

## SYMPTOMATIC HOMEOSTASIS IN PSYCHOSIS

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No doubt in institutions these days it takes more than brandishing the psychoanalytical referent, all be it Lacanian, in order to be heard. The transference required to establish the conditions of the psychoanalytical act requires more than that. It requires, among other things, that the clinician make psychoanalysis desirable, and that he can therefore, attest to its efficiency, its pertinence and to the liveliness of the doctrine. As regards the treatment of psychosis, we have a substantial corpus to rely on whenever required.

The title of this article joins the term of homeostasis with the adjective symptomatic. This choice requires clarification.

"Homeostasis" substitutes for the more familiar or more frequently used nouns like "cure" or "suppletory device" [to the foreclosed Name-of-the-Father] for example. It is closer to the term of stabilization. Commonly, it is used to indicate the maintenance of a living organism's characteristics at a constant level. In applied psychoanalysis, the term serves to indicate the fact that psychosis is not "cured", but rather contained, reduced, that its disruptive manifestations are arrested by the treatment.

The adjective symptomatic adds something that the term of stabilization does not render. That is, that homeostasis results from the symptomatic formation. In this sense, the expression "symptomatic homeostasis" replaces another frequently used, though poorly put expression, that of "the delusional metaphor"<sup>1</sup>. The idea that it is the formation of a symptom that allows for a veritable stabilization modulates what the term of homeostasis would tend to evoke as a simple abrading of the painful and destructive effects of psychosis.

The research pursued for over the past twenty years now by the School of the Freudian Cause, founded as it is on a return to the clinical, has permitted great advancements in the clinical treatment of psychoses. We have gone from a doubtful and experimental approach in dealing with psychotic subjects, often combined with a diagnosis based only on language disorders or verbal hallucinations, to a keener and more pragmatic evaluation of psychotic states and of their treatment. We can certainly consider these advancements to be the result of a collective effort, one that has clearly demonstrated the necessity of a working School for psychoanalytical research. The role of J.-A. Miller's course, with his deciphering of Lacan's teachings, the importance of his DEA seminar, that of the Paris Clinical Section's Evenings (IRMA), as well as the Study days of the Clinical Sections to which he has lent his impetus, belong at the forefront of these advancements. The share of each has not been equal but on this theme whose role is essential to mental health, a work community has demonstrated its efficiency.

Our praxis for the treatment of psychoses has been marked by a certain number of scissions that I may resume as chiefly the following:

--1986: The thesis of "generalized foreclosure" which establishes the passage from a theory of discontinuity in the clinic of psychoses to a psychosis-specific, continuous one.

--1993: Jacques-Alain Miller's article entitled "The Ironic Clinic"<sup>2</sup>, which asserts the thesis of "the universal clinic of delusion" in these terms: "I assert that all of our discourses are only a defense against the real." In this article he also develops the basis for a Lacanian treatment of schizophrenia.

--1997-99: The collective works of *The Conversation of Arcachon* and *Ordinary Psychosis* where the theory of "ordinary psychosis", deduced from the third period of Lacan's teachings, is formulated for the first time.

Following this path, many consequences of Lacan's teachings on the treatment of psychoses have been brought to light and put into practice. In this manner we can positively state that we have gone from "On a Question Preliminary to Any Possible Treatment of Psychosis" to a possible and logically guided treatment of psychosis.

There still remains the task of giving detailed and classified accounts of these treatments in order to assert both the validity of our concepts and the results they permitted. At present, the publications of the School of the Freudian Cause and the Clinical Sections make available reports on a whole series of cases but which have not yet been the object of a systematic listing.

I will insist strongly on two points concerning the therapeutic effects of the psychoanalytical treatment of psychoses: the limit of therapeutic effects and the nature of the symptom elaborated in the treatment. I will follow with three brief examples of therapeutic "successes".

### ***Therapeutic effects and their limit***

The "Question Preliminary to..." introduces a radical difference between neurosis and psychosis in clinical practice. Let us recall that this was not the position adopted in the 40s by the Kleinians for example, who were also experimenting with the psychoanalytical treatment of psychoses.

By introducing the concept of foreclosure, forged from Freud's work, which refers phallic signification in the imaginary of the subject to the paternal metaphor as the quilting element of the signifying chain in the symbolic, Lacan produces a theory on psychosis that replies to the language disorders cited in clinical experience.

When  $P_o$ , the foreclosure of the Name-of-the-Father, is bared by the call to One father, who symbolically opposes the subject in reality, it provokes a chain of reorganization of the imaginary and a collapse of the symbolic register, accompanied by enunciation disorders: delusional phenomena, an intrusion of unveiled *jouissance* at the heart of the signifying chain, hallucinations--particularly verbal-motor ones--, for which Lacan draws up the full catalog in his re-reading of Schreber<sup>3</sup>.

The strength of this formula leads us to distinguish those cases where the quilting point of the signifying chain ensures repression of the signification of the phallus, producing the automatism of repetition--as in neurosis--, from those where the quilting point is absent--due to the foreclosure of the signifier of the Name-of-the-Father--as a result of the "deficiency of the metaphoric effect which will produce a hole corresponding to the place of phallic signification"<sup>4</sup>, along with the related injuries.

As Jacques-Alain Miller indicates, in Lacan's work, phallic signification accounts for both love and desire in terms of signifiers. Libido is therefore reduced to phenomenon of signifiers. The concept of the phallus is supposed to account for the libido and the symbolic at the same time. In neurosis, it does not allow to distinguish between the sexes, except with reference to fantasy. In psychoses, it better accounts for paranoid psychosis where *jouissance* is localized in the place of the Other, than it does for schizophrenic *jouissance*.

In a break with this conceptualization and following the indications in Lacan's third teaching, we find ourselves today, as we have for the last fifteen years, with the scenario of a "continuous" clinic of psychoses. However, it is important to avoid a relaxed use of this term and keep in mind that: without the backdrop of discontinuity which determines whether or not the subject has access to the phallic signifier, no continuity can become apparent.

To put it another way, we have not adopted the concept of "borderline". Simply, there are cases, numerous indeed, where the foreclosure of the Name-of-the-Father is not clinically observable because language disorders are not present, or at least, cannot be detected by an in depth clinical examination. It may be in dealing with a case where triggering has not occurred, or in one where the disorder that affects the subject is manifest, at least at the time, on the level of *jouissance* rather than on that of the signifier.

The distinction between neurosis and psychosis--even ordinary psychosis--remains essential, as does the training in differential diagnosis, which is one whole part of our formation, especially as it concerns the direction of the treatment. On this point, the pages 160 to 163 in the volume *The Conversation of Arcachon* are decisive: there may be gradations in the obvious troubles of psychosis, it is nevertheless a "disorder that is provoked at the most intimate joint of the feeling of life"<sup>5</sup>.

Jacques-Alain Miller proposes that for the cases discussed we use the term of "disconnection" to designate the phenomena that have as a primary feature a relocation of *jouissance* associated with disruptions in the sense of time, even before they translate obvious enunciation disorders. Moreover, this phenomena can remain as it is and not "worsen": in this case the first objective of the treatment will be to not hurt, in accordance with the medical adage; *primum non nocere*.

Even so, there remains the problem of knowing whether in cases of psychosis, diagnosed as ordinary or not, we can come to a completely cured state. Medicine can make no better claim as we may note, since an illness, aside from a few rare occurrences like chickenpox or a surgical operation like appendectomy, can always reoccur in the patient's lifetime. But more importantly, our concern to date is that of knowing if, in cases of either frankly declared or ordinary psychosis, the subjects who have experienced psychoanalytical treatment can claim the same guarantee as neurotics can with regard to the solidity of their riggings to the signifying chain.

The term of stabilization indicates a temporary state; it suggests equilibrium as well as its fragility. It is the appropriate term for the many cases where the psychotic rediscovers, for a time, a standard use of discourse and seems to be in a state of remission. We might then believe them to be "cured". Those who have cared over long periods for subjects having, at times, experienced frankly triggered states, know that an unanticipated encounter upsets the often hard won equilibrium that was hoped to be a definitive solution. In some cases, the vicinity of the point where foreclosure will be bared can be localized, and the treatment directed so that this point is endlessly carried asymptotically by the symptomatic signifying constructions elaborated in the treatment. In other cases, the bad encounter to be avoided by the subject, the opening liable to undo the symptomatic construction that produced homeostasis, is less evident. In these cases, the embryo of the symptomatic construction falls apart like a house of cards, and

is often accompanied with at least a minimal return of the elementary phenomena for which the subject was the center.

Today there are two theses pertaining to prognosis in psychoses, even if they are not often clearly stated by their authors.

The first, which Eric Laurent for example, has asserted on many occasions, consists in conceiving the treatment of psychoses as a tentative of constituting a new partner-symptom for the subject that will rig his *jouissance* without for as much supplementing the Name-of-the-Father. What must be understood here is that the possibility of constructing an RSI knotting for the subject which is as solid as that (as those?) of the neurotic is excluded. The treatment would serve to indefinitely put off till later an encounter with the hole corresponding to the deficient Name-of-the-Father. This view of psychosis takes symptomatic homeostasis into account, a perspective that makes use of requisite prudence and that has been exemplified by a certain number of cases followed over a long period<sup>6</sup>.

This pragmatic thesis seems to us to be the most convincing: the reconstituted symptom makes use of certain elements of the delusion. The fact is that this theory allows for contingency and that in any case, the therapeutic result obtained remains precarious. Moreover, it corresponds to Freud's observations on the question, when in commenting the case of President Schreber he indicated that the psychotic subject would have to make do with the production of an asymptotic desire.

The other, more diffuse, thesis which would need to be rigorously defended, is based on the idea that the suppletory device obtained by the subject would have the same value as the neurotic's partner-symptom. Lacan's choice of Joyce as an example has done much to spread this approach. It is based on well founded presuppositions which are, as Jacques-Alain Miller points out in his preface to *Joyce the Sinthome*, "that there is not only signifier in a letter. A letter is a message that is also an object" and further on: "What is it we call a letter as such? A sign, but that is defined, not by its effect of signified but by its nature as an object". All the same, the cases that would illustrate this do not seem to have clearly exposed their foundations.

The case of Joyce, chosen by Lacan, generated a great many therapeutic hopes. It does seem a particularly appropriate example to account for an ordinary psychosis that is remarkably well compensated. First, by the fact of making himself a name as an artist--despite the ever growing obscurity of his work--and second, in the coupling formed with a woman, Nora, who, despite his extreme singularity, accompanied Joyce throughout a lifetime.

Should we think for as much that all writing produced by a psychotic subject is susceptible of bringing a Joycean-type of symptomatic resolution? We have offered up for discussion in our work community many cases where writing under transference has brought sedation to certain patients. However, the example of Joyce, possibly only partially understood, is by no means one that can be generalized and the function of the letter cannot be reduced to written productions. The knotting of RSI specific to Joyce doubtlessly has to do with his statute as an artist which was discerned to him even before he began to produce his most difficult works. Moreover, *Finnegan's Wake* in all likelihood marks a limit. Joyce became his own sinthome; he managed to make himself the equivalent of his ego, whence Lacan's title for his conference of June 16, 1975.

It would be interesting to take up once again the cases of stabilization, which were proposed to the Paris Clinical Section fifteen years ago with so many years of added hindsight.

### ***The symptomatic in homeostasis***

When will we say that the homeostasis obtained in psychoses is symptomatic, even sinthomatic?

To begin, it may be a good idea to distinguish the various cases of psychosis. There are cases where the psychosis never breaks out--nor ever brings the patient to consult an analyst, the cases that produce one or more "brief delusional disorders" that resorb themselves unaided (these two scenarios being quite frequent), and the cases where treatment under transference has its effect on the psychosis, be it declared or not.

For these last cases there are also gradations. Certain types of psychoses, although clinically detectable, during presentations of the ill for example, are perfectly compatible with a normal daily life, with or without medicinal treatment. In these cases, delusions are confined to certain areas of social functioning. For example, let us take the case of a subject suffering from a delusion of persecution which is limited to the theory of a restricted plot, about a job promotion that never came to pass, and who otherwise suffers from a rigid personality, still compatible with his social life, and from anxiety that medicine manages to suppress better than the alcohol he so generously absorbed. There are certain cases, as the procedure of the pass brought to light, that are held in equilibrium by an analysis under transference following various modes, and that are not set off either by the analysis or by the procedure of the pass.

In order to further our considerations we must yet give a more precise definition to the adjective symptomatic, and link the operation that is carried out to the action of the transference.

The thesis of the universal clinic of delusion means just this: as regards the real, every subject, neurotic or psychotic, is delusional. To say it another way, faced with the sexual non-relation, all subjects are delusional.

Freud, in his most explicit texts on psychotic mechanisms, insists more than once, especially in his correspondence with Abraham [cf. letter of December 21, 1914], and in his writings of 1915 on "The unconscious", on the failure of the circuit of the drives in psychosis.

As V. Palomera's remarkable, ongoing work demonstrates, Freud never stopped insisting on the disjunction that exists in psychosis between the representation of things and the representation of words. The symptom is then nothing other than a formation of the unconscious that reestablishes the union that paranoia undoes in favor of the representation of words, and that schizophrenia undoes in favor of things. The delusion, linked to the foreclosure of phallic signification, is an attempt at reestablishing this link when it is threatened. Whence the characteristic common to both delusion and symptom is to be at the same time both decipherable and carrier of *jouissance*. Lacan put it this way: "That the question of its existence bathes the subject, upholds it, invades it, even tears at it from all sides, is what the tensions, the suspenses, the fantasies that the analyst encounters testify to; still need it be said that it is on account of the elements of a particular discourse, where this question in the Other is articulated. For it is because these phenomena organize themselves in the figures of this discourse that they have fixedness of symptom, that they are readable and resolve themselves when they have been deciphered."<sup>7</sup>

In the expression "universal clinic of delusion" we must understand that the term "delusion" does not have the same usage as the one psychiatry gives it. It is used to indicate that, faced with the real, or the sexual non-relation, there are only specific cases, in which a fantasy gives access to "reality" and serves as matrix to a symptom. The thesis of the universality of the "delusion" hides another, one that Lacan developed to a greater extent in his last teaching; it is nothing other than the universality of the symptom.

This is exactly what Jacques-Alain Miller was developing in 1996 with his concept of the partner-symptom that brought an essential complement to the theory of the universality of the delusion: "we don't change on that level. We don't wake up," he asserted. "We only manage to manipulate differently what does not change"<sup>8</sup>.

The partner of love and of desire is no longer the phallus, signifier of *jouissance* in the Other. Nor is it the object *a*--where the partner of the subject is its fantasy. The partner is instead the subject's symptom in that the symptom makes a social tie. Moreover, in his text entitled "Joyce the symptom", Lacan points out: "... (the) symptom we call hysterical, we mean the last. Which means, paradoxically, that the only thing that interests it is another symptom: only falls then in second place and is not the privilege of a woman, although we quite understand, in measuring the fate of LOM<sup>9</sup> as speech-being, what she is symptomatized by"<sup>10</sup>.

In this way, analysis for the neurotic subject turns out to be a reduction of its symptom to that which cannot be reduced because it finds there the reason for its *jouissance*, most often in its sexual partner, the Other's symptom becomes its own. For the psychotic, analysis allows for the bordering of the real of the drive with a symptom established without the support of phallic signification. In both cases, it will be a matter of going to the limit where the subject "will know how to do with the symptom". Within this zone, the knowing-how-to-do-with is not, as Jacques-Alain Miller notes, of the order of knowledge but rather that of an intuitive understanding. The symptom comes in place of the rapport that does not exist. For as much, the symptom constructed in the cases of psychosis is not the equivalent of the one neurotics work to reduce by analyzing their relationship to the father.

Translated by Julia Richards

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1. Cf. see *La psychose ordinaire, Le Paon, Agalma*, Paris, 1999, p.290.

2. J.-A. Miller, *The Ironic Clinic, La Cause Freudienne* 23, 1992

3. J. Lacan, *On a Question Preliminary to Any Possible Treatment of Psychosis, Ecrits*, Seuil, Paris, 1966, p567-575.

4. *Ibid.*, p. 558.

5. J. Lacan, *On a Question Preliminary to any Treatment of Psychosis, op.cit.*, p. 558.

6. Dominique Laurent has presented at least two cases to my knowledge. There are others that we have had the occasion to examine in the cartels of the pass or elsewhere in the School's publications, cf. for example François Leguil's use of a case followed by Michel Sylvestre.

7. J. Lacan, *On a Question Preliminary to any Treatment of Psychosis, op. cit.*, p.549.

8. J.-A. Miller, "The theory of the partner", *Quarto*, N° 77, p.29.

9. (*Mental Editor's note*). LOM is a play on letters constructed by Lacan in *Joyce le Symptôme*, where he produces a long series of such plays with reference to a certain Joycian use of the letter in *Finnegans Wake*. It is a reduction of the spelling of "L'HOMME" (meaning MAN) and is found, for example, in the following phrase: "LOM cahun corps et nan-na Kun" (something like "MAN h'aza body and on-lyaz Wun"), which in ordinary spelling would be "L'homme qu'a un corps et n'en a qu'un", and in English "Man wh'as a body and only'as one", the contractions marking the elisions found in ordinary rapid speech. The syntactic relation between the relative clause and "Man" here is more enigmatic than equivocal. The clause cannot be restrictive, despite the absence of a comma, because the generic "Man" cannot be further defined. If we are to consider it as a non-restrictive clause, then we must suppose that Lacan neglected to put in the comma. But the reading of the clause here suggests that the entire noun phrase, including the relative clause, can be treated as a compound noun, which might have been written with hyphens (in English "Man-wh'as-a-body-and-only'as-one"), thus explaining the absence of a comma. We refer the reader to *Joyce le Symptôme (Joyce avec Lacan, pp31-36)* to decide for himself.

10. J. Lacan, *Joyce the symptom, Autres Ecrits*, Seuil, Paris, 2001, p.569.

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