

ENJOY-MEANT OF LANGUAGE AND *JOUISSANCE* OF THE LETTER

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

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

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

There are no doubt several reasons for these phenomena of prevalence, complexity and diversity. Two seem to me important. The first is the fact, certainly true in my country but I think it is a world-wide phenomenon, that the practice of psychoanalysis occurs against a background of increasing funding cuts in mental health services and the expanding deinstitutionalisation of the mentally ill. And the second, though perhaps not everyone will agree with this claim, is that the increasing use and sophistication of neuroleptic medication now makes, and will continue to make, psychoanalysis a much more viable option for a greater number of psychotics.

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

Now, this discovery is only a start. It is a promising start, but it is still only a start, for alone it tells us very little about the really important issues: very little about the onset of psychosis, very little about the nature of the psychotic phenomena we are likely to encounter in analysis, very little about the treatment and management of psychosis and very little about the forms and varieties of psychosis itself.

Nevertheless, with this start the Lacanian theory of psychosis has been able to contribute a great deal to all these different issues: the onset of psychosis, the psychotic phenomenon, in fact quite a number of things that have been important to the psychoanalytic treatment of psychosis. And, actually, these are not just important matters for the treatment of psychotic patients. For one issue that is important to the practice of all analysts, whether they are working with psychotics or not, is the issue of undeciphered psychosis, that is, where there may be an underlying psychotic structure with no onset of psychosis.

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

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

There is a related but slightly different issue that also confronts any contemporary psychoanalytic clinic. It concerns certain types of psychosis. In French they are known as ‘*psychose ordinaire*’, and we might, I suppose, call them ‘mild’ cases, since the subjects involved tend to do okay, they generally avoid hospitalisation and quite possibly avoid even any contact with mental health services. Even though in private practice we *do* receive many persons into treatment where we *are* certain of a diagnosis of psychosis, we also see any number of these sorts of cases — cases that we consider psychotic but which do not so easily fit the classic tableau.¹

For these different reasons the clinic of psychosis raises real issues for a contemporary psychoanalytic clinic. Lacan's contribution is of course unsurpassed some say it is his most original contribution. And a few working within the Lacanian orientation, like Jean-Claude Maleval and Didier Cremeniter, for instance, have made significant steps towards filling in some of the detail. It is no accident that these authors, and others, appeal to the *psychiatric* tradition. I return to this point below.

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

Elements from a number of different cases illustrate the issues I raise. There is the case of a woman who seeks an analysis because she is disturbed by some things in her own behaviour which include minor criminal offences, compulsive thoughts and a suicide attempt. And she experiences a brief but florid psychotic episode which lasts only a few hours but its after-effects will be experienced for a further twelve months. In a psychiatric setting, or even in the context of other psychoanalytic approaches, the history combined with the absence of or, rather, no clear indication of the presence of typical formations of the unconscious might lead to a diagnosis of narcissistic personality disorder, borderline or mood disorder.

A young man moves from France to Sydney and then Melbourne, where he seeks an analysis. He sees coming to Australia as an escape from his parents, but also, as it turned out, an escape from his language as a native French speaker. And in his new country, and in his new language, he has become a writer.

He was reluctant to use French in sessions, even when recounting his childhood recollections. Even those little phrases and sentences that stick to the subject were recounted in English. It was only later that they came in French. Like Louis Wolfson, his first language was for him hurtful and brutal.² To be sure, it was a source of *jouissance*, but a source of excessive and unbearable *jouissance*. And in his enjoyment of English, he has found an enjoyment that he can obtain in measured doses.

At the same time as he exploits the semantic richness of the language he also plays with the letter, with the literality of the signifier, and here he plays upon the links between English and French. For example, of Sydney, the new city in which he had come to live, he writes, '*Je suis à Syd né*', and in a sense he is born — or reborn — in Sydney. In this and other ways he comes to make English his 'language of enjoyment'. But his enjoyment is not the enjoyment of meaning; it is enjoyment of the letter.

A third analysand, while in analysis, produces many dreams, often very florid dreams, dreams that were often unmistakably transferenceal and highly eroticised. Yet the associations to the dreams were either impoverished or quite unusual. These unusual associations struck me as being of a kind with her use of language. It would be wrong to say that there was an absence of metaphor; on the contrary there was a heightened awareness of the metaphorical resonances of language that she exploits very resourcefully. There was a fascination with metaphor, and with the oddness of metaphors. It is always as if he has come across them for the first time, as if, like someone learning the language she has come across the expression for the first time and finds it odd or amusing or unusual. For instance, there is the word 'lipstick', which then becomes 'lipstuck', as in 'putting on lipstuck'. It is an interesting example because the 'stick' in 'lipstuck' has the same sense as 'stick' in 'stick of licorice' or 'stick of chalk', etc. But by converting it to 'lipstuck' she brings out a second, incidental connotation of the term — 'stick' in the sense of 'to stick' or 'glue'.

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

In cases like this Lacan's analysis of 'language disturbances' in Schreber — code and message phenomena, the enigma, overabundance of meaning — do not take us far enough. The analysis of Schreber's psychosis is insufficient. There are no 'disturbances' of speech or language — at least, none that are different from the practices of other poets and writers. There are no delusions, no delusional metaphor. Relations with others remain intact and sustainable. And yet what we are presented with is I think very often better seen as psychosis than as neurosis.

In the article referred to above Deffieux writes that 'it is useful to hold on to minute clinical details which can draw one's attention to the possibility of psychosis'. He adds however that 'these details do not concern troubles with language', but instead include phenomena such as 'the importance of the imaginary for a subject', a relation of foreignness 'between the ego and the body', or an undialecticised manifestation of the drive.³ The point about the importance of these phenomena is well taken, and while I do not believe we can speak of 'language disturbances' specific to psychosis to cover the linguistic phenomena I am illustrating, I believe there are features of the use of language which are not at all unusual in such cases.

It is no accident that of particular value here is Lacan's late work on psychosis in the seminar on Joyce, since this seminar explores the issues around a psychotic use of language that is at the same time creative. There is no question of 'diagnosing' on the basis of the seminar on Joyce; indeed, the point is that a study of the linguistic innovation of Joyce does not bring out the uniqueness of the language use in psychosis but rather the linguistically creative process that the psychotic is apt to specialise in.

When, in the Joyce seminar, Lacan revises his views about the structure of psychosis he approaches his task by replacing the three-ring Borromean knot of real, symbolic and imaginary by a four-ring Borromean knot in which the fourth ring links the other three together. He calls this fourth ring the *sinthome*, and writes it with a Greek sigma, Σ . Whereas in the analysis of Schreber's psychosis foreclosure of the Name-of-the-Father is decisive in producing a psychosis, in the seminar on Joyce the Name-of-the-Father comes to be viewed as just one particular way in which the real, the symbolic and the imaginary are linked; that is, it is one type of *sinthome*, Σ , binding real, symbolic and imaginary. And the Oedipus complex, given its connection with the Name-of-the-Father, comes in turn to be regarded as a symptom. It is a privileged type of symptom, to be sure, given that it is a ready-to-wear, off-the-rack version of the *sinthome*. Now, Lacan holds that Joyce's writing plays this role of *sinthome*; and that, for Joyce, it is equivalent to the neurotic solution via the Name-of-the-Father. And, while the Oedipus complex is ready-to-wear, Joyce, as it happens, has tailored his own.

While Lacan compares different features of Joyce's experience with psychotic phenomena as he does when, for instance, he considers the famous epiphanies to be equivalent to the elementary phenomena and the enigma of a declared psychosis, it is also extremely important not to lose sight of the fact that Joyce and Schreber are very different indeed.

Lacan also pinpoints in Joyce a further dimension of the psychotic's experience. This is the importance attributed to, indeed the enjoyment taken in, the letter, or the materiality of language. The 'enjoy-meant', the *jouissance* of meaning for the neurotic, becomes the *jouissance* of the letter for the psychotic. Psychiatry has to some extent and in its own way been aware of this phenomenon of the letter in psychosis. However, because it has tended to treat the phenomenon as a purely pathological one, it has ignored the importance to literature of this *jouissance* of the letter.

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

In the case of other psychotics this *jouissance* of the letter can be equally present in their puns, their calembours, their manner of taking the language apart. Louis Wolfson abandons his maternal tongue for the sake of constructing a new language out of the phonemes of the old and does it so as to enjoy the literality of language all the more. The fact that this work can be converted into a commodity, can gain social recognition and produce something that others value this raises a further issue of the place of sublimation in psychosis. But that is an issue for another occasion.

Concerning the question I started out with, which had to do with maintaining a hard-and-fast distinction between neurosis and psychosis. My own view, for what it is worth, is that *actually* the problem here is *not* that the neurosis/psychosis distinction is too cut and dried, because in many cases the diagnosis is itself quite clear. The problem is that we do not know enough about the varieties of psychosis and the psychotic experience. On the one hand, as Lacanians, we have a very clear sense of the difference, based on structure, and this can act as a reference point in an often confusing field. Furthermore, we are quite parsimonious with the number of categories we operate with. Forget about the DSM system of classification — that is simply beyond the pale. But by comparison with a good old-fashioned textbook

of psychiatry, we are misers with our categories. And perhaps we try to find too much that is the same, and lose sight of the variety. On the other hand, psychiatry does have a history of a much richer classificatory system and we can learn, and we have learnt, from it. However, psychiatry has focused on the more serious and obvious cases, as one would expect of a discipline that is largely observation-based, particularly where psychosis is concerned. But this is also its weakness. It should not be forgotten that *our* clinic is a 'clinic under transference', and so we have at our disposal the possibility of a much more refined instrument for viewing and making observations.

1. In an interesting article Jean-Pierre Deffieux argues along similar lines. See his *Not so Rare a Case* in *Psychoanalytical Notebooks* No 7, trans. P. Dravers, London, 2001, pp. 91-8.
2. See L. Wolfson, *Le Schizo et les langues*, Gallimard, Paris, 1970.
3. J.-P. Deffieux, *op. cit.*, pp. 92-3.

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