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Ordinary psychosis: what it adds to the previous understandings of Lacan's theory of psychosis

Once you've said it's an ordinary psychosis, try to classify it in a classical psychiatric way. You mustn't stop at saying that it's an ordinary psychosis, you must go further than that and look for what it is in the classical psychoanalytic and psychiatric clinic. If you don't do that - and this is the danger of the concept of ordinary psychosis - it's what we call in French an 'asile de l'ignorance', it's a refuge for not knowing. If it's ordinary psychosis, what kind of psychosis is it?

Jacques-Alain Miller, Ordinary psychosis revisited.

I will argue that the notion of “ordinary psychosis” should not be seen as a new clinical category, but as a correction of previous views about the mechanisms of psychosis and possible therapeutic solutions which were commonplace among Lacanian analysts but proved to be practical impasses. Far from introducing new hypotheses, it put to the fore crucial issues Lacan had been insisting on for decades, but that were underestimated and / or misunderstood by many of his followers. I will focus on three issues: nomination as a “preliminary question”; nomination and its relationship with the phallic function; and, the issue of knotting. All three were derived from French and German classical psychiatric symptoms: Ratlosigkeit / perplexité in the first case, various kinds of erotomania and sexual disorders in the second and, Sejunktion / Spaltung / discordance in the third. However, I will emphasise that their most frequent interpretations failed to do justice to the novelty and finesse of what Lacan had proposed.

I will attempt to delineate to what extent the new viewpoint – ordinary psychosis - does justice to it. As a large number of articles have been published about the Millerian notion of ordinary psychosis, I would like to put it into perspective inside the research that has been done in the last decades within the Freudian Field. As a specialist of the psychopathology of psychoses who has been educated in the 1970's, I feel that the emergence of ordinary psychosis has been the consequence of a long-term tendency in psychoanalytic practice to find a compromise between the *necessity* to use categories in clinical practice and the “analytic” quality of psychoanalysis, that is, the possibility of “dissolving” symptoms through the exhibition of their causality.

Psychoanalytic diagnosis in the 1970's

In a recent interview, I have shown that at the end of the Ecole Freudienne de Paris, when Lacan's forces were obviously declining, there were three main viewpoints about the structure of psychoses and the possibilities of cure. First, the anti-psychiatric movement had enthusiastic followers such as some of Dolto's pupils like Maud Mannoni or Félix Guattari; Lacan tried to temper their enthusiasm in 1967 fearing that the naïve over-exposure of psychiatric symptomatology would in fact lead to reinforcements of social segregation against this domain. Next, diametrically opposed to them were psychiatrists who, although they apparently supported Lacan's interest for the cure of psychotics, had a rather pessimistic view of the possibility to influence the course of psychosis, and who were known to be rather heavy-handed in their prescription of anti-psychotic drugs. Finally, in between were the

people working within the sections cliniques,¹ to whom Lacan had entrusted the project to apply his *mathemes* to clinical cases, explicitly including psychoses. As this last group was going to constitute the core of the Ecole de la Cause Freudienne, I will mainly focus on them.

In a series of articles published at the end of the 1970's and beginning of the 80's, Jacques-Alain Miller tried to characterize Lacan's views about psychosis. In a famous article first published in 1977, *Enseignements de la presentation de malades*, he described Lacan's patient presentations, a didactic procedure invented in XIXth century French university psychiatric services (Charcot is usually considered as the initiator) through which a professor of psychiatry, by conducting an interview of a patient before his students, would show them how to discriminate crucial symptoms and establish a diagnosis (the same procedure was also used as a practical exam for students in psychiatry). Lacan utilised this tradition of patient presentations in a modified form:² the presentations did not follow the habitual course of a merely didactic "symptom exhibition", but was conspicuously inserted within the incumbent therapeutic work. Lacan, after greeting the patient, informed him straight away that he had read his dossier and talked with the physician in charge and that the presentation was done before professionals and not an uneducated public. The patient was encouraged to describe how he felt about his life and his personal position, and what type of new decisions he could think of. Typically, patients were encouraged to participate when the medical team hesitated about the diagnosis, but were even more embarrassed about what to do, i.e. what sort of therapeutic strategy should be chosen, and what could be realistically expected from the patient. Lacan's interventions aimed to give the patient as much self-confidence as possible in his self-presentation and in the discussion that ensued after the patient had left, he made sure that the clinical concepts that were applied would be thoroughly criticized especially in view of the new elements brought forth by the interview. Miller's summary of Lacan's patient presentations emphasised three main points. First, Lacan would insist that one should not be in a hurry to "understand" and leave some space for possible surprises (in the sense promoted by Theodor Reik³). The patient's verbal associations should be allowed to flow, as each verbal element, each chain of memories might have taken on an unexpected meaning, including hidden delusions, but also the hints to new therapeutic perspectives. Whereas Maud Mannoni criticised Lacan's patient presentation as the residue of a stigmatizing tradition, Miller, in his article, insisted on the creativity of his approach, and the feeling of surprise it frequently created in the audience. He also tried to connect Lacan's practice to the history of psychiatry, especially Clérambault's mental automatisms which he viewed as the origin of Lacan's notion of the "autonomy" of the signifier.

Similarly, Miller, by the beginning of the 80's, considered that Lacan had founded the notion of "psychic structures" -- although Lacan never clearly systematized this notion, but rather presented it as a program that should gradually replace the French psychiatric notion of *clinical types*.⁴

¹ Lacan, Ouverture de la section clinique, in *Ornicar?* N° 9, 1977, p 7-14, where J-A Miller asks Lacan whether his mathemes can be applied to psychoses. J.-A. Miller. Est-ce que dans la paranoïa, le signifiant représente le sujet pour un autre signifiant? Lacan, Dans la paranoïa, le signifiant représente un sujet pour un autre signifiant.

² The author has personally attended several of Lacan's clinical presentations.

³ Reik, T. *Der überraschte Psychologe*.

⁴ This notion was created by the neurologist Jean-Martin Charcot as a substitute to the medical concept of disease, more germane to the field of neurology, which should, through logical deductions, permit to build a correct diagnosis in cases in which the disease was still hardly perceptible; Freud refers to it in his article on J. M

In the same article, Miller insisted that Lacan was mainly a follower of Clérambault's theory of mental automatism, which he interpreted as a manner of demonstrating the autonomy of signifiers in psychoses.⁵

He also noted that in Lacan's clinical presentations he had several times proposed a differentiation between "maladies of mentality" and "maladies of the Other", and wondered whether this differentiation could bring forward a new way of approaching psychosis – one of the consequences of this could probably be found in Miller's seminar on "Schizophrenia and paranoia".

The 1987-88 seminars

In 1987, Miller began his seminar "Cause and consent" by criticising the current views about the irreversibility of psychosis, recalling that Lacan had declared in 1967 "the madman is the free man" and not an alienated individual.⁶ This claim is usually understood as a development of Hegel's "*beautiful soul*" thesis in *The phenomenology of the spirit* as the result of an incapacity to recognize the characteristics of the world one depends on. Miller saw it rather as an admonition against what he had observed to be a frequent trope - the notion that psychotic decompensation was "automatic" stating that "I see in it an admonition against the fact that we are blinding ourselves when we understand the primary foreclosure as an unconditional mechanism... We are implicitly using a mechanistic reasoning... It is true that there is an *automaton* triggered by a *tuche*."⁷ There is a certain type of psychotic encounter that we had better spot. But the automaticity of the triggering of psychosis determined by the foreclosure does not imply that foreclosure is unconditioned." Miller continued by quoting *Presentation on psychic causality* in which Lacan underlined that there is, in the causality of madness, "an unfathomable decision of the being", and also, that "madness demands the ungraspable consent of freedom."⁸ He connected this assertion to the notion of foreclosure itself, which, whether in the original German (*verwerfung*), in French (*forclusion*) or in the British Law supposes the "total liberty" of an active mental rejection. He noted that this view of madness as "unbridled liberty" is "extreme", and absolutely contradictory with the western tradition in which liberty is strictly conceived as a result of conscious reasoning thereby excluding madness. In fact, Miller was to develop further in his seminar "One two three four"⁹ the notion of unconscious decisions as a substantiation for this claim. This equation of folly with liberty - which seems contradictory with structuralism - in which the subject is frequently presented as totally determined by the structure, goes as far as the motto "of our subjective

Charcot. The same notion was further developed by Philippe Chaslin, especially to diagnose schizophrenia in asymptomatic cases, and explicitly used by Lacan as well in his preface to the German translation of the *Ecrits*.

⁵ In fact, Clérambault drew on Séglas's theory of motor hallucinations. See Sauvagnat *La "désensorialisation" des hallucinations acoustico-verbales: quelques résultats actuels d'un débat centenaire*, in *Polyphonie pour Ivan Fonagy*, Ouvrage collectif, L'Harmattan, Paris 1997, p.165-182.

⁶ Lacan *Allocution au colloque l'Enfance aliénée*, published in *Recherches*, n°8 : *Enfance aliénée II L'enfant, la psychose et l'institution*.

⁷ The *tuche* here referred to is what Lacan calls the appearing of "One-father" and the call from the subject to a lacking signifier. The "*Un-père*" neologism built up by Lacan obviously refers to a radical form of *henology*, the one described in the first hypothesis of the Parmenides, according to which, "if there is One, nothing else exists".

⁸ Lacan *Ecrits* p. 177.

⁹ Seminar *Un deux trois quatre*. For a detailed presentation of the "five types of unconscious decisions" see also Sauvagna (in collaboration with Alvarez, J.M. & Esteban, R. *Fundamentos de psicopatología psicoanalítica*, Madrid, Ed. Síntesis, 2004.

position, we are always responsible.”¹⁰ This extreme stance is obviously different from what has been promoted by ego-psychology, for which responsibility is related to the ego agency, and in no way with an “unconscious subjective position”.

New understandings of elementary phenomena and of the Wolf-man case

In parallel with this open seminar, Miller organised a closed seminar (“DEA Seminar”), and the theme of the year comprised two parts: the exploration of the notion of elementary phenomena in Lacan’s thesis and a reading of the Wolfman case. One of the crucial moments at the beginning of this seminar was my presentation of the German theory of pathological personal relationships¹¹ which its promotor, Clemens Neisser, gave as the cardinal symptom of paranoia in 1892, and one of the four psychotic elementary phenomena at work in the Aimée case. This was to give shape to crucial aspects of Lacan’s notion of elementary phenomena: the fact that this delusional phenomenon of designation (of which there are also several bodily equivalents) implies an “Other supposed to know” appearing as the motor force of subsequent delusional constructions that was susceptible to stabilization. I subsequently showed that the notion of paranoia was understood, at the turn of the XXth century, as a curable psychosis.¹²

The part of the closed “DEA Seminar” dedicated to the Wolfman case was especially creative, and mainly consisted in a dialogue between Agnès Aflalo and Miller in which the latter played the role of the *devil’s advocate* defending the opinion that the Wolf-man was neurotic - in order to put it to the test - whereas Aflalo criticised his argumentation and showed on what basis he could be claimed to be psychotic. Five crucial points were established:

- 1) Although there was evidence of castration anxiety in the Wolf-man case, this anxiety did not serve the paternal function in the direction of a neurotic structuration, but had a persecutive quality.
- 2) The multiplicity of paternal figures did not play in favour of the paternal function, but on the contrary showed that the fundamental “Name-of-the-father” was not in its place.
- 3) The phallic function was elided: for instance, the “push to the woman” (*Durchbruch zum Weib*) evidenced by his interest for feminine behinds finally turned out to be a total passivity in front of women. His feeling that “the world seemed to be enveloped in a veil” could also be understood as the result of the elision of the phallus. There were several equivalents of this: for example his intense intestinal disorders and several uncommon psychosomatic ailments of his male organ.
- 4) The hallucination of the “cut finger” should be considered as psychotic and not only related to an exacerbated neurotic castration anxiety.

¹⁰ Lacan J, La science et la vérité, in *Ecrits*, Paris, Seuil, p. 858.

¹¹ Sauvagnat, "Histoire des phénomènes élémentaires. A propos de la "signification personnelle", *Ornicar?* N°44, 1988, p.19-27.

¹² Sauvagnat, *La systématisation paranoïaque en question, in Pensée psychotique et création de systèmes. La machine mise à nu sous la direction.* de Hulak, Ed. Erès, 2003, p 141-175.

- 5) Finally, this case called for a thorough reconsideration of the notion that the foreclosure of the Name-of-the-father (PO) determined the elision of the phallus ($\phi 0$). It seemed to invite the hypothesis that this notion represented but one possibility among a series with cases in which psychotic phenomena would only concern the issue of nomination and the symbolic domain; others in which there was apparently no nomination issue but a lot of phallic disorders with a delusional quality; and finally, cases in which various forms of bearings could occur between these two domains.

The three Conferences

Between the years 1995 and 1998, three conferences of the French Clinical Sections were organised in which the notion of “ordinary psychoses” was finally proposed. The *Conciliabule d’Angers* was centred on the *effects of surprise in psychoses* - a dozen cases were discussed with this theme in which the diagnosis was problematic and the evolution of the patient appeared puzzling. The next conference *La conversation d’Arcachon* took the issue from the viewpoint of *classifications* – the French classifications were used, and two crucial issues, represented by two cases came to the fore.

A first case presented by Castanet featured a schizophrenic who was “in a mist” and never seemed to be able to draw conclusions from any event. Consequently, the discussions focused on the issue of “quilting”, a crucial aspect of the graph of desire which was also used by Lacan in his knot theory. This notion seemed to respond to the general preoccupation of giving more flexibility to the theory of foreclosure, with moments of “unknotting”, failures in quilting, and moments of reconnections instead of a mere “yes” or “no” of the foreclosure of the name-of-the father.

Secondly, Miller exhibited a list of issues established by Aflalo about a case presented by Deffieux of an “as if” psychosis. This represented the crucial issues of what some colleagues would call “atypical psychoses” and up till now still largely epitomizes the specificity of what was about to be called “ordinary psychoses”. These issues are as follows:

- 1) The notion that “language disorders” are not apparent; instead, there are obvious issues with the knotting between imaginary, real and symbolic.
- 2) The social links, such as they are conceptualized by the Lacanian concept of discourse and the social relations that derive from it appear problematic.
- 3) Whereas the metaphor of the Name-of-the-father seems absent, the real father can be very present -- and quite unexpectedly constitute a solution to this lack.
- 4) The patient appeared to be alternatively heterosexual and homosexual and Aflalo asked whether this should be understood as a psychotic “push-to-the woman”.
- 5) The absence of a “triggering” - there was a scene with real castration threat, with little effect; conversely, the patient had been beaten up and had the feeling that he had “let go” of his body, after which, his father had refused to hear his story.
- 6) Narcissistic love of his naked body by the patient, in a non-symbolized way, separated them from the symbolic.
- 7) There appears to be, not just “one delusional metaphor” as seems to be evident in the Schreber case, but rather a “partial delusional metaphor”, that allows him to be dedicated to woodwork and cabinet making.

- 8) There is a similarity between the function of psychotic delusion and that of the neurotic fantasy.
- 9) The tendency of what seems to be a *Durchbruch zum Weib* to fall back into a passive “*pousse à la femme*” .

At the *Convention d'Antibes*, another direction was initially taken, the project to create a new clinic on the basis of the use of the prefix “neo”. If we refer to the index of this volume, we find that Miller had proposed to reconsider the psychopathology of psychoses on the basis of three terms: “the *neo-triggering*, that appears in the place of triggering in the neo-psychoses, and that I have called the “successive un-pluggings”; the *neo-conversion*: non-hysterical body phenomena, which cannot be interpreted in the “Freudian way”; and, the *neo-transference*: psychoanalytic practice with the neo-psychoses”. The psychiatrists and analysts in charge of this conference, Fabienne Henry and Michel Jolibois, understood this change as the consequence of the variety of the knotting and un-knotting that should be demonstrated in psychotic cases. It seems clear that this proposal of a new vocabulary aimed at changing attitudes of clinicians towards the possibility of subjective mutations in psychoses. In this volume, efforts were made to show that the notion of “encounter of One-father” could not account for a significant number of decompensations, and confirmed that the triggering of an unfathomable, overwhelming bodily jouissance could have a similar effect. In the contribution of the clinical section of Nice, one participant tried to elaborate a specific mechanism of decompensation in manic-depressive psychoses based on what the Heidelberg school had proposed under the name of *hyper-identification*; in the discussion, it appeared that more efforts should be made to account for what Lacan had already developed on this issue when he claimed that in manic depressive disorders what is rejected is the function of object a. The clinical section of Lille tried to show the variety of modes of decompensations, following the model of what Miller and Aflalo had shown in their discussion on the diagnosis of the Wolfman: One-father resulting in a Phi zero; Phi zero without the emergence of a One-father; Phi zero, and then later a P0; they also tried to pick up a few examples in the history of French psychiatry to support their claims. The part on neo-conversion produced a wealth of clinical vignettes about bodily disorders that could appear as the psychotic equivalent of hysterical conversions. In the report of the Clinical Sections of Rennes and Nantes, I proposed to differentiate between bodily phenomena that could demonstrably be the immediate result of the lack of a fundamental signifier, those that could appear as the result of the foray of One-father, and those that resulted in the focalisation of jouissance on a body part, as in the case of psychotic dysmorphia. Thus, if both P0 and Phi0 could be triggering events, one should also think of the ways each of them could become a compensation of the Other in paranoid psychoses. These instances should be differentiated from the schizophrenic cases, in which the problem of knotting together the imaginary, the symbolic and the real had a paramount importance.

In the part on neo-transference several propositions were made to conceptualize the way a transference relationship with psychotics could be elaborated in light of clinical practice. This was on the basis of *lalangue*, of the “partnership with the symptom” and how to help the patient by situating oneself as an obstacle against the “push-to-the woman” and as a limitation of the threatening “omnipotent knowledge”.

These three conferences (respectively centered on “surprise”, the “unclassifiable”, and the “neo-clinique”) had a simple conclusion: Lacanian analysts had to take into account a

modification in the apprehension of psychosis, which finally was designated by the phrase “ordinary psychoses”, as the phrase “neo-clinique” appeared too confusing to be retained. But this could be understood in several ways:

1. Either one insisted on the notion of *discretion* of ordinary psychoses as opposed to the exuberant style of “extraordinary cases”; however, doubts remain as to whether this could be seen as either the result of a lack of curiosity or finesse in the clinician, or the capacity of the patient to conceal his ordeals, or both.
2. Following from this, the question of how a decompensation could remain invisible was raised, or whether ordinary psychoses should be understood as “prepsychoses” in which the patient had found a way to avoid decompensation.
3. Then there was the issue of an historical change in the realization of the Name-of-the-father, which could determine the occurrence of “atypical symptoms”¹³ but still allowed to maintain the differentiation between neurosis and psychosis
4. Alternatively, the other hypothesis was that Lacan, when he stated that “*tout le monde est fou*” (everybody is crazy), suggested that the difference between neurosis and psychosis should not be sustained anymore.
5. Finally, the notion of ordinary psychosis was still understood by some as a “new diagnosis” in which “elementary phenomena were lacking”. This implied a *restrictive view* of psychotic elementary phenomena, in attempts to echo Lacan’s declaration in his seminar on psychoses, that “language disorders should be demonstrated to produce the diagnosis of psychosis”.

Among the abundant literature that appeared by then I will underscore a few articles that seemed most representative of current debates.

In a series of articles published by Ornica?¹⁴ I expounded a few aspects of the history of the notion of elementary phenomena in France and Germany psychiatry showing that at least four kinds of such elementary phenomena should be considered. These corresponded to at least four classical clinical disorders (paranoia, schizophrenia, manic-depressive disorder and autism). I showed that each of them implied both bodily and language symptoms, that they could justify Lacan position that the analyst should make himself the “secretary of the madman” (although this had been prohibited one century before by Falret, one of the founders of modern psychiatry). Finally, I suggested the clinicians who claimed that elementary phenomena could not be anything else than “language disorders”, which tended to be restrictively identified with linguistic neologisms, underestimated Lacan’s use of the term elementary phenomena.

In a 2002 conference at the University of Toulouse, Maleval proposed a vast panorama of the perspectives opened up by ordinary psychosis. He defined “ordinary psychoses” by their “absence of elementary phenomena” and the alleged fact that they had not decompensated although the Name-of-the-father was not in place. He thus explored a field that had previously been labelled as “pre-psychoses”, detailing a wealth of modalities: non-extraction of the object, discrete failing of knotting, prevalence of imaginary identifications all of which

¹³ Thus, Brousse considered that the multiplication of frequency of addictions should be attributed to a change in current discourses, although such symptoms could hardly pass as new - for instance in view of the fact that the British Empire had forced China to import and consume Opium as far back as the middle of the XIXth century.

¹⁴ Sauvagnat, "Secrétaire de l'aliéné aujourd'hui" in Ornica? Digital n°77, 78, 79, 80, 81, 1999.

providing a mode of stabilisation through which a subject could seem to keep his psychosis undetected. This represented a modification from his previous position in which he advocated a rather linear (“logic of psychoses”) view of the evolution of psychoses.

The initial ambiguity about “ordinary psychoses” being a “new syndrome” remained in some of the subsequent publications. For example, Laurent suggested that there might be an increase of “ordinary psychoses” at a time when democracy was more frequent and the “Other that does not exist” triumphs. Moreover, Brousse suggested that what she saw as an increase in cases of toxicomania could be a sign of the expansion of the “new syndrome”. Meanwhile, several authors showed that some of the traits discussed in the three conferences had already been spotted by ancient authors. For instance, Hulak, who in her *habilitation* paper discussed in length the problem of schizophrenic stereotypies¹⁵ as a continuation of hallucinatory experience, explored in depth the history of paraphrenia that is regarded as a form of stabilized schizophrenia that had been the object of numerous observations in the XIXth and the beginning of the XXth century¹⁶. However, Miller’s ongoing elaboration of ordinary psychosis has provided greater clarity issues concerning clinical orientation and its epistemological status.

In his paper at the 2009 meeting of the NLS in Paris Miller insisted on three aspects of ordinary psychosis. First, what he called “a three-fold externality” refers to the lack of a “feeling of life” which corresponds to what Lacan calls “ek-sistence” and results from a knotting that guarantees the function of fantasy. Second, he criticised the popular notion that ordinary psychoses should be a “new syndrome” and insisted that clinicians should recur to the many clinical descriptions to be found in psychiatric texts in order to clarify the mechanisms present in ordinary psychoses. And finally, he stated that ordinary psychoses should be clearly differentiated from the structure of neuroses.

Miller suggested that “social externality” implied an incapacity to assume a social function of any sort, a “mysterious helplessness”. He considered this to be determined by a disconnection or the “un-knotting” (“*déconnection*”) of the RSI or, by the artificial aspect of key identifications adopted without a total deep-felt commitment – what Helene Deutsch called “as if” identifications. As for “bodily externality”, which concerns the “body as Other for the subject”, he claimed that there must be something more than the hysterical feeling of the body as “strange”, or of a part of the body that has its “own way” as evident in masculine experience. Miller states that there must be a “gap where the body is un-wedged” and that the “subject needs some artificial trick to re-appropriate his own body” like a “joint brace”. Concerning “subjective externality Miller suggests that it is frequently an “experience of void, of emptiness and vagueness” with a “non-dialectical” quality, or as an immediate, fixed identification to the object.

Concerning the differential diagnosis of neurosis Miller proposed a series of criteria to distinguish it from the psychoses. He maintains that there must be the presence of a clear-cut Name-of-the father; the proof of minus Phi (i.e the effects of symbolic castration); the presence of an impossibility in the relationship between S1 and S2; the presence of an

¹⁵ Hulak, habilitation dissertation under the supervision of Sauvagnat (Habilitation is the new form of “*Thèse de Doctorat d’Etat*”, traditionally defended in Continental Europe by academics some ten years after their PhD).

¹⁶ Hulak, *De la paraphrénie à la psychose ordinaire*, Information psychiatrique 2009, Vol. 10, 85, pp. 869 - 875

impotence in the function of truth creating a barrier between the barred subject and object a;¹⁷ and, a clear differentiation between the id, the ego and the superego. However, even if this seemed to amount to a revision of the classical Freudian notion of neurosis, Miller underlined the need to take into account the mutation implied by Lacan's elaboration of the Name-of-the-father as an "predicate" rather than as an "essential" nomination.

In the following lines, we will discuss a few points that have been left mainly underdeveloped in the current debates.

Nomination

The Lacanian notion of the "foreclosure of the Name-of-the-father" is originally derived from at least two clinical sources, several religious traditions and extensive logical and linguistic research.

Several psychiatric phenomena can be alleged to justify this conceptualization, and specifically in the Breslau psychiatric school. First, the double aspect of the paranoid "primary symptom" of "delusional self-designation" (i.e. Neisser's "Krankhafte Eigenbeziehung" translated by Sérieux & Capgras into French as "signification personnelle").¹⁸ The first aspect was that of "disorientation,"¹⁹ which was rapidly identified with Wernicke's "Rathlosigkeit"²⁰ and was habitually rendered in French by "perplexité" – a term from which the English "perplexity" is derived. Here Wernicke's thesis, in his *Grundriss der Psychiatrie*, was that at the inception of a psychotic crisis one could always find this sort of disorientation which he found best expressed by the German term "Rathlosigkeit"; and, that the subsequent "explanatory delusions" (*Erklärungswahn*) were an attempt to solve this disorienting embarrassment. Wernicke claimed that psychotic *Rathlosigkeit*, as opposed to neurological confusion syndromes, was always a partial disorientation and was usually limited to one or two of the three psychological domains he distinguished (*autopsychisch, allopsychisch, somatopsychisch*).

Lacan, who had received an elaborate Catholic education - including classes by Jean Baruzi, a philosophy teacher who was a specialist of the great Spanish mystic St John of the Cross - drew heavily on theology in his attempts to account for these states of perplexity that he integrated into his ideas on "elementary phenomenon". Perplexity was thus understood as the lack of a fundamental signifier, which would otherwise have acted as a "road sign"²¹, and was identified with the stance of a fatherly god in monotheistic religions. Lacan's use of a linguistic demonstration concerning the antecedent of relative pronouns by Damourette and Pichon ("*Tu es celui qui me suivra(s)*") implied that for him the issue of nomination such as it

¹⁷ These last two criteria are presented in Lacan's seminar *L'envers de la psychanalyse*.

¹⁸ See Sauvagnat, 1988, op. cit.

¹⁹ *In der Desorientierung haben wir das eigentliche Wesen jeder Psychose zu erblicken...Es giebt keinen Geisteskranken, der nicht in irgend einer Weise desorientirt wäre. Ist er es einmal nicht, so ist er auch nicht im engeren Sinne geisteskrank* (We must consider disorientation as the specific nature of all psychoses... There is no mental patient who is not in some way disoriented. If he is not, he is not psychotic in the strict sense). Wernicke, *Grundriss der Psychiatrie*, 1900, p. 218. The connexion between *Rathlosigkeit* and foreclosure was initially proposed by our late colleague Michael Turnheim in *Freud und der Rest: Aufsätze zur Geschichte der Psychoanalyse. Turia & Kant, Wien 1993*. See also Michael Turnheim, *Perplexité (Rathlosigkeit)*. *La Cause Freudienne*, revue de psychanalyse de l'École de la Cause freudienne, no 23, diff. Navarin, Paris: Seuil, 1993.

²⁰ *Rat* or *Ratschlag* means an advice; *ratlos* usually translates as "at a loss", perplexed, clueless, bewildered, puzzled, baffled, nonplussed; *Ich weiss mir keinen Rat mehr*: I am at my wit's end.

²¹ "Poteau indicateur" - an expression used by Lacan in his seminar on psychoses.

is described in the Book of Exodus should be considered as a fundamental human phenomenon. In his first seminars, Lacan insisted on two references that would situate the Name-of-the-father as a preliminary principle that has or has not been bestowed, and which secondarily is applied to more empirical data. The reference to the Book of Exodus (in Hebrew: *Shemot*, i.e.: “Names”), underlines the fact that God’s name is not a habitual name, unlike other godheads (i.e. “*Ehyeh asher ehyeh* / The one who is”, etc.) but is a preliminary to being. The reference to *Athalie*, a play by the Jansenist²² Jean Racine is entirely articulated around the issue of God’s wrath as a figure of his omnipotence and its acceptance by the Jews as the only way to set free from the treacherous *Athalie*. The devout compliance of the Great Priest is contrasted with the destiny of *Athalie*’s mother (Jezebel), whose defiance of the angry God resulted in her being thrown down a window and devoured by dogs, in such a way that the fragments of her body could not be discriminated from the mud. In Lacan’s formula of metaphor, he insists that the effect of the Name-of-the-father is a preliminary imposition of a signifier on the subject, who is secondarily submitted to the desire of the mother.

The same figure of a preliminary response is also presented in Lacan’s second seminar as allowing the subject to represent, to articulate himself in, a call.²³ Failing this, the subject is at the mercy of the encounter of “One-father”, an expression built on the model of the first hypothesis of Plato’s Parmenides (“If one is, nothing else exists”), implying the impossibility of a recourse to a limitative instance. Such a limitative instance is expressed in the classical figure of Isaac’s sacrifice, in which the Godhead appears through the limitative figure of *El Shaddai*, classically accompanied by an angel, who prevents Abraham from completing this ordeal.

In the course of Lacan’s teaching, this absolute, privileged status of the Name-of-the-father will be progressively downgraded and pluralised²⁴ with an increasing insistence on the way nomination can be modified through some kind of agency of the subject. In the seminar “Les non-dupes errant” Lacan suggested two ways that this could be done. One was to view subjectivity as best expressed by the lot of Cain in Genesis, who, although he is condemned and confined to the “East of Eden”, can find some nominations that can protect him for a while. The other indication suggests that due to a modification in the father figure, preliminary nomination has become less frequent, and most of the available nominations are “nominations to...” some (temporary) office, a notion Miller called “predication”. Moreover, I have mentioned in a recent paper, the fact that in Lacan’s commentary of Wedekind’s Spring’s awakening (in which nomination appears in the guise of a “mummified” figure, *der vermummte Herr*) he considers that the function of this figure is to be capable to respond to the challenge of the feminine masquerade, embodied by the “headless queen”. The “predication” here is enacted in the formulas of sexuation in which the insistence is set on

²² Jansenism, a mystic current strongly influenced by some aspects of Augustinism that had been revived by the protestant leader Jean Calvin. This stream was particularly powerful in France, its main centre was the Abbaye de Port Royal near Paris and it played a major role in the religious thought of Blaise Pascal. Although it was condemned by the Catholic Church as heretic, its secret influence was sustained in France from the 17th century into the 20th, some of it has been argued to have played a significant role on Lacan’s fascination for Kierkegaard (see Le Brun L’amour Pur).

²³ Lacan uses here Hans Bühler’s *Organonmodell*, which distinguishes between call (Appell), expression (Ausdruck) and designation (Vorstellung)

²⁴ The first pluralization appears in the seminar RSI (13th of May 1975) in which Lacan claims that the Name-of-the-father can be incarnated in the three presentations of the symptom proposed by Freud: inhibition, symptom and anxiety.

how the phallic function can be operated on. Far from being the mere application of a prerequisite, nomination is here something that has to struggle directly within the inexistence of sexual relationship - on the “not-all” incarnated by the figure of the headless queen.

The phallic function and the aporias of jouissance

In his early psychoanalytic articles Freud claimed that an enduring symptom could not appear unless it had a “sexual content”. Most psychoanalytic currents have been interpreting this qualification as linked to an evolutive capacity to love; pathology was seen as determined by primitive forms of love, whereas the gradual accession to selfless love was seen as the key to an enduring pacification of the symptoms. A frequent version of this has been the notion of “genital love”, for instance in the works of Karl Abraham, who tried to signal a correspondence between various psychiatric syndromes and fixations to psychosexual stages. However, in Freud, the harmonization between sexual drives and love has always been considered as uneasy at best. In his 1917 article, Freud suggested that all drives were perceived unconsciously as equivalents of the phallus, the Greek god of fecundity, the movements of whom could be both subterranean and external. Consequently, drives should be seen both as what permits a closure of a body and an exchange in sexual reproduction. More, a third function concerned the ultimate substance of “meaning”. Freud discussed an Upsala linguist, Hans Sperber, who claimed that “sexuality has played a determining role in the formation of language” and that “it is in the field of sexuality that we can identify one of the roots, or better, the essential root of language”. Finally, he suggests that all the “tools of imagination” in primitive men presented an analogy with the sexual activity, which constituted an enduring original model.

This view seemed to be accepted by Freud and then by Lacan in his article on the signification of the phallus. Lacan’s contribution to this theme has been multiple:

1. The differentiation between neurosis and psychosis has been characterized by the notion of “symbolic castration”, written with the *matheme* (minus phi), as a representation of an effect of nomination (i.e. “the metaphor of the father’s name at the principle of separation”). In this sense, phallic jouissance (R/S) calls for some sort of “drive nomination”, and thus implies the dimension of the “appeal to the father”.
2. Minus phi thus becomes what allows a subject to be differentiated from immediate signifiers by the fundamental fantasy, which both structures psychic reality and the object of desire. In such a way, minus phi was described as what gave its consistency both to the object (which Lacan originally derived from Winnicott’s transitional object) and to the body.
3. In several seminars, starting in 1961, Lacan envisaged the phallus as a calculus tending to reduce the contradiction between desire and demand in neurotic individuals. He there refers to the “golden number”²⁵ whose applications in aesthetics and architecture are well-known.

²⁵ In mathematics, the gold number is designated by the Greek letter ϕ .

4. Phallic jouissance is one of the instruments through which the imaginary of the body gains its consistence around the functioning of the drives (the other being the “symbolic frame” given by the ego ideal).

Now it is quite clear that in some cases, phallic jouissance can be the occasion of a psychotic decompensation. Military psychiatrists, in countries where young men were drafted before most of them ever had a complete heterosexual intercourse and gained the opportunity to be confronted to prostitutes, regularly reported that a certain number of them decompensated for that reason.²⁶

However, clinical practice indicates that several strategies can be used in order to avoid this equivalence between the call to the Name-of-the-father and phallic activity. For example, one married patient in his fifties, who claimed to have an important sexual activity, constantly avoided orgasm because he once experienced that he felt totally overwhelmed and knew this was capable of determining his decompensation; he could tell how one such experience had left him without bodily limits for several days, in a semi-vegetative condition. Moreover, the Wolf-man case includes remarks on his constant preoccupations concerning the functioning of his penis, including various sorts of chronic irritations. The hallucination of the cut finger should probably be associated with this constant challenge and his enduring preoccupation about bowels movements should also be associated with the same issue. In contrast, in many cases of erotomania, the appeal to the father’s name is evident, sometimes causing the well documented “stalking behaviour” when the subjects asks why the Other is soliciting him / her in such an insistent and intrusive way. This may alternate with moments of stabilization in which the subject is in a relationship where the partner is simply experienced as an innocuous double. One female patient in her 30’s was living with her boyfriend whom she described as a highly predictable, considerate fraternal figure, and who also had mental issues resulting in social and professional difficulties. They had sexual intercourse that didn’t seem to destabilize either of them. However, every few years, in her own terms, she “fell in love” of another man, i.e. she had a psychotic revelation that she was bound to marry that new character; she then developed a manic state that was intense enough to require an internment of several months. It seems that in this case, the emergence of a mysterious third party provoked an appeal to the Name-of-the -father, in front of which the patient found herself totally helpless, the disorientation being expressed by clinical mania.

In terms of supplementations of this issue, at least four possibilities have been documented:

- 1) A sexual activity articulated to a delusional representation or even a delusional system, as in the case of Otto Gross, the Viennese psychiatrist who was the first modern propagandist of free love in the 1910’s, and claimed that wordless sexual activity should be practiced between men and women for fear patriarchy might provoke the end of the world
- 2) An “imaginary” sexual activity, in which sexual activity would be strongly identified as part of an imaginary envelope, like in the case of Joyce who described his relationship to his wife as a “finger and a glove”.

²⁶ I have received such testimonies from military psychiatrists during an internship in the armed forces. For obvious moral reasons, the specialized literature contains little about such clinical issues.

- 3) A total refusal of sexual activities, or strong limitations so that the appeal to the Name-of-the-father is not mobilized.
- 4) Cases in which the sexual partner appears to be a living proof and guarantee that no appeal to the Name-of-the-father will occur.

Knotting and the question of the psychotic equivalent of the neurotic fundamental fantasy

After distinguishing three separate domains at the beginning of the 1950's and showing that the symbolic "ruled" the imaginary, he had finally discovered that each of them could be envisaged as being on equal significance in the formation of psychic structure.²⁷ Most Lacanian authors have considered that Lacan's knotting theory was simply a consequence of his personal elaborations. But in so doing they failed to recognise that it was obviously related to a previous debate on the nature of "dissociation" in schizophrenia, of which Lacan had been a direct witness in his younger years. The notion that dementia praecox - what would finally be called schizophrenia - should be differentiated from dementia gradually emerged in the XIXth century, and Kraepelin, drawing on Kahlbaum, showed that at least three forms should be differentiated: paranoid, catatonic and hebephrenic types. He also showed that some forms which he called paraphrenic, could be shown to retain a capacity of social adaptation. Drawing on the debates over a core symptom of dissociation, especially the developments by Wernicke and Gross on the mechanism of *Sejunktion*, Bleuler proposed a renewed approach to dementia praecox that tried to include both organic and psychogenic causality by focussing on *Spaltung* which he described as a "loosening of associations". Simultaneously, Chaslin, who had both received a medical and a mathematical education, proposed to replace the notion of *Spaltung* with that of *discordance*, a term which Bleuler found convincing, although he did not go as far as proposing to substitute it to his own concept. By discordance, Chaslin meant a bizarre quality by which psychological faculties seemed to lack consistency in schizophrenia. He showed that in some cases this inconsistency was mainly verbal, describing neologisms, tangentiality and inconclusiveness in the discourse of paranoid schizophrenia; in other cases discordance was mainly motor of emotional.

I have tried to show that although Lacan did not explicitly quote Chaslin - in fact he quoted very few psychiatrists after the 1950's - the latter's viewpoint is probably the one that is closest to Lacan's "unknotting" concept²⁸ Discordance in Chaslin describes both a discrepancy in psychological functions (affect, intellect, mimic, motricity) but also an absence of "harmony" between them, with a variety of more or less visible dissociating effects - in some cases the symptoms remained hidden and discordance was not to be confused with "negative symptoms". Other contemporary options, in the French domain, were mainly influenced by Bergson's vitalism and Janet's study of the pathologies of the "mental synthesis". Moreover, Minkowski insisted on the loss of vitality in the schizophrenic and the excess of mechanical intellectualization which produced a "loss of contact with reality". In

²⁷ This corresponds to cases in which the function of object a, which in neurotic patients incarnates the object of desire (or more broadly, what is called intentionality in recent philosophy) is not working, and poses the question of how to replace it.

²⁸ Sauvagnat, "A propos des conceptions françaises de la schizophrénie: de la discordance à la problématique RSI", in *Synapse, Journal de Psychiatrie et Système Nerveux Central*, n°169, Octobre 2000, p.49-58.

addition, Guiraud coined the term of *athymormie* which he saw as an organic process implying the same loss of vital feelings while Henry Ey also followed the influence of Minkowski. Lacan, by that time, also considered schizophrenia as dominated by negative symptoms.

But forty years later, with Lacan's examination of Joyce's case, the issue of discordance came to the fore under the form of Joyce "letting go of his body" during a feud. The bizarre quality of this symptom was clearly reminiscent of Chaslin's descriptions of *disharmony* in dementia praecox. This suggested at least four possibilities:

- 1) A type of knotting in which the equivalent of the fundamental fantasy is in force, as in paranoia or melancholia. Both these syndromes are known to be capable of forms of knotting that have been described as the "as if" personality. Kretschmer's hypothesis²⁹ of decompensation or stabilization due to "character mechanisms" was originally discussed by Lacan himself in his thesis (1932). In the case of Conrad-Ferdinand Meyer, who suffered several episodes of manic-depressive disorders necessitating hospitalizations, long periods of stabilization were possible through the literary creation of semblances of objects which the writer represented as a "partial betrayal" within certain limits. When he trespassed these limits, he fell into a deep melancholic state of which he never quite recovered.³⁰
- 2) Ironic unknotting has been described by Miller as a frequent mechanism of schizophrenia. It can have a variety of consequences, some of which may have a stabilizing effect, whereas in other cases, irony may lead to self-destruction. In the case of the patient who had issues with the phallic function, this person also had fits of delusional hypochondria suddenly declaring that he had a bizarre pain in his chest and showing intense anxiety. He demanded all the possible biological explorations and had his chest scanned by different practitioners - which was possible for a modest cost at that time. He compared the results, wittily pointing out the discrepancies between them, concluding that the entire medical body was incompetent. This seemed both to satisfy him and to resolve his anxiety, no matter how intense and irrational it previously appeared.
- 3) Another possibility is that elementary phenomena, which normally express the unknottings, can be substituted for each other. In the case of Meynert's description of *Beobachtungswahn* (delusions of observation), the patient, following an experience in which he feels that his bodily limits seem to have collapsed, reacts by a mechanism of suspicion whereby he claims to be observed and watched constantly³¹ although this was not his "original psychotic experience". In a case of psychotic mythomania,

²⁹ *Der Sensitive Beziehungswahn*. Ein Beitrag zur Paranoiafrage und zur psychiatrischen Charakterlehre. (The sensitive delusion of reference. A contribution to the problem of paranoia and to the psychiatric study of personality.) By Ernst Kretschmer, 4th expanded edition, edited by Wolfgang Kretschmer. Berlin-Heidelberg-New York: Springer-Verlag, 1966.

³⁰ Sauvagnat, "Conrad Ferdinand Meyer ou le dévoilement mélancolique", post-face à Conrad-Ferdinand Meyer: *Les souffrances d'un enfant*, Editions Anthropos, 1997, p. 55-110.

³¹ Sauvagnat, *Theodor Meynert et le délire d'observation*, <http://www.lobjetregard.com/2016/10/05/meynert-et-le-delire-dobservation-par-francois-sauvagnat/>

Capgras and Reboul-Lachaux³² have shown that a delusional imaginary narrative about a “national conspiracy” in which “children were held hostages in cellars”; here the patient had originally perceived verbal hallucinations of “children crying for help”.³³

- 4) Finally, it allows us to differentiate cases in which mental automatism is limited to an uncontrollable but circumscribed personal experience in contrast to cases in which the patient feels that these automatisms are being broadcasted as “telepathy” (active or passive) and in which no bodily limit is available.

Conclusion

I have tried to show that the notion of ordinary psychosis could not be reduced to the invention of a new syndrome or the emergence of a new form of pathology. It has progressively emerged from debates inside the Lacanian stream of psychoanalysis about how to contribute to psychiatric work in the field of psychoses, a preoccupation that had been constant since the 1920's in France.³⁴ In the 1980's, a risk existed that Lacanian practitioners would restrict their approach to a “processual” view of psychosis: this was problematic as it limited the apprehension of elementary phenomena to “neologisms”; underestimated bodily phenomena and simplified the complexity of psychotic experiences. However, in contemporary Lacanian practice the notion of “ordinary psychoses” has been instrumental in increasing the agility and versatility of the approaches to psychosis and encourages the use of the still partially unexploited wealth of clinical resources that the history of psychiatry can still yield.

Finally, from a comparative point of view, we can distinguish the problematic of ordinary psychoses from four other contemporary psychiatric viewpoints interested in the issue of “discrete psychotic phenomena”. These are:

- 1) The borderline personality organisation or borderline personality disorder (Kernberg). Historically this notion has been applied to five types of problems (partial / hidden madness; abandonment / acting out; various sexual dysphoria; character defences; "difficult" transference problems). Kernberg has tried to re-group all of them by using transference problems as an operational and therapeutic principle.
- 2) From the problematic of the “unspecific basic psychotic disorders” (unspezifische Basisstörungen) developed by the School of Bonn from the 1960s that describing discrete disorders that chronologically are forerunners (“prodromes” or “outposts”) of full-flight schizophrenia.
- 3) The way Parnas and Zahavi tried to modify this problem according to Husserlian and Merleau-Pontian principles (so-called EASE symptoms), focussing on disorders of consciousness and relationship to the interpersonal environment. And finally;

³² Capgras & Reboul-Lachaux, *L'illusion des sosies dans un délire systématisé chronique*, Bull. Soc. Clin. Med. Ment, Vol. 11, 1923, p. 6-16

³³ Sauvagnat, *Réflexions sur le statut de la mythomanie délirante*, L'Evolution Psychiatrique, 68 (2003) p. 73-96.

³⁴ On this historical point, see Yang Suzanne, *Théoriser la psychose: psychanalyse et psychiatrie en France, 1920-1932*, Thèse de Psychologie, Dir. Sauvagnat, Université de Rennes 2, 23 Février 2011

4) The way McGlashan and a series of psychiatrists, including Norwegian, Australian, etc. have developed the observation of discrete signs for preventive neuroleptic medication. There is little doubt that some interesting comparisons can be done between these lines of research (for instance some of Lacan's considerations on the subtraction of jouissance brought forth by symbolic castration belong to his debate with Merleau-Ponty), but also that they belong to quite distant perspectives.