THE PATIENT PRESENTATION —
A SINGULAR ENCOUNTER

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The practice of patient presentation, classic in psychiatry, has been transformed by Lacan in a singular encounter of the analyst with a subject. Singular because even though the encounter takes place in the psychiatric hospital, its topology is *extimate* to the institutional automaton and structure. Singular because it brings together the psychotic subject with an intervention that points to the reverse of the medical discourse that treats him. Singular for the analyst, because it demands from him to leave his clinic, and because his intervention in the presentation can not be treated as equivalent to the analytical act. Singular, lastly, because having been practiced as teaching by the Master, that is, as diagnostic practice under the gaze of the specialist, it will become a real intervention if the analyst shows his interest in the particular forms that the psychotic subject finds in order to alleviate the trauma of the encounter with the unbearable.

The trauma which causes suffering in the speaking being is that real which Lacan calls the lack of sexual relationship, the non-existence of a knowledge defining the relationship between the sexes. It is this traumatic encounter which elicits the different clinical answers as attempts of solutions, which are called by us either neurosis or psychosis. To these may be added new forms of malaise, contemporary symptoms, which are the result of increasing and overwhelming pressure on the subject by universalising globalisation of *jouissance* by science and by the generation of artificial *jouissance* in the market.

Lacan has taught us that the analyst has a duty to his times. Patient presentation is one of the privileged places in which these duties are exercised, because the analyst raises the patient's banner in it. For that purpose, he must agree to relinquish the security provided by the supposition of knowledge, which is the driving force of the cure. Beyond his clinic, but including it, he must appear in the public square, exposing himself to the contingency of the surprising encounter, either in the market of knowledge, of the clinics and of the ruling speeches, where *semblants* quiver. Exposed practice, then, as Jacques-Alain Miller says, exposed to the surprises which test his *savoir faire* beyond the routine which might allow him to seek protection under the *semblant* of being 'the analyst'.

The policy of patient presentation is the policy of psychoanalysis, that is, the policy of the symptom. The 'not to draw back from psychosis', an indication of Lacan which guides us in the presentation, consists, today more than ever, of the adoption of the symptom as a compass, at the point where the subject is left without means against the invading *jouissance*.

In psychosis, it is impossible to lean on the supposition of knowledge. We must lean on our use of Lacan's teaching, especially the 'latest Lacan' as called by Jacques Alain Miller, and refer to the symptom as a sign and not as a message, that is, as modality of *jouissance .* To the always insistent question of the psychotherapist facing psychotic productions — 'What does that mean?'— we should oppose the way of the symptom as functioning, as therapeutic in itself and ask 'what is that good for?' or even to search in the subject's sayings what could possibly be of use. This starting point is the key and will determine the future of more than one psychotic subject: will we submit him to the *ritournelle* of sense which transforms him into a chronic patient or will we be alert for the smallest indication of a senseless language solution existing in his speech? Should we always refer to a supposed latent sense in his sayings, or should we rely on ourselves and point to 'what does exist' beyond the dialectics of a possible supposed sense?

In neurosis one tries to fit the symptom into the machine of the sense, finally meeting the impossibility of sense and the incurable. This is what we call the analysis of the symptom. In psychosis one tries to accompany the subject in his attempts to use the non-sense of the letter in order to localize *jouissance*, to alleviate it and give some continuity to his precarious existence.

The policy of the symptom transforms the presentation into an intervention in itself. Locating the trauma which the subject has faced, what he has produced as psychotic answer, the attempts for solution, the enunciation of small verifications which allowed him to get over a crisis, are modest but solid handgrips on the way to stabilisation. With that purpose, the analyst should function and make do with his not-knowing, and should comply with Lacan's indication: "to completely submit himself to the subject's particular subjective positions".

This indication should not be mistaken for submission to the patient, since the analyst's position is not a passive one. In *The Direction of the Treatment*, Lacan says that the analyst directs the treatment but not the patient. In the same way, the clinical conversations of the French-speaking Clinical Sections have taught us that 'the secretary of the alienated' must submit himself to the structure but not to the patient.

The presentations are also a privileged means to attempt a dialogue, always impossible yet fresh and enriching, with those practising other discourses; an unavoidable dialogue for an analyst who wants to participate in the problems of his time, without which concern there would be no future for psychoanalysis.

The following vignettes will try to give an account of some of the stakes [*enjeux*] in a patient presentation shared between a psychiatric hospital and a clinical antenna of the Fredian Field in the Tel-Aviv area.

David or Sara? — sexuation is not gender

David addresses himself to the psychiatric hospital with one and only one request: to obtain the psychiatric recommendation required by the Ministry of Public Health, with the purpose of undergoing a sex change operation. The ministerial commission demands psychiatric certification that David suffers from what the DSM — supposedly non-theoretic — calls in Stoller's terminology 'Gender Identity Disorder'. Only in this way can an applicant be granted his request to be operated on at the expense of Social Security.

To the question of the analyst, David answers stating: "I am a transsexual", and adds, "only surgery will allow me to live without this disguise". David therefore shares the scientific delusion that confuses sexuation and anatomy. The psychiatrist who saw him at intake is perplexed and refers him to the patient presentation. David speaks in the feminine grammatical gender (in Hebrew the inflection of the verb defines the sex of the speaker) and demands to be addressed in the same way. The psychiatrist opposes this, contending, not without cause, that the outcome of the evaluation will be decided from the start if he complies with that request. The impasse is immediate, and David declares that the psychiatrist obstructs the way to the operation. "What is the purpose of all this", he says and adds, "what is the purpose of this effort? It's better to die, you act exactly like my mother!"

The mix-up started when he was 12-13 years old, due to hormonal development, explains David: "Since then something has stopped in my development, I am a mistake of God."

He states his total submission to his mother's will, without any participation of the father's desire, thus: "she is authoritarian and I have lived trying to satisfy her with no success, even though I have followed her claims firmly my father attempted suicide when I was a child… since then I don't call him father, for me he has always been effaced".

His mother does not tolerate the idea of surgery, which she opposes radically and that brings suicide closer: "my grandfather committed suicide, my father attempted it, and I am on the verge", he states.

In the interview, the analyst faces the same demand: address me as a woman! How is it possible to respond to that demand without choosing the way of Stoller's empathy, which reduces sexuation to an imaginary matter of 'feeling of belonging to a given gender'? On the other hand, how is it possible to avoid falling into an educational intervention, which will ignore his request for the sake of therapeutic ideals and expose him to suicide by throwing him into despair?

The analyst manoeuvres as he can by using different resources of language in order to make a detour and avoid blocking the problem posed to him. He will have to wait for the subject to provide, in his sayings, a sign for the solution.

"I *also* have problems to communicate with people", he says. When asked, he states that he could have treated his other problems if he could make the others accept his being a woman. "I know I have problems with my mother and that the operation will not solve all my difficulties." The analyst interrogates that first sign of the possible contingency of surgery; David responds with a crucial, clarifying, elementary phenomenon: "society speaks with the eyes and not with the head; you also see features in my face, and because of that you refer to me as a male", and adds, "if I could press a button, make a switch and get to be addressed as a woman I wouldn't have to think of surgery". The analyst answers in the feminine grammatical gender: "if you say this I will listen to you, may be you are right." The patient answers: "if everybody could listen to what I say, testosterone wouldn't be important, and neither would

surgery. Somebody must take upon himself the task of helping people like me, they could undertake it as a mission to explain to the country what this is all about."

The question of the psychiatrist has maybe found an answer: the beginning of a delusional metaphor about a mission. That happened thanks to the outline of a solution which has been heard in David's words.

Nonsensical over-identification

Moshe is referred to patient presentation by the psychiatrist who has been following his case for two years. The Ministry of Public Health requests to know the hospital's position with regards to a matter which is crucial for Moshe's future: is it possible to allow him to keep his license as a physician? This request reopens the question of diagnosis; consequently, the head of the outpatient department decides to send the case for consultation with 'the Lacanians'. Moshe is a 'good guy', the pride of his family, the model son of a severe and authoritarian mother on whom he depends even for his smallest steps. "Since my childhood I knew I'd become a doctor", he says. He adds that his father would have preferred him to be an engineer like himself, but his mother had already announced: "you will be a doctor". He studies tirelessly and obtains his diploma in medicine. During his life as a student he has many affairs with married or non-Jewish women. After graduation he leaves his native city to begin training in cardiology. Depression leads him to 'ephedrine', which he begins taking to stimulate him in his studies, finding out eventually that "concerning sex, the drug makes you want more and more". While on ephedrine he falls in love for the first time in his life. The girl is Christian. She carries his child. His mother strictly opposes the relationship because of the girl being non-Jewish and demands from Moshe to return home. He adds: "my father, more liberal, accepts the non-Jewish girl, but does not get involved." Moshe leaves the girl, the child to be born, and returns to his parents' house terminating the relationship. Until today he knows nothing about the outcome of that pregnancy.

He resumes his life with his parents as a model son. As a physician, tireless in duty, he becomes known in the region. When he is 32 years old the mother finds him a Jewish girl whom he marries 'without love'. The entire family then decides to emigrate to Israel and Moshe, working as a physician, supports the whole family during the difficult times of their beginning in a new country. A violent discussion with his mother-in-law causes his wife to abandon the home with their recently born child.

Moshe stays with his mother, and is once again overcome by depression, fatigue, insomnia, and weakness. He finds a woman and after his first meeting with her he declares his impotence. 'I am not a man anymore', he says. At that moment he is admitted to a residence in cardiology. He says: "I don't know medicine any more", and becomes increasingly agitated while working. His state deteriorates, he begins to beg on the streets of the city, drives his car wildly until an accident brings him to an eight month hospitalisation.

Once released from the hospital he wants to resume his work as a doctor. With that purpose, he has to meet with a ministerial committee, which will discuss his license. Meanwhile he works tirelessly taking care of elderly people and as a paramedic. One single thought sustains him: "I will be a doctor, I have only one goal in my life and it is to be a doctor again".

The encounter teaches us that Moshe acts this *syntagm* with a certainty that rejects every sense. No indication of subjectivation, no interpretation, not one word about the conflictive meanders of the subject with relation to his work (as we might have expected from an obsessional subject). The 'you will be a doctor' acts as an imperative of being. In the Antibes conversation, a discussion has taken place regarding the concept of over-identification, which we believe makes clear Moshe's psychosis. The psychiatrists were looking for a diagnostic solution leaning on categories like 'pseudo-neurotic schizophrenia' or '*as if* personality'. We thought about the vicissitudes of a saying which has helped to achieve an imaginary stabilization enabling the use of social *semblant.*

It is useless to search these sayings for the co-ordinates of sense, since they are signifiers which can not be referred in their real weight to the function of the ego ideal. It is a non-sense which the subject adopts in an imaginary way and which provides him balance where the support of phallic signification is lacking.

The matter under discussion concerned the psychiatrists both on the clinical and the legal aspects of the decision. We opposed the separation of both aspects, clinical and legal. For the analysts it did not involve neglecting the ministerial request or to act against the law, but to, 'cope without it provided it is used', to use it in the direction of the cure. Complying with the solution Moshe had found for his life, we recommended to answer the ministry in the direction of postponing the decision, and allowing him to

continue his specialisation under medical supervision and thus live his life, perfectly normally, as an ordinary psychotic.

The schizophrenic machine

Schlomo is referred to the presentation with a diagnostic question. The absence of phallic vitality is present from the start: “I feel like a plant”, he says and adds: “I have no personality, I have no ego.” The memory of an event of Joycean resonances advances something about the statute of the body for Schlomo: during the period of military instruction, he woke up wet, his body smelling of urine, but he said it was not his urine, and added that he did not feel anything in his body.

Schlomo has a normal relationship with his body; there is no sign of irruption of his thinking in his body. “The schizophrenic must perform extraordinary efforts to make himself a body”, says Jacques Alain Miller. The work of Schlomo’s psychosis gives an example of this statement, because it is made of tireless efforts to build himself a body and invent solutions to support the precarious stability of the imaginary body wrap.

“I impersonate people around me as if it were a small dissociation of personality […], I started imitating people, I try to cover the silence and the loneliness with impersonations, it’s something I can’t control […], the voice of any person by my side occupies me and I start to impersonate him immediately.” We give to those impersonations the statute of repetitions which escape the control of the subject giving him, nevertheless, a certain bodily prosthesis. Schlomo is thrilled by the materiality of the tone, but unaware of the sense.

Other organs of his body are involved without achieving the statute of signifiers. My only obstacle for suicide, he says, is the fact that my hair grows. He methodically uses all kinds of products to avoid hair loss. He informs us that he visited a plastic surgeon who operated on his nose a year before: “this time he didn’t agree to perform a second operation […], of course, after he operated on me he didn’t want to correct what he did […], he has a surgeon’s ego, but maybe I have an ego of somebody who wants to amend his nose again”. Insisting on his idea of suicide, he tells us he responds to it by slashing one finger, repeatedly, in a sort of self-mutilation which replaces the symbolic castration.

In the Arcachon conversation, Jacques-Alain Miller says that it is better to choose to attempt to locate, every time, the phenomena of *jouissance* in the structure, that is, to refer always to a possible alienation, the imprint of language on the living being.

This reference to alienation, even in psychosis, emphasises a radical ethical position which has been the fine point of discussion with the therapists. Indeed, Lacanians and Kleinians separate at this point. Insofar as the cause of schizophrenia is referred by Melanie Klein to the early relation of the child with his mother, such that the symbolic is reduced to a psycho-genetic product resulting from an emotional experience of learning, with Lacan we opt for the relation of the subject to an Other which preexists and we underline the repercussion of *jouissance* of language on the body.

The consequences are decisive for the treatment, since it is only the reference to the mark of language that allows for the location of the particular attempts of solution.

Schlomo appears to adopt this ethical position when he refers, again and again, to the first time the imitations started: “[…] I think it started when I was 16 years old […], I had then a sexual problem […], I am a delicate person and for me a man is associated with something brutal […], in my adolescence, when everybody started to get a deep voice, mine remained delicate and weak […], I don’t have my own accent and that’s why I had to imitate the others”, he adds, “if I get a problem of sexual identity, I watch a singer on TV, I imitate his voice and then I am like him”. Not satisfied with that, he continues: “I believe everything started during my uncle’s funeral […], suddenly all the family left me alone and they didn’t see that I was afraid […], I think I was so afraid that everything started there […], I started to imitate the others […], may be he cursed me because he saw that I wasn’t crying like everybody else at his funeral […]”

He insisted finally: “everything started when I was 13 years old […], I fell asleep in front of the TV and I didn’t turn off the lights and then my father threatened me and I shouted at him: “what are you doing with my brother’s voice […], then all the imitations began […].”

In conclusion, we will say that Schlomo teaches us about the body of the schizophrenic as a machine, a language clock reluctant to sense and interpretation.