

## PERCEPTION AND PSYCHOSIS

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Once again I open this seminar but it is always once again.<sup>1</sup> That is to say, in the repetition is a place of *jouissance*, an opening to the beyond of Freud's principle of pleasure. But not only *jouissance*; it is also a way to get a lot of pleasure. It is so in my case when I come here to speak to you. This year will be a little bit different from the previous years. There will not only be the reading of a text, as the theme for this year's seminar is 'Psychosis and Psychoanalysis'. But for today it will be the same as last year; that is to say, I will read. Most of what I will say will be from a reading of the first part of a very well known text by Lacan but one that has not been commented on before in the Freudian Field seminars here. This is the text of *On a Question Preliminary to any Possible Treatment of Psychosis*, which is a text from the *Écrits* and the main opening text of Lacan's teaching about psychosis, about the analytical approach to psychosis.

Perhaps psychosis is a way to enter Lacan's teaching, just as the experience with hysteria had been the way to psychoanalysis for Freud. Hysteria was the royal way to the discovery of psychoanalysis. For Lacan, it was different. Lacan was a psychiatrist and his first step into the theory before psychoanalysis was his thesis about the 'Case of Aimée', which was a case of what he called a 'paranoia of self-punishment'. It can be said that this was the ultimate step of the classical French psychiatric clinic because after this thesis, written in the mode of the traditional psychiatric clinic, there were no more steps and it was the end of the psychiatric clinic. It is very interesting to note that Lacan was the ultimate psychiatrist before psychoanalysis and, also, the very clinical way he approaches psychosis in his thesis, as a pupil of an important French psychiatrist called de Clérambault.

### ***The clinic and psychiatry***

Clérambault was the inventor of what we call 'mental automatism', which is an approach to psychosis that remains very close to what the patient says. This was also the way that Lacan approached psychosis — for him the way to psychoanalysis. After his thesis he entered psychoanalysis. His first step in psychoanalysis is well known. It is *The Mirror Stage*, written three years after the end of his thesis. But what I wanted to point out was the fact that for Lacan psychosis was a way to psychoanalysis. It is not a classical way to psychoanalysis but it was the one that Lacan took. It was also the way for many psychiatrists in France in the 30s, 40s and 50s. Probably today this is much more rare and few psychiatrists can go to psychoanalysis by way of psychosis. This is because there has been such a loss of the classical clinics of psychiatry, so that psychiatry and psychoanalysis are much further apart and it is now quite difficult to approach psychoanalysis through this route. There is a big loss in the clinics because of what? Probably because of the importance today of the chemical approach in psychiatry, and in the psychiatric clinic of today, if it remains possible to speak of a clinic, since nosology depends so much upon the effect of the psychotropics. But for Lacan psychosis was a way to psychoanalysis.

The reason why I introduce today's seminar through these antecedents of Lacan is because the beginning of the text on *The Preliminary Question* is one that can be spoken of as 'before psychoanalysis'. It is not necessary to know psychoanalysis in order to grasp the themes developed by Lacan in this introduction, which is called '*Towards Freud*'. That is to say, in the classical approach to psychosis there are conditions from the classical psychiatric clinics about the way to hear, the way to listen to what the psychotic subject says, that allow us to go in the direction of psychoanalysis. It is very important to know that first we must try to be concerned with what a psychotic patient says. This allows us to go in the direction of the structure of language and the discovery, the isolation, of the subjective dimension of the clinic. We are among the premises of Lacan and in this text Lacan makes a sort of retroaction, a sort of return to his premises by giving them to his public, to his readers. And it has this type of interest to see that inside the phenomenon of language, the nuclear phenomenon of language, there is a way through the experience with psychotic subjects that can orientate the work towards psychoanalysis.

Lacan is known, as many of you are aware, to be difficult to read. He is well known for his very special style. It is a very special style not only in translation but also for French people. It is also a very special French. The French of Lacan is a very special French but it seems to me that at least in that first part of the text the style of Lacan is not so difficult, if you follow line by line how it is written. It seems to me a simple Lacan, and I hope that what I will try to develop with you today will show this to you.

It's a very simple style that includes sometimes very comic remarks, jokes, which are always present in the style of Lacan but especially present in a sort of satirical way in this first part. To begin with, for instance, there is an excerpt here in Latin which looks like a quotation but which is completely an invention

of Lacan in the style of a Latin quotation, which is what we call in French *un canular*. I don't know how to translate this word. It is a sort of little play which seems to be serious but is in the style of nonsense. It is an excerpt that gives a sort of thanks to what he called the *reginius* of St Anne. St Anne is a hospital in Paris that is very well known, where Lacan made his presentation of patients. He gives a sort of thanks to the genius of St Anne, where it was possible for him to be in contact with psychotic subjects, which was his way of going in the direction of psychoanalysis.

From the beginning he insists on the fact that it is not necessary to use Freudian concepts to find many interesting and useful things in the experience with psychotics. The advantage of psychosis is that the structural points, that which is discovered through Freudian experience with neurotic subjects and which has to be deduced through interpretation, is with psychotics evident at the level of the phenomena. That is, from the first approach to the phenomena, without the necessity for interpretation; simply observing and hearing them.

It is well known that Freud spoke about the case of President Schreber, which is the main clinical case that Lacan will make use of in this text. I won't speak much about Schreber today but you will hear quite a lot about it in the next sessions of this seminar. Freud's text on Schreber is a text not an analysis, even if it is usually spoken of as one of the psychoanalyses of Freud. But the book of Schreber is a book, a book that was published. Freud never met President Schreber; he only read the book and commented on it, which is possible in a case of psychosis. It wouldn't be possible with a case of neurosis. In this text Freud said that the text of Schreber was for him a sort of demonstration of his theory of the libido, of the structure of the unconscious in relation with the theory of libido, in relation with what we call now the real. This is clearly evident in the text of Schreber and it is something that Lacan generalises here, saying that cases of psychosis are cases where it is possible to verify the relation between the subject and the signifier.

The relationship between the subject and the signifier is demonstrated clearly in the clinics of psychosis. Perhaps it is because of the fact that it is so evident that today there are no more clinics of psychosis in psychiatry. In general, biological psychiatry has triumphed as the academic way of approaching the treatment of psychosis in hospitals. The Freudian message too has something of the unbearable, something which remains unbearable. This is the reason that induces people to try to escape from the clinic of psychosis that is present in these cases. This is a hypothesis, but I think it is one that can be true.

### ***The division of the text***

The first part, the opening of the text, is not a Freudian part. It turns on an epistemological point. There is no psychoanalysis here. It is to this point that Lacan had been conducted by his experience before psychoanalysis. What is explored here is what Lacan calls the relation between the subject and the signifier. The first part of the text *On a Question Preliminary to any Possible Treatment of Psychosis*, the part entitled *Towards Freud*, is divided into five chapters and, to introduce my commentary, I will give a sort of summary of these first five chapters.

The first chapter is a sort of introduction of the problem through a discussion of theoretical fundamentals about the scientific — what is science today and what is not science today? That is to say, about the relation between science and metaphysics as applied to the subject.

The second chapter is a very important one. I will give an important commentary about it. The second chapter is a sort of general thesis about what perception is, with a use of terms in Latin, which were used by many pupils of Lacan afterwards, in what followed this text on psychosis. Three terms which are a way of exploring what perception is in a merely phenomenological way. These three terms are *percipiens*, *perceptum* and *sensorium*. This is a use of terms in Latin in a sort of filiation, in following what can be called the scholastic way to which, according to Lacan, the psychology of today belongs. The psychology which is not scientific according to Lacan.

*Question: Is it perception, the perceived, and sense?*

Yes, but it is more interesting to remain with the Latin terms because it gives a sort of new way to approach the concept. The *percipiens* is what perceives, the agent of perception, what appears to be the agent of perception. It is the place where things are perceived. The *perceptum* is what is perceived and the *sensorium* is the sensitive dimension before it is included in the dimension of the perception. It is the initial data that have to be perceived in a second time.

This thesis about perception in Lacan gives a sort of guide to the structure of speech. This second chapter is a way of making a relation with the first general thesis of Lacan that speech is fundamental in psychoanalysis, the unconscious structured as a language, the insistence on the fact of speech. Through the theory of perception he introduces in another way, the analytical one, the importance of speech in relation to what psychosis can teach us about perception. Through the theory of perception he goes in the direction of speech.

The three chapters that follow give three examples that demonstrate what is said in these first two chapters. In the third chapter Lacan gives a clinical example of what he wanted to introduce, one that is not extracted from his analytical practice. It is one extracted from an exercise that Lacan undertook during the whole of his professional life, which was the presentation of patients. He made case presentations from the 30s until the last year of his life in the Hospital St Anne, in Paris, in the service of psychiatry. It was a presentation of psychiatry made by a psychoanalyst. It was a very important and very useful exercise, one that put the psychoanalytic experience, which was his experience, into contact with psychiatric patients, psychotic patients. It was possible to give an account of what happened in an interview of that type, to give another point of view on the case than that of modern psychiatry. This made it possible to discover many ways useful for the training of psychoanalysts.

The case presentation is a tradition in French psychiatry, although it is not well considered today, even in France. But through the Lacanian tradition in France today we are used to giving presentations in the clinical services, in the hospitals. If we maintain some ethical principles, very precise ones, it's really a very interesting exercise. Very interesting of course for us psychoanalysts, but also very interesting for the students who attend them. In order to do this, however, it has to be used for the treatment of the patient. That is to say, to allow these patients to explain their experience, their subjective experience of psychosis. It has to be interesting and useful as well for the psychiatrists of the service who are busy with these patients. In France, it usually amazes people quite a lot, even the psychiatrists of the service who attend such demonstrations.

I hope it will be possible to do this here in England. Why not? Even if it is not the same tradition. We have exported the style of Lacan's presentation in many other countries than France. Now especially in Latin countries, in Spain, in South America, but also in Israel and in other places, and I think today it is a good product of exportation for something which in the beginning effectively belonged to the traditions of the French psychiatry.

So, in this third chapter, Lacan gives an example of an hallucination belonging to a case from his clinical presentation of what he called *délire à deux*, a delusion shared by two. This is a case which is very well known among Lacanians now, the case of the 'Sow', the signifier 'Sow', which we will speak of a little later.

The fourth chapter is a sort of transition about the broken signifying chain, which is given as evidence of the irruption of the symbol in the real, which will be illustrated by the *Memoirs* of Schreber throughout the text. The fact of the broken signifying chain is a place where there is contact, the experience, the microscopic experience of the relationship between the signifier and the real, between the symbolic and the real. The area of contact between the symbolic and the real is also the area where the stake of the analytical experience is located. This microscopic event appears, open to the sky, through the broken chain in psychosis. The irruption of the symbol inside the real is the place where the relation of the subject to the signifier encounters itself from the aspect of the phenomena, to quote Lacan.

In the fifth chapter, Lacan uses the first examples extracted from the Schreber case. The first distinction he makes in the text of the hallucinations, which is a distinction imported from linguistics, is that between the dimension of the code and the dimension of the message. It is an academic, linguistic distinction in psychosis, this theoretical distinction between code and message which appears in the discourse of a subject such as Schreber, the distinction between code phenomena and message phenomena. This is another example of the 'open to the sky' of psychosis, encountering a theoretical distinction from the aspect of the phenomenon.

To summarise this approach you can immediately see that what is interesting in psychosis is that the psychotic creation is a true creation. To consider this subject a mad subject is, from the medical point of view, to consider them as deficient, as something minus. They have something lacking and you have to try to give compensation to this lack by giving them something. This is a way of not considering psychosis as a productive, positive condition. It is a way of considering psychosis as an illness that you have to cure.

### ***The subject and ethics***

The Lacanian way is to consider psychosis, madness — if you identify psychosis with madness, which is the most usual way — as belonging to the heart of humanity. It is possible to say that madness is a positive production that gives many problems to the subject in his social life, in his relation to others. Of course you can have the perspective to modify the relation between the subject and these productions, but not to consider that these productions are only on the level of the deficit, which is a way of not considering them as productions. You have to consider what a psychotic subject produces as something that belongs to the heart of his humanity. You have to listen to what he says to try to understand what it is, and in this way to have consideration for it, and not only to segregate it, which is the traditional way of dealing with what we call mad people. Psychoanalysis is a way of going against segregation in general. That is the first characteristic of the clinic of Lacan, and of the Freudian clinic too, of course, although Freud did not work much with psychotics, and Schreber was not a patient of his. He had a theoretical interest that is important for

psychosis, but according to Lacan the psychotic is fundamentally a subject and he has to be considered as a subject and not rejected because of the fact that psychosis is madness.

These are the ethical points of departure for the approach to psychosis according to Lacan. The other theoretical point which is important to consider is that through the unifying subject, which is the way we understand what could be a subject, it is impossible to give an account of the relation between the subject and the signifier. The way of psychoanalysis, through the experience of psychosis, is a way that goes against the conception of a unifying subject. The subject is not one, it is not a unifier. The experience of psychoanalysis has demonstrated the subject as divided, as you know. The divided subject, the plural subject, the non-unifying subject, is given, open to the sky, through the experience of psychosis.

In the *Rome Report*, five years earlier, Lacan speaks of the subject as constituting. And in that moment, the moment of the *Rome Report*, he characterises the madman as a spoken subject. The subject of speech is constituting and the mad subject is spoken, that is to say, constituted. Here he has changed his opinion. He says there is no constituting subject even in neurosis. There is only a spoken subject; the subject as spoken, as constituted and not constituting. The constituted subject, which is demonstrated especially in psychosis, is the proper status of the subject. The signifying chain, with its grammatical structure, exists before the institution of the subject, which is exploded, disunified, through the fact that it is spoken. It is a spoken subject.

There is a classical thesis about perception. What is this classical thesis? It is that the *percipiens*, the perceiver, gives unity to the *perceptum*, that is to say, to what is perceived. The diversity of the *perceptum*, of the perceived, is the link to the diversity of the *sensorium*, of sensation. For Lacan, through the experience of psychosis, it is simply the reverse. He says that the *sensorium*, namely the sensation that is perceived, the physical sensitivity or what is perceived before subjectivity, is the real for him. We have no *perceptum* to which the *percipiens* would give its unity, because the structure of speech is already present in the *perceptum*. The structure of speech is present at the level of what is perceived, because it is impossible for any subject to perceive anything without the structure of speech being included in that perception.

The experience of psychosis is at one level an experience of perceptions, that is to say, things are perceived. But the characteristic of psychosis is that perceptions may exist without apparent objects of perception. The example is that of hallucination. This could be the subtitle of the chapter — 'Towards Freud' is the structure of hallucination. Hallucination is a perception without an object. What he says is that maybe it is a perception without an object but it is not a perception without a subject. It is a perception that induces the subject, which creates the subject that is the psychotic subject. This perception, which doesn't belong to the environment, which seems to be inside the subject, in fact creates the subject. It is, in fact, a microscopic example, 'open to the sky', of the induction of the subject by the signifier. The perception, the perceived, induces the perceiver. The multiple perceived induces a plural perceiver. That is to say that the perceiver doesn't perform the synthesis of the perception, which is the spontaneous way of considering the problem through the phenomenon of perception.

This belongs to the particular moment of this text, given in the fifties. At the time of Lacan's seminar on psychosis there was an intellectual debate among the French thinkers about the phenomenology of perception. It was also a way of replying to the thesis of Merleau-Ponty, who was a good friend of Lacan, because the originality of Lacan was to consider that the perceiver wasn't the synthesiser of perception. He approached things in reverse and to approach things in reverse is to provide a phenomenological way to approach the fact of the Lacanian subject.

### **Speech, perceptum and percipiens**

So, to enter the first chapter. Lacan situates the epistemological stake, which is very great, by opposing physics and psychology. It is possible to read him as saying that the theory of nature encountered what he calls the epistemological cut, *la coupure épistémologique*, by mathematics. The invention of modern science was the mathematisation of science. What occurred in the case of physics, for instance, what he calls here by the Greek term *phusis*, wasn't the case for the psychic dimension, for psychology, which didn't encounter that cut. We have on one side physics, which belongs to science, which is scientific, and on the other side the psychic, which is not, according to Lacan. When we try to be rigorous, when we try to be precise, there is no psychological science; it is not really a science, if science belongs to what is mathematised. The object of physics has changed quite a lot with Galileo and Descartes, but psychology remains in continuity with the old way of science before the epistemological cut of the XVI and XVII century. Psychology remains completely in continuity with scholasticism. That is the reason why he uses these terms here in Latin, *percipiens*, *perceptum* and *sensorium*. It is a way to summarise very rapidly all the scenery of the history of science in the Occident.

Lacan insists on the fact that psychology depends on scholasticism while physics depends on science. He says that psychology is intellectualist. It belongs to the doctrine of knowledge, the fact of knowing. In English it is difficult to say that because there is no difference between *savoir* and *connaître*, which we differentiate in French. *Connaissance* and *savoir* are both translated in English as 'knowledge', 'to know'.

It is difficult to give an account of knowledge without the relationship between knowledge and abstraction. The type of abstraction that belongs to psychology is not the same as that of mathematics. Mathematics is a way of going outside the dimension of the subject, isolating, extracting the dimension of subject, which is what remains after you have mathematised something. In psychology it is impossible to extract the dimension of the subject. Psychoanalysis allows that extraction; the clinics of psychosis allow us to extract that dimension.

The problem is especially that of meaning. Psychology doesn't go outside the problem of meaning. What is very important and interesting is that the structural point of view allows us to go outside the problem of meaning. Psychoanalysis seems to be oriented essentially by the problem of meaning, but what is interesting in psychoanalysis is to go to the limit of meaning, to be in contact with the no-meanings, nonsense. The limit of meaning is something that is directly possible to approach through the experience of psychosis, and it is something that is allowed through the scientific point of view. With the same structure as the fact that what is mathematised is outside meaning. There is no meaning of mathematical science as such. What is mathematised, what is really scientific in the modern meaning of the scientific, is something which is outside meaning, properly speaking. It is a way that belongs to the analytical experience but also to the clinics of psychosis.

The second chapter is a chapter about the theory of perception. He says that what you learn at school, not the School of Lacan but the school everybody goes to when they are a child, is a spontaneous theory of the *percipiens* as the constituting *percipiens*; the constituting function of the *percipiens* in the unity of the *perceptum*, of perceptions. There is no question from the school, from the spontaneous formation of anybody, about the fact that what perceives, the *percipiens*, the perceiver, is the constituting function, constituting, that is to say, unifying.

It is possible to say that this text was written by Lacan to deny the constituting function of the subject. It is the first text where this thesis that there is no constituting function of the subject is so clear and so strong. So *percipiens*, *perceptum* and *sensorium* are Latin terms used to underline the continuity of psychology with scholasticism. The correlatives of perception have to be understood as the perceiver and the perceived; *percipiens* — perceiver, *perceptum* — perceived.

It belongs to the debate between Lacan and Merleau-Ponty about the phenomenology of perception. Lacan took in parenthesis all the theories of perception in a sort of movement of simplification. Why? Because all these theories are characterised by a *percipiens*, a formal, primordial *percipiens* that unifies at the level of reality. Reality is considered as an objective point. For Lacan, in psychosis, reality is no longer a point of reference because there is no reality except through the subject, the *percipiens*. What the subject calls reality is his way of approaching the real. In the clinics of neurosis, reality, what we call reality, belongs to the dimension of fantasy. Reality is at the imaginary level. What appears to be reality is the way you approach the real. It is only your own particular way. A way that can be shared with most other people but which remains nevertheless at the level of the imaginary.

So the interest of psychosis is that for psychosis the dimension of fantasy is not imaginary, it is real. The fantasy is the equivalent of the real, just as a delusion, for the subject, is real. There is no doubt about it. It is a real that defines itself as different from reality — the real of the delusion is different from reality. It is a way to demonstrate the fact that reality belongs to the imaginary dimension. It looks like a sort of paradox, but clinically, both in the analytic experience and in the psychiatric clinics, it is something that is obvious when you think about it a little.

The unifying function of the *percipiens* is precisely at the level of reality as reference. That is to say, it belongs to the imaginary dimension. The *percipiens* is unifying only at the level of the imaginary. Reality is not a datum, reality is a production. Reality is not primary, it is secondary. What is primary? The *percipiens* is not primary, the subject is not primary. What is primary? At the level of the theory of the Lacanian subject, it is the signifying chain, it is language, the structure of language. But that is something which is interpreted. It is part of the data of the analytic experience, but, through the experience of neurosis, it is at the level of interpretation.

In psychosis it is not an interpreted level. What is primary is the *perceptum*, the perceived. It is the dimension of perception which includes the structure of language, the structure of speech, because there is no perception without speech, without the fact of saying 'I have that perception', which is something that has the consistency of something that can be told. There is no perception without the fact of saying 'I perceive that'. At the level of *perceptum*, of the perceived, the primary level as the structure of language is the primary level for the subject. That is to say, the *perceptum* includes the structure of speech, includes, more precisely, the structure of language but through the way of speech, because we are, at the level of psychosis, at a sort of phenomenological level. The phenomenological level of language is speech — *la parole*.

*Question: What happens when preverbal children perceive something?*

There are no preverbal children. Why? Because we are at the level of the subject. What is the subject? It is not a unity constituted at the level of reality. There is a debate about abortion; when does the reality of the baby begin? Does it begin at the moment of fertilisation? Does it begin at the moment the foetus is constituted, at 10 weeks or 12 weeks? Depending on someone's philosophical conception, it can be a different way to appreciate that reality. But the subject, which is the only item we are considering here, the subject, when does it exist? According to Lacan the subject exists from the desire of the parents. That is to say, before conception. When parents think of the possibility of making a child, even if they don't think they are thinking.

So the existence of the subject at that moment is only verbal. The subject is not the one who speaks; the subject is the one of whom it is spoken. The subject is the spoken subject. The baby, even if he doesn't speak, he is spoken about quite a lot. That is the reason why there is no preverbal according to us. There is phenomenologically a preverbal dimension but there is structurally no preverbal dimension. What is interesting about psychosis, even phenomenologically, where this problem of the theory of perception is concerned, is that it is possible to say that it is the perceived which is primary at the level of the subject, because the perceived includes the structure of speech.

*Question: You say that the perceptum has the structure of language. In Seminar III Lacan says that in psychosis there is always a disorder of language. So when you say that the psychotic perceptum has the structure of language, do you mean that it is a disorder of language, or it is based on a binary opposition, or it is simply a signifier?*

I don't think that it is a special disorder of language. It is that psychosis makes observable the disorder which the subject is in language. The subject is a disorder. It exists from a disorder; it doesn't exist without a disorder. It is the same as when Freud says that the subject is not castrated by accident. It is not the accident of castration that has to be cured, for instance. The problem is the fact that the subject is an accident. What is constituting is the castration of the subject. It is the only constituting point, which is a constituting lack. That is the reason why it is so difficult to approach it, because it is difficult to think it. It is unbearable to think it, it is unbearable for your image to say that as a subject, I am castration as such. It is something that is impossible to approach for the psychotic subject. It is possible to observe it, but from point of view of the other. The psychotic subject can't approach it. Only the neurotic can approach it through the analytical treatment, through the analytical experience.

*Question: The psychotic subject, is it a divided subject?*

The subject in general is always a divided subject. It belongs to the definition of the subject to be divided. But in psychosis the subject as such can't approach his division. His division is observable. His division appears to the other but he can't himself approach his division. He can have a delusion where it is possible to read this division. Of course, it is easier to read it in a delusion than in a hysterical symptom, for instance. It is possible to read it, but it is not readable for the subject himself. That is the reason why psychoanalysis wasn't invented through the experience of psychosis. For psychoanalytic knowledge psychosis has the value of verification. But it does not have the value of invention on the way of psychoanalysis. Psychoanalysis can be used for the treatment of psychotics but the treatment of psychosis isn't equivalent to psychoanalytical treatment, if psychoanalytical treatment is a treatment that goes to its end, for instance. But a psychotic subject can benefit quite a lot from an analytical treatment, the treatment with a psychoanalyst, especially in the way that he is considered as a subject with the merit of being listened to. Being considered as a subject produces something that has its full human value, one could say.

When you say of a subject that he has depression, as we say today — everybody is depressed today — it is within the set of depressed people. It is, as we say in French, a Spanish hotel, completely eclectic. It is very diverse because the only definition, the reason why depression exists as a set, is because of anti-depressant medications. The psychiatric clinic of today is a clinic of the pharmaceutical laboratory. Depression is what is treated through anti-depressants. That is the reason why depression is today a way of belonging to the world, nearly a profession. But at the level of the subject it doesn't mean anything. It is not useful to approach it. Melancholia exists. Psychotic depression exists inside our clinic but to put on the same level melancholia and all the people who have difficulties in their relation to the world is the negation of clinic. It is a way of not considering the subjective dimension, and people always suffer in not being considered through the subjective dimension. If they are considered through the subjective dimension they suffer also, but according to a way that can teach them something and be useful for the way they will connect themselves with their partner in life, the partner of *jouissance*, in life that is in a relation with the subject.

### ***Hallucination and the theory of perception***

It is said that the verbal hallucination is a *perceptum* without an object. That is the phenomenological definition of verbal hallucination. To say that hallucination is a *perceptum* without an object demonstrates that it is irreducible to a *sensorium*. It is not only something that belongs to the dimension of the fact of hearing or the fact of seeing. The vision or the audition doesn't define hallucination. For instance, verbal hallucinations exist where people are deaf and mute. Mute subjects have verbal hallucinations. It is the easiest way to demonstrate that the *perceptum* is not equivalent to the *sensorium*. That is to say, the visual dimension of the hallucination or the auditory dimension of the hallucination, does not rely on the organ of sense. This auditory dimension is a product of the signifying chain. It is a product of the fact of language, of the fact of speech, and it demonstrates the fact that the *perceptum* belongs to the structure of language. When you see or hear something as a human being, that is to say, a speaking being, as Lacan says, it is absolutely without any equivalence to the fact of an animal seeing or hearing something, because animals are not speaking beings. For the speaking being, the *perceptum* is different from the *sensorium*. Without the fact of speech it could be equivalent, but there is no subject without the dimension of speech.

The subject demonstrates what Lacan calls the paradoxes of which he is, as a subject, the patient. It is possible to say that the subject is the patient of the audition. It is not a question of the act of hearing but the fact that as a subject he is the patient of hearing. He is submitted to something and he can't hear without his subjective participation in the fact that he hears. This participation of the subject is the inclusion of the structure of speech inside the perception, which characterises the *perceptum* as different from the *sensorium*. If the *sensorium* were made the important point, then there would be no problem saying that the *percipiens*, the perceiver, is the constituting place. But between the *sensorium* and the perceiver there is the *perceptum*, which is at the level of the subject, the primary place. So the subject is a patient of hearing, that is to say, the subject suffers.

There is a joke in France, a play on words between the fact of being patient and a way of saying suffering — *en pâtir de quelque chose*, to be the patient. The etymological root of patient is the fact that *pâtir* is a way to suffer. It is possible to say that the patient has the same etymological root. There is no subject who hears without the subject being passionate at the level of hearing, for instance; or seeing, if you speak about visual hallucinations. That is to say that the structure of hallucination at the level of the subject is the normal way to hear and to see. It is the normal way for the subject to be in relation with the sense organs, with the data of the organs of sense. And the paradox is that it is possible to say that the subject produces the way he is submitted to the perceptions, to the perceived. That is the way in which the effects of suggestion are produced by the *perceptum*, by the perceived. There is no way for the subject to escape from it.

It is very important to recognise the objectivity of the testimony of the subject and the experience of the psychotic subject. The *Memoirs* of Schreber, for instance, is an important lesson of what the human being is. Mad people are more at the level of the human than those who have the possibility of escaping from madness. Before this moment, Lacan gave the provocative thesis that the madman is the free man. It is possible to say that the mad is the normal. It is what is normal at the level of the subject. That is to say, the neurotic is not normal. The neurotic is the subject who lacks normality, in that he has the possibility of identifying with everybody. Because the usual way to speak of the normal, to understand the normal, is the subject who is the same as everybody. There are many abnormal people in the United States too, perhaps more than in other places, but the definition of normality, the social definition of normality is, 'everybody is the same'. But this is a way of putting aside the subjective dimension. The only normal subjective dimension, at the level of the subject, is something that has the same structure as psychosis. Because here there is something which has an organised and observable relationship between the dimension of the signifier and the dimension of the real.

We start from the *perceptum*, from the perceived, namely from the voice, for instance, the hallucinated voice. There is no unifying *percipiens* because the unifying *percipiens* exists only when he maintains himself at the level of reality. It is only an imaginary dimension. There is a subject that is related to the *perceptum*, to the perceived. And even if the intention of signification is admitted as primary, there is nevertheless a primacy of the said, of what is said, from which we are trying to situate the subject. At the level of the perceived, of the *perceptum*, it is evident that there is a structure of speech because perception is not a datum, perception is a construction. The subject defines himself as patient of the *perceptum*, the patient of the perceived.

So it is possible to divide the dimension of perception into three levels. First, the subject listening to the other is manifest in his patience of hearing. Second, there is the subject of his own speech when he recognises that speech as his. Third, he suffers from his own speech without recognising that speech as such, as his speech. That is what can be called the singular perception of speech. The subject listens to the other. The subject suffers from his own speech. And the subject suffers from his own speech without recognising it. That demonstrates that verbal hallucinations don't belong to the dimension of sensitivity. They are not sensorial.

We have to go beyond phenomenology to study what is the *perceptum* itself. Here Lacan enumerates three other points which are close to phenomenology but which are the limits of phenomenology. First point: the relation of the subject to his own speech is something that can be called an auto-audition, self-audition, self-hearing. There is a sort of equivalence between the one who speaks and the one who hears himself. The one who speaks is equivalent to the one who hears himself. That takes us towards the properties of the auditory *sensorium*, but at a second level. First there is the self-audition. Second, it is impossible to listen to what is heard without dividing oneself. When you listen to what is heard you are dividing yourself because you can't avoid the fact of thinking yourself. You hear and you think yourself. You are the hearer and you are the one about whom one is the hearer. You are obliged to hear yourself, which induces a compulsory division. To think yourself is the same thing as to see yourself or to touch yourself. It is equivalent to the mirror stage from a structural point of view.

There are two phases: the destruction of the presumption of unity and the way of hiding what is important, what counts. It is hidden in the fact of thinking yourself. And the third point, which appears in the phenomenology of hallucination, is that you can observe that there are phonetary movements which are being sketched. That is to say that the subject speaks without knowing it. In some verbal hallucinations you can observe the phonetary movements, which produce that sound without the subject knowing it, which places the accent on the dimension of the alterity of speech. There is an alterity of speech that was hidden in the previous statements.

This induced Lacan to define the subject as the patient of speech at three points which are supposed to be deducible from the structure as such of the signifying chain. These three functions are deduced. They are not dependent upon any subjective attitudes. These three functions are voice, time, and distribution. How is it possible to decline them?

The voice has nothing to do with the sound modulation — it is an empty voice. It is a voice that is purely adjusted to the signifying chain as such — an a-phonetic voice. It is a voice without *sensorium*, a voice without sound. The voice of the verbal hallucination is a sound which nobody but the subject can hear. It is a voice which is produced by the chain. It is something which belongs to the real of the signifying chain, that is to say, a dimension of the signifying chain which doesn't belong to any signifier of the chain, which is between the signifiers, but which also installs the chain in the subject with the dimension of the real. It is the point of contact of the symbolic with the real.

The voice of the hallucination is an a-phonetic voice. Later on, Lacan will speak of the voice as object *a*, that is to say, a voice that is outside the Other, a voice which is outside the chain. There is here, in psychosis, a sort of premise of the voice as object *a*, the a-phonetic voice, the voice as an object.

Second point: time. It is possible to say that these voices, which are not audible, occupy a certain time for the hallucinating patient. They are not without the time of the voice. They are not instantaneous. They have a consistency of time. It is an intrinsic time. It is not a psychological time, which is linked to the succession of the signifying chain. The signifying chain can't develop itself inside the subject without a temporal dimension. This temporal dimension, which can also be at the level of the chain, can be included in the gap between the signifiers. There is no presence of the signifying chain without a certain dimension of time.

These voices, which are *percepta* without an object, are inscribed by the time. It is possible to catch something, to catch these special hallucinated voices through time. The real consistency of these voices is not sound, because they are a-phonetic, not sonorous. It is the time in which these voices are produced, which can't be the same time as the presence of the signifier as such. Any signifying chain includes a function of voice and a function of time.

The third point is the distribution. There is usually distributivity, which is not easy to understand. There are several voices. It is difficult to locate precisely only one voice. It is distributed between many partners; for the subject that is hallucinating there is at least the speaker and the hearer. There can be others, more than two partners. That is to say, what can be called the equivocality of the *percipiens*, the perceiver. There is at least one voice linked to any signifying chain, but it can be more than one voice.

This then is a commentary that it is possible to give to this chapter about perception and perceiver. It was something I wanted to develop because it is not simple to expose. It gives a phenomenological way to approach what Lacan built through the analytical experience at the level of the clinic of neurosis, which can be interpreted if it gives a real. I don't have time to comment on chapters 3, 4 and 5 which are examples of that.

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