubt, Maine de Biran influenced Paul Janet and his son Pierre, who also drew on the work of John Hughlings Jackson. Indeed, the theoretician of *L'automatisme psychologique* insists on the effect of the unleashing of a non-voluntary psychical activity. Séglas's friend Cotard, attached to his homonym Dr Cottard in *À la recherche du temps perdu*, also took inspiration from these philosophical ideas.

According to Séglas and Cotard, auditory hallucination comes from the outside and motor hallucination from the inside. This conception confirms *de facto* the viewpoint of Théodule-Armand Ribot – the founder of psychology and another famous participant at Charcot's Salpêtrière lessons – "Indeed, the external senses only intervene secondarily in the conception of the personality."[23] If we follow Ribot's reflection, what comes from the outside stands at the origin of the knowledge that the ego has of itself, but does not constitute the ego as such.

In the delusion of persecution, an inexact perception of humanity and of the subject orchestrates the heart of the disturbance. It is a disturbance of self-recognition. Automatism, the unleashing of an automatism that comes to replace will (Hughlings Jackson), is here objectified on the outside in the form of a voice. Auditory hallucination is merely the repercussion of the subject's own thought outside of himself. What signals the affliction of the personality in the delusion of persecution is that the subject prey to auditory hallucination fails to recognise the subjective origin of the disturbance. This misrecognition is an essential feature that we will meet again in Lacan. We may also note that recent research has demonstrated that, from the standpoint of cerebral imaging, there is no difference between perception and hallucination. This represents a difficulty for

22 Séglas, J., *Des troubles du langage chez les aliénés*, *op. cit.*, p. 184.
23 Séglas, J., *Leçons cliniques sur les maladies mentales et nerveuses*, *op. cit.*, p. 578.

the specialists of the neurosciences, but not for the Lacanians who are averted to the fact that "everyone is [...] delusional".[24]

Auditory hallucinations are distinguished from verbal "motor" hallucinations by the fact that the latter are internal. Motor hallucinations, which concern the muscular function and the inside of the lived and perceived body, enlist cenesthesia and provide the subject with data on the inside of his body and his intimacy. For Séglas, the inner sensations are one of the roots of the personality.[25] Just as with active volitional effort, psychical automatism takes over the motivity that stands at the base of the ego's constitution. The appearance of a phenomenon of motivity in motor hallucination and its prolongation in a sense of constraint and possession (sometimes going as far as parasitic verbal impulsion), feeds the buds of a second personality:

> The different perturbations that arise in the domain of general and above all visceral sensibility now become organised and constitute a host of acquisitions in favour of the new personality.[26]

There ensues a *doubling of the personality*, an idea which was dear to Janet who would stake this term so as to avoid the term "unconscious".

The mechanism of double personality is only active in one form of the delusion of persecution, precisely the one in which psychomotor hallucinations are not infrequent: the delusion of persecution. For Séglas, this delusion would almost constitute a psychosomatic variety of the systematic delusion of persecution.

When impulsion turns on the contrary into inhibition, as in melancholia, the subjects get the sense that something – or indeed someone – is withdrawing their will and their thought: this is influence back to front.

Persecution and Melancholia

This opposition between persecution and melancholia in the phenomenology of hallucination reminds us that Séglas is one of the minds behind the dismantling of the false unity between persecutory delusions and melancholic delusions, which had been lumped in together in Esquirol's lypemania. He brings to a close the work on separating out the delusions that had been begun by Lasègue, the "inventor" of the delusion of persecution, and by Falret, who was Séglas's mentor. Indeed, he shows in masterly fashion in what way paranoia (or *folie systématique*, "systematic madness") and melancholia can be set apart point by point: at the

24 Lacan, J., "There are four discourses...", transl. by A. Price in *Culture/Clinic*, Issue 1, Spring 2013.
25 *Ibid.*, p. 583.
26 *Ibid.*, p. 585.

level of clinical signs, certainly, but also at the level of personality and its structuring, and, lastly, at the level of the relationship between the person and the logic of the delusion.

Paranoia as Melancholia Back-to-Front

This is the setting of Séglas's work on the *delusion of negation*,[27] which stands at the crossroads of several sorts of delusion.

In 1882, Cotard published his principle work, *Le délire de negation*, but the existence of this entity remained controversial at the time. Séglas sided with his friend by exploring and refining the nature of Cotard's syndrome in his book *Le délire des negations*, published in 1897. For Séglas, the delusion of negation is not a true clinical entity but an evolved form of melancholia. Furthermore, Cotard's clinic was oriented by taking motivity into account: manic-depressive psychosis is a disturbance of this function; he sees proof of this in both manic agitation and the melancholic's slowing motivity. With Georges Dumas, this thesis later led to the idea of *ralentissement moteur*. From the angle of motor automatism, to wit, the action to which the subject is submitted beyond his will, there forms the delusional idea of powers that act upon him, even active personalities, which sometimes the delusion objectifies in the outside world.[28]

Séglas differentiates between the *delusion of negation* and the ideas of negation present in other afflictions where there is a prevalent tendency to systematic contradiction (negativism). Pure Cotard's syndrome is marked by deep-rooted anxiety, ideas of damnation and possession, the propensity to suicide, analgesia, and above all the negation of the body itself, even of the world. This negation is not addressed to another: it targets the subject. It may negate the moral personality just as it may negate the physical person – "I've got no more blood, no brain" – and it may also negate the world or abstractions – death, or God.[29]

The idea of negation ultimately brings with it the idea of immortality, which is necessary for the ordeal of eternal suffering to which the subject deems himself condemned. This is where the idea of "vastness" [*énormité*] takes hold: the subject's body is infinite. We have here a *delusion of grandeur* back-to-front. The vastness is that of the triumph of horror and pain, and not that of the ego's exaltation. These ideas of vastness have nothing to do with the megalomania of the delusion of persecution: they are the reflection of the subject's sin, which is greater than the world and cannot be contained within it. One female patient afflicted with Cotard's syndrome says:

27 [TN, Sometimes translated, misleadingly, as "negation delirium".]
28 *Cf.* Cotard, J., Camuset, M., Séglas, J., *Du délire des négations aux idées d'énormité*, *op. cit.*, p. 72.
29 *Ibid.*, p. 185.

> "I shall be in hell what God is in heaven", then: "I shall never heal and shall never die[,] my organs have been destroyed, [...] I have no more feelings, no more organs; everything has fallen away[,] I am twain, my soul in hell and my body has remained here to dissolve."[30]

If there is hypochondria in Cotard's syndrome, then it is moral: the havoc wrought on the body gives form to sorrow.

This state contrasts with the litigious hypochondriac delusion that is attached to systematic persecutory insanity, in which the subject interprets his bodily sensations pejoratively. In this case, the hypochondria bears on the physical dimension and the delusion corresponds to an alteration of the personality. As in paranoia, the subject is egotistical, distrustful, and touchy. He is not a witness to oblivion, but a victim of the malicious Other.

As Séglas notes, auditory sensory hallucinations are fairly rare in Cotard's syndrome and the other forms of melancholia. Verbal psychomotor hallucination on the other hand is not at all rare; it can convey the might of negation that takes hold of the subject.

In contrast to melancholic delusion, Séglas puts forward the delusions of persecution, which he links to what he calls systematic insanity. Systematic insanity cannot be altogether reduced to paranoia.

Personality Disturbance or a Contingency of Life?

Séglas was the one to introduce the term paranoia in France. Although the definition he puts forward is close to Kraepelin's, it nevertheless carries some slight differences:

> With the term *paranoia* – systematic insanity – we designate a functional psychotic state characterised by a particular deviation of the highest intellectual functions that implies neither deep decadence nor general disorder and is practically always accompanied by delusional ideas that are more or less systematised and permanent, along with frequent hallucinations.[31]

This primitive delusion is linked to the subject's personality, the latter being characterised by specific features, notably autophilia and megalomania. As in any true persecution, paranoia is an illness of the personality. Séglas lists the questions one should ask oneself faced with a delusion of persecution:

30 Séglas, J., *Leçons cliniques sur les maladies mentales et nerveuses*, *op. cit.*, p. 660-4.

31 *Ibid.*, p. 384. *Cf.* too Séglas, J., "Diagnostique des délires de persécution systématisés", in *La semaine médicale*, Issue 50, 1890; reprinted in *Les cahiers de la clinique analytique*, Issue 1, Autumn 1995.

> the nature and date of the persecutions, the identity of the persecutors and the means they employ; the *raison d'être* and consequences of the persecutions.[32]

Melancholia on the contrary "is never the direct manifestation of a psychopathic constitution"[33]: it is a psychoneurosis, i.e. an accidental illness correlated with life events. Emotion is the very base of melancholia, and moral pain is its sign. This emotion is bound to an affect that touches the body – according to the logic that was dear to Hughlings Jackson whereby the tears that are shed produce sadness and not the other way around. Linked to the punishments he fears and expects, the melancholic's disquiet is purely emotional, contrary to the paranoiac's disquiet which is intellectual.

Persecutory ideas possess an extensive centripetal character: they converge on the subject from the outside and they are temporally retrospective. They constitute a novel that grows ever more expansive by remodelling the past.

Melancholic ideas on the other hand constitute a monotone litany that stretches out from the subject to the world. They are centrifugal in as much as they diverge from the subject to others, to the world – which is under threat due to the subject's sin. In melancholia, it is not so much the past that is modified as the future; except in so far as the sin itself is concerned: abominable today, the subject might have been perfect in the past.

The melancholic simply stands accused, awaiting his sentence and just punishment. He is resigned to meet his fate. The paranoiac on the other hand is subject to an injustice to which he is condemned, but he counter-attacks or defends himself, even in those cases where the persecuted subject might accuse himself, which are not so rare as might be thought.

A Subtle, Modulated Clinic

For Séglas, auto-accusation is a trans-structural theme in delusions. He devotes his thirteenth and seventeenth lectures to this. Indeed, he is very fond of modulating, even upending the oppositions that he establishes: there are delusions of persecution in which the subject ultimately comes to conclude that he is guilty. But this is an example of auto-accusation without melancholia because there is no specific emotional disturbance; the affect is not there, only the idea.

In a case where persecutory ideas and ideas of auto-accusation coexist, one could also fall into the catch-all category of the time (which back then was lying in wait for the more correct definition of *dementia praecox*): Magnan's polymorphous delusion of degenerates. Moreover, Séglas sets straight the notion of *dementia praecox* in his 1900 article "La démence paranoïde".[34] He also

32 *Ibid.*, p. 411.
33 *Ibid.*, p. 495.
34 *Cf.* Séglas, J., "La démence paranoïde" in *Analytica*, vol. 50, Navarin, Paris, 1987, pp. 115-26.

shows the possible links between obsessions (which he unfastens from degeneracy) and psychoses.

Lacan with Séglas

Rich as they are, we shall skip over Séglas's contributions to the clinic of mental confusion that was so dear to Chaslin, and also his remarks on acute paranoia[35], in order to come back to psychomotor hallucinations and Lacan's approach to them. Let's look again at Séglas's last words on this topic.

Hallucination, A Pathology of Inner Language

In 1934, when he writes the preface to the young Henri Ey's book on the hallucinatory forms of verbal automatism, Séglas makes use of his discovery of verbal psychomotor hallucinations to criticise the notion that a hallucination is a perception without an object. With regard to auditory hallucinations, he notes:

> Indeed, what characterises the hallucination that is heard is that it most ordinarily affects the *verbal form*, manifesting itself as *voices that articulate words*.[36]

It is this verbal character, which was dear to Lacan, that put Séglas on the path to the psychomotor hallucination. For the Salpêtrière clinician, hallucination is certainly to be included in the chapter on disturbances of perception, but it is above all a "pathology of inner language". Therefore, it is a veritable delusion. Séglas adds:

> Henceforth, it is no longer possible to consider the hallucination to be a mere psycho-sensory disturbance, a "delusion of sensation" as it used to be termed. It has now become a true "delusion", in extending to this expression its full and entire meaning.

Back in 1914, Séglas was firmly playing down the sensory aspect, even the motor aspect, of the hallucinatory phenomenon in order to move it closer to delusion and so to a certain psychogenesis of hallucination.[37] In 1934, he is thus criticising his first theory of hallucination, which was based on the notion of a stimulation of "nervous centres". Indeed, by this time, this theory no longer sustains the comparison with the modern clinic of aphasia. Thereafter, the clinic of hallucination is set out as a pathology of inner language. Psychomotor hallucinations ultimately amount to exophasia: inner language is lost to the

35 *Cf.* Chaslin, P., *Élements de sémiologie et clinique mentales*, Asselin & Houzeau, 1912.
36 Séglas, J., "Preface" in Ey, H., *Hallucinations et délire*, *op. cit.*, pp. iv-v.
37 *Cf.* Séglas, J., "Hallucinations psychiques et pseudo-hallucinations verbales", *op. cit.*

subject and thought is articulated almost automatically in movement. He distinguishes this from hyper-endophasia, the excess of inner language, which he deems closer to *auditivation* and persecution.

Carrying this preface, Ey's book is presented by Lacan in 1935 in *L'Évolution psychiatrique*: he underscores how Ey is dealing principally with Séglas's psychomotor hallucinations. Having already cited him several times in his Thesis, Lacan writes of him:

> The deeply subversive evolution of Séglas's theories shows us [...] the wonder of a mind that not only was able to "see the new fact" (which could not have come to be without an initial theoretical development), but that, in the commerce of predilection he maintains with the object of his discovery, refashions in steps and almost in spite of himself the mental framework within which he initially spotted the said fact. Here, we are touching on a fine example of the reciprocal transmutation between object and thought that the history of the sciences shows us to be identical to the very progress of cognition.[38]

A Misrecognition of Subjectivity

Lacan stresses that Ey's work really does pose a crucial problem:

> Is hallucination the parasite that disorganises mental life – the low-level automatism that, according to an elementary conception such as Clérambault's, or a very subtle one such as Mourge's, simulates perception; is it, in short, the object situated in the brain that impresses itself on the subject as an exterior object? Or is hallucination an organisation of belief – an integral part of the upended relations between living being and outside world whose objectivation it never actually carries through given how it is sustained by its vital scope; – in the end, is it the affirmation of reality whereby the perturbed subject defends his new objectivity?[39]

Lacan points out that the said doubling of the personality is the more marked in the patient the less automatic is the parasitical mental phenomenon. For Lacan, the doubling does not stem so much from kinaesthesia and influence as from the structure of language, itself "the stamp of a duality, whether it be a matter of commandment, deliberation or narrative." Lacan has a passing dig at the "abstractors of delusion", Clérambault and the partisans of the "bastardy of the

38 Lacan, J., "Compte rendu : *Hallucinations et délires* de Ey, Henri" in *Évolution psychiatrique*, Issue 1, 1935, pp. 87-8.

39 *Ibid.*, p. 88.

nosological entity of chronic hallucinatory psychosis."[40] The problem of hallucination is, at this time, for Ey, the problem of belief in its reality and Lacan concludes with the necessity of "dissolving psychomotor hallucination more completely into delusional mentality."

However, in 1946, in his text on psychical causality, Lacan reconsiders the problem in a way that is much more critical of his friend Ey. Admittedly, Ey criticises Clérambault who turns the error of hallucinatory perception into "an object situated in the sulci of the brain", but only so as to locate in the brain itself "the phenomenon of delusional belief".[41]

Indeed, delusional belief is not an organic deficiency but a misrecognition, the nether side of recognition, in Lacan's understanding. As for mental automatism, what does the subject know "about himself here without recognising himself in it?"[42] It is not an external reality; it is not merely a matter of belief: the very reality of the subject as such is the core of what he misrecognises. All phenomena of madness target the subject, which is to say that madness is "experienced entirely within the register of meaning." In other words, the question of madness cannot therefore be separated from the function of language. Not recognising himself, the madman misrecognises "in the havoc of the world" the "very manifestation of his actual Being".[43] Inseparable from his *imago*, this Being is also a Being of language, an effect of an interlocution in which he manifests himself as speaking.

Delusion, an Elementary Language Phenomenon

A few years later, in 1953, in his *Seminar III*, Lacan re-examines the question of the psychoses and more particularly the question of the status of hallucination.[44] He notes that the finesse of the clinical observations at the start of the twentieth century ran aground with the way in which these observations were theorised. He tackles the singular character of the *elementary phenomenon*. "Elementary" does not mean that these phenomena are elements that lie at the base of the delusion: as Lacan says here, the delusion itself is an elementary phenomenon. Here we find an echo of the 1934 preface by Séglas, for whom hallucination – an elementary phenomenon par excellence – is a delusion. "A delusion isn't deduced. It reproduces its same constitutive force. It too is an elementary phenomenon."[45] Here Lacan is remaining faithful to his 1935 critique of the notion of "chronic hallucinatory psychosis".

40 *Ibid.*, p. 90.

41 Lacan, J., "Presentation on Psychical Causality" in *Écrits, The First Complete Edition in English*, transl. by B. Fink, Norton & Co. New Yorl/London, 2006, p. 134.

42 *Ibid.*, p. 135.

43 *Ibid.*, p. 140.

44 Lacan, J., *The Seminar Book III, The Psychoses*, transl. by R. Grigg, Norton & Co./Routledge, New York/London, 1993, pp. 16-28.

45 *Ibid.*, p. 19.

That which, according to him, must "dominate the whole question of paranoia" is the question: "who speaks?" Moreover, Lacan pays homage to the "brilliant stroke" that the discovery of verbal psychomotor hallucination represented: the "little Séglasian revolution".[46] Contrary to what used to be believed, the source of auditory hallucination is not external to the subject (which used to make it a false perception) but within the subject. Lacan continues by examining the distinction between psychical verbal hallucinations (i.e. automatism without articulation) and true psychomotor hallucinations accompanied by movement (formerly called "kinaesthetic hallucinations"). Above all, he remarks that when one speaks, one hears oneself. "The sender is always a receiver."[47] In this respect he remains loyal to the dialectical character of interlocution such as he set it out in 1935.

As we saw, in his preface to Ey's book, Séglas abandons the question of the frontiers of psychomotor hallucination in order to pose the question of inner language. That there should be a kind of continuity between outer language and inner language poses a problem: what allows an enunciation to be correctly placed? That which invades the subject in psychomotor hallucination, that which grips him in miming out the motor intention, is not a motor erethism, but the movement of language itself. The motor phenomena are an effect of this displacement: language gives rise to jouissance in the body. The subject is spoken and his body derives jouissance therefrom. On the contrary, in melancholia, it is the rejection of this jouissance of language that weighs the subject down with the inertia of meaning, in the heavy signification of sin.

The true "motor" element for the subject is the bodily animation generated by language. The structure of language is what stirs the body as kinaesthesia and it is this too that assails it in *auditivation*. This fact, which is not a sensory one, can be grasped on the basis of the master discourse:

> It's at the level at which the signifier conveys meaning, and not at the sensory level of the phenomenon, that listening and speaking are like front to back. To listen to words, to give them one's hearing, is already more or less to obey them. To obey is nothing else, it's to be on the look-out, in listening.[48]

Thus, by a kind of irony, Lacan drafts in linguistics to account for hallucination and delusion by the structure of language, to wit, by metaphor and metonymy. This structure sheds light on psychosis through the clinic of aphasia, but this time starting off from linguistics and not from the cortex.

46 *Ibid.*, p. 23-4 [translation modified].
47 *Ibid.*, p. 24.
48 *Ibid.*, p. 137.

Systematisation according to Séglas

Jacques-Alain Miller: *Thank you for this paper, which covers the many facets of Séglas's oeuvre. Could you pool together a few propositions that would constitute the system of the malicious Other according to Séglas? Are there any questions from the floor?*

Jean-Pierre Deffieux: *In Sérieux & Capgras, the concept of interpretation is what situates the question of the malicious Other. Like Kraepelin, they circumscribe hallucination in such a way that is doesn't invade, as it were, all the forms of psychosis: both paranoia and melancholia are precisely characterised by the absence of hallucinations. On the other hand these hallucinations are present in chronic hallucinatory psychosis and in what will go on to become* dementia praecox. *It seems to me that Séglas's system postulates, on the contrary, that hallucination is central to all the forms of psychosis.*

Philippe La Sagna: It was Kraepelin who postulated that some delusions are organised in a system whilst others are not.

Jacques-Alain Miller: *In this case, the term "system" designates a coherence that one doesn't meet in non-systematic delusions. For Clérambault, for example, coherence implies propositions, deductions, and a certain constancy, which contrasts with the fluency of non-systematic delusions. Not only is systematic delusion systematised, but it is also, as it were,* systematising, *in the sense that it organises the world, it is endowed with an organising power that the non-systematic delusion does not have at its disposal.*

Philippe La Sagna: Absolutely. The one who gave a great description of systematic delusion – which was merely the French translation of Kraepelin's paranoia – is Magnan. In taking up this term, Séglas underlines how an order is visible in certain delusions. His originality is to include melancholia in this. For him, systematic delusions are melancholia and paranoia – the term "systematic insanity" being reserved for paranoia. Séglas shows that there is a systematisation in melancholic delusion.

Jacques-Alain Miller: *Did Séglas invent anything with respect to paranoia?*

Philippe La Sagna: I don't believe so. Séglas's invention touches more on hallucination. But he introduced, or at the very least seems to have greatly enhanced, the distinction between melancholic delusions as a system and other delusions of auto-accusation, which can exist in paranoia, for instance. Whereas most of the clinicians of the time came to a standstill with the phenomenological character of systematisation, Séglas establishes a psychopathology of paranoia starting off from hallucination.

He takes up Kraepelin's notion of the *paranoiac constitution*, but by situating it as a failing, a disturbance, of self-recognition. It's a misrecognition of oneself and of the world which would evolve progressively towards pathology. Séglas establishes a link between this alteration of self-recognition – which is something one receives from the outside – and his theory of auditory hallucination, which is prevalent in paranoia. On the other hand, he considers melancholia to be an alteration of personality, a failing with respect to the constitution of the self, a failing which he compares to psychomotor hallucination. Auditory hallucination and persecution come from the outside, and melancholia from the inside. As Lacan notes, Séglas is a victim, as it were, of his own theory.[49] But there is, according to him, a system of paranoia and a system of melancholia: each has its own functioning, its own specific organisation.

To reply to Jean-Pierre Deffieux's question, two chapters from the *Leçons cliniques*... concern interpretation, but Séglas's specific contribution is not there. For him, the crucial phenomenon in psychosis is hallucination and not interpretation.

This conception meets its limit however as soon as you consider that hallucination is not a false perception, but a delusion. Here lies the essential point, as Lacan notes: Séglas undermines the canonical opposition between hallucinations and delusion. I was surprised to find exactly the same thesis in *Seminar III*: hallucination is a delusion. Any hallucination, one can say, is already a delusion.

Jacques-Alain Miller: *In the* Leçons cliniques..., *he takes up the German conception of paranoia, then provides, as an example, the persecutory delusions present in the French clinic.*

Séglas specifies that hallucinations, when they exist, are created with the support of this delusion, personifying it in some way and that they thereafter possess the same egocentric character. Not only are they not central, but, first and foremost, they can be absent and, secondly, they are "created". Hallucinations are both a concretisation and a reflection of the paranoiac delusion.

But his contribution to the theory of paranoia strikes me as being more decisive. As you say, the important thing is that he contrasts it point by point with melancholia.

Philippe La Sagna: Yes. The Other is malicious in paranoia, but he is malicious in melancholia too. The title of my paper does not specify which malicious Other is at issue. I believe that it is within this opposition that Séglas is innovative. Drawing on Cotard's psychopathology, he borrows his idea that motivity is at work in melancholia. The subject's activity, his action, is mobilised here, whereas paranoia is rather the passion of the persecuted subject who suffers. And, Séglas

49 *Ibid.*, p. 24.

insists, if he becomes in turn persecutory, active, and aggressive, more often than not it is in order to defend himself.

Melancholic Hallucinations

Jean-Pierre Deffieux: *We consider rather that hallucinations are absent, or at least rare, in melancholia. What kinds of hallucination does Séglas point to in melancholia?*

Philippe La Sagna: Cotard's syndrome. We might say that it's a form of melancholia in which hallucinations are not rare.

Jean-Pierre Deffieux: *Well then, in that case, the hallucinations are verbal...*

Philippe La Sagna: Yes. He also mentions delusions of demonic possession – which lie precisely on the border between persecutory delusion and melancholia. His prejudice, his *a priori*, is that of a correlation between melancholia and motor hallucinations. The experiences of possession, the idea that the body can be moved around and manipulated, and the alterations of bodily experience in melancholia are all hallucinatory.

Jean-Pierre Deffieux: *One could, in a way, consider them to be cenesthetic hallucinations.*

Philippe La Sagna: However, one finds his most famous description of psychomotor hallucinations in the case he reports of an erotomaniac patient, Mme Emma L., who is being pestered by seven priests: all seven take it in turns to speak using her tongue. They are priests with whom she had fallen in love.

Pascale Fari: *You have reminded us that Séglas singled out the category of self-accusing persecuted subjects. This clinical invention predates* sensitive paranoia. *The description he gives didn't strike me as very different from Kretschmer's description of the* delusion of reference. *Why wasn't the clinical category of self-accusing persecuted subjects, which constitutes a particular contribution from Séglas on the question of paranoia, maintained thereafter?*

Philippe La Sagna: He sets his finesse to unravelling this complex tangle. He makes a distinction between primary auto-accusative delusions, i.e. melancholic delusions, and delusions of persecution with self-accusation. The latter fall under the heading of paranoia, but the subject justifies a part of the persecution with the wrongs he has committed. However, one can spot fairly quickly that these wrongs are minor with respect to the persecution he is undergoing: he feels that he has committed a relatively banal wrong and that he is the victim of

a disproportionate persecution. In melancholia, it's the other way round, the self-accusation, the wrong, is vast and the effects of persecution are sometimes present, but remain minor. Granted, this category has not been kept, even though it's very close to Kretschmer's descriptions.

To come back to hallucinations in melancholia, they exist in states of melancholic delusion, for example the visual hallucination of the word "accursed" that Séglas mentions. I remember a patient who hallucinated her death notice on her door.

Jacques-Alain Miller: *The twelfth lesson of the* Leçons cliniques..., *entitled "Des hallucinations dans la mélancolie", deals with this question in due form. Séglas underlines that one has to make sure that it really is melancholia. He notes that the authors are divided:*

> Opinion is [...] hotly divided on the subject of the frequency of hallucinations in melancholia. Some authors regard them as exceptional, others think, on the contrary, that they are frequent.[50]

Then he states that:

> Hallucinations are not met in melancholia by consciousness, directly, without delirium. The first condition is [...] that melancholia be *true* and *pure*.

Therefore it is not enough to ascertain "ideas of humility, auto-accusation, suicide attempts, and [a] state of depression or anxiety": one has to isolate the evolution of the symptoms, their reciprocal associations, and the central character of the moral pain.

To speak of hallucinations in melancholia therefore requires the presence of delusion, it requires distinguishing the melancholia in its purity and, in the end, being sure that they are hallucinations. So, he tells us, one has to be very careful. Sensory hallucinations are much rarer here than motor hallucinations. The latter are frequent "either in the common form or in the verbal form." Séglas adds that this

> greater frequency [...] is easily explained [...] if one refers to the mental state that characterises melancholia [;] the melancholia can be considered as a progressive disintegration of the personality that may be more or less accentuated, a sort of doubling that sometimes, at one point, becomes very clear-cut [...]. The melancholic himself witnesses this dissociation; he feels that evil resides within him, contrary to persecuted subjects who, to use

50 Séglas, J., *Leçons cliniques sur les maladies mentales et nerveuses*, *op. cit.*, p. 321.

> Cotard's expression, "objectify the automatism in the outside world". Thus one can easily understand that melancholics are seldom subject to sensory hallucination; their illness is an illness of the personality, not of recognition.[51]

Can anyone make any comments on the persecution/melancholia opposition or the current use of these classifications in contemporary psychiatry?

A Fundamental Dichotomy?

Guy Briole: *Concerning the "melancholia and paranoia" theme, I can say I've never seen a melancholic who is not paranoiac. Melancholia seems to me to be a particular position of the subject within paranoia. Persecution is central in melancholia, as in paranoia; this is also Kraepelin's conception.*

Jacques-Alain Miller: *You're dealing a fatal blow to all we have left of the psychiatric clinic! We're going to have to start over from scratch. It's a deathblow! The bull has bitten the dust!*

Guy Briole: *Melancholia is a delusion and, at the level of the body, hallucinations are frequent: the subjects feel modifications in their organs, and this is not only in cases of well-constituted Cotard's syndrome.*

Philippe La Sagna: Absolutely. These are cenesthetic hallucinations with an experience of bodily transformation, even demonic possession, which you can find in one of Freud's famous cases.

Guy Briole: *It was rather the frozen, blocked character of the body that made me think of motor hallucination in melancholia.*

Philippe La Sagna: That ties in with some of the other discussions: is the slowing down of motivity delusional or psychomotor? These very interesting questions were asked by the phenomenologists, in particular Ludwig Binswanger. In other words, is the cessation of motivity linked to the delusion or to the body? How is one to situate the limit between bodily phenomena and subjective phenomena? The melancholic testifies to phenomena of bodily slowing-down which are impossible to produce voluntarily.

But in my view, your theory is Esquirol's theory, it's the first theory of delusions. For him, the only kind of delusion is lypemania, i.e. both melancholia and paranoia. Moreover, drawing on Kraepelin, the psychiatrists then went on to

51 *Ibid.*, p. 323.

highlight a fundamental dichotomy: the opposition between paranoia and melancholia. As for Séglas, he shows that one has to have the infinite patience of the Sioux; he is constantly situating the differences while showing in the end that they hold up well.

Guy Briole: *In the clinical cases I singled out in Kraepelin*[52]*, paranoia and melancholia were two sides of the same coin.*

Philippe La Sagna: Some Anglo-American publications mention quite rightly the melancholia that features in the Schreber case, with respect to his frenzied suicidal tendency and the phenomena of subjective death. One whole phase of the case is, we might say, melancholic. There is certainly melancholia in paranoia, for example. But the opposition – such as Freud took it up – between self-reproach and hetero-reproach strikes me as fundamental. In persecution, the Other addresses reproaches to the subject or threatens him, it's a hetero-reproach.

Guy Briole: *That was what Kraepelin formulated in terms of "inside/outside"; he nonetheless saw a link between paranoia and melancholia. Depending on the moment in the evolution, the place of the reproach determines the melancholic side or the paranoiac side.*

You were saying that Séglas evolves towards a psychogenetic conception. In Kraepelin, we also met the system of the malicious Other in the psychogenetic dimension: the subject has to defend himself both from the inside and from the outside, notably when he is ambitious. The malicious one is already the other self.

Philippe La Sagna: For Séglas, an intellectual system is at issue in paranoia, even though it will undergo oscillations between auto- and hetero-accusation. In melancholia, first and foremost comes emotion, something that comes from the body in a way, in other words, affect – to translate this into our language. An affect is translated as moral pain which, for Séglas, does not belong to the register of intellect. This opposition could be useful for us in grasping the possible displacements of the jouissance that comes from the body: in the same subject, these movements can vary, the mechanisms can alternate. In this sense, we might then say that one can be both paranoiac and melancholic, but the system, the mechanism involved, is not the same.

This raises other questions: when psychosis is at stake, is moral pain, depressive affect, an elementary phenomenon? This presupposes that there is something that returns in the real and which therefore refers back to delusion. I don't doubt that melancholia is sometimes delusional.

52 Briole, G., "Kraepelin, The Fragility of a Colossal Oeuvre", in this issue of *Hurly-Burly*, pp. 136-7.

Revolution or Atomisation?

Jacques-Alain Miller: *Concerning what you called "Lacan's dialogue with Séglas", I should like to point to pages 23 and 24 [of the English-language edition] of* Seminar III *on which he mentions the* Leçons cliniques... *With regard to verbal hallucination, he says that it was "a small revolution" to realise that the subject himself articulates the words he hears. But he adds:*

> Of course the little Séglasian revolution is far from having brought us a solution to the enigma. Séglas remained with the phenomenal exploration of hallucination, and he had to retract what was too absolute in his initial theory.

The discussion that is taking place here and which has all its worth shows very well that, if our clinic is a delusion, like all the things of this world, it at least has the advantage of not being a systematised delusion. The opinions of the practitioners are extraordinarily nuanced, and not contradictory, since, through a dialectical movement, they easily amount to the same thing. With its mobility and its nuances, one can understand how this clinic didn't stand a chance of standing in the way of the DSM *bulldozer.*

There is a choice to be made here. Should this clinic be left as it is, with its highly personalised, individualised, and mobile character? Or should we make an effort at systematisation? One can already glimpse the scale and complexity of the problem. Lacan brings up Séglas just as he is highlighting an essential point which has persisted for us in the clinic of psychosis: human experience is characterised by dialectic, i.e. a certain transformability, a mutability, a possible inversion. One single element is capable of giving new signification to everything in the past, of reconfiguring it. Human experience unfolds in this to-and-fro, in these movements of signifying retroaction.

To say, as did Kraepelin and the psychiatrists who followed him, that the intellectual faculties are perfectly intact in the paranoiac subject is nonetheless a little superficial and scholastic. Admittedly, the subject reads, discusses, reasons, and argues, but one characteristic is nevertheless lacking in this intellect that is so admirably preserved at the core of the delusion: dialectic. Something has frozen into certainty. Here we can see the foundation of Kraepelin's definition of paranoia, but also its paltriness.

Philippe La Sagna: He's got the wrong end of the stick.

Jacques-Alain Miller: *He's got the wrong end of the stick. Likewise, espying the movement of the woman's tongue, which explains that it's not happening in her ear was a* tour de force *by Séglas, but this observation, which had never been made*

before, nevertheless remains, as Lacan notes, on a phenomenal level. You accentuated this: one has to go from the phenomenon to the structure of language and communication to realise that, on one hand, the Other is always implicated, and, on the other, that one hears oneself speak. What is there in first place is the structure of the phenomenon: this is the major commutation, the great transformation that Lacan brings about. So, we speak about the structure of language and not the idea we have of the human faculties or the fascicle of the five senses.

Philippe La Sagna: Late Séglas, the Séglas of 1934, is close to that.

Jacques-Alain Miller: *His book* Des troubles du langage chez les aliénés *does indeed have the merit of taking an interest in language; but this is not a patch on the way that Freud was already treating it, and which Lacan further stressed, for instance in poring over Schreber's broken-off sentences, the structure of the sentence. In classical psychiatry, we don't find this. It began with Freud and his anticipation of linguistics. What Lacan effectively put to work thereafter brings to an end a conversation that we don't have much of an idea of anymore: notions of intellect, emotion, will, and so on, structured their world back then.*

Philippe La Sagna: At the end of the day, they're psychologists.

Jacques-Alain Miller: *They are psychologists, and scholastic psychologists of the Aristotelianism that the Romans brewed up and then passed onto the Middle Ages. For them, these entities really exist – and moreover they are very loaded – whereas for us, they exist so little that we've even lost the sense of what they are.*

Philippe La Sagna: Perhaps this was a dialectical moment at which people had the idea that doctors could become psychologists. That's the story with Janet's. After that, Lacan praised Clérambault for the very opposite reason: at a certain point, they had to become doctors again, as it were. They had to give up psychology. But Lacan's subtlety is to have introduced the structure of language and discourse into this.

Jacques-Alain Miller: *His "On a Question Prior to Any Possible Treatment of Psychosis" starts by calling into question the scholastic psychological foundation of psychiatry.*[53] *In its place, Lacan ushers in the linguistic reference, and from here on in there is a complete conversion. The categories and entities, such as paranoia, melancholia, hallucination, and so on, are broken down and reconstituted by the reference to the structure of language. Is hallucination still a delusion or not? Is a delusion an elementary phenomenon, as Lacan says it is? Well, clearly that pitches*

53 Lacan, J., "On a Question Prior to Any Possible Treatment of Psychosis" in *Écrits, The First Complete Edition in English, op. cit.*, p. 445-6.

around a bit, all the more so given that each of these classical authors defends his vision of the world. It's very hard to compare or contrast the different conceptions put forward by these clinical psychiatrists: it depends on the way each one divides things up, the nuances he introduces. Sometimes it's very well done, very finely argued, and very elegant, but it constitutes a world that is very hard to compare with any other.

Today, these entities have been pulverised in every which way. The DSM *has replaced them with "items" by trying to locate an empirical positivity. As for us, we are looking to find which items are ours.*

Philippe La Sagna: I believe that the neurosciences are going to lay ruin to the *DSM* because, to the great displeasure of some psychiatrists, it is not congruent with the advance of cerebral imaging. They were hoping that the *DSM* would be the map and cerebral imagery the territory, but it's not converging in the slightest. Therefore, those who will be working "clinically" from now on are neither the psychiatrists, nor the neurosciences, but the patients' associations.

Jacques-Alain Miller. *Thank you.*

Translated from the French by Adrian Price

Originally published in *La Cause freudienne*, Issue 74, 2010, pp. 201-21.

HURLY-BURLY

ISSUE 8
OCTOBER 2012

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