Elementary phenomena, body disturbances and symptom formation in ordinary psychosis

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Abstract:

In Lacanian psychoanalysis, contemporary research in the field of ordinary psychosis has provided new approaches to theorising psychosis. The mechanisms underlying the onset of psychosis, subsequent triggering events and those that stabilise the subject lie at the forefront of debate and theoretical development. Although body disturbances have long been recognised in psychosis, particularly in schizophrenia, the significance of the body during the onset of psychosis, in subsequent triggering events, and for the stabilisation of the subject is not well understood. I examine body phenomena in ordinary psychosis by exploring onset, triggering events and stabilisation in cases of mild psychosis. I do this by exploring literature from Lacanian psychoanalysis, Anglo-American psychoanalysis, psychiatry and six case studies. I maintain that during the onset of psychosis and in subsequent triggering events, body disturbances, which are often subtle and difficult to detect, may be the only evidence of a psychotic disturbance. Moreover, I claim that these body disturbances revise our understanding of the onset of psychosis and triggering events, particularly in schizophrenia. I conclude that certain body phenomena only achieve the status of a stabilising symptom when connected with language. I also argue that Lacan’s theory of neurosis, though a distinct clinical structure, provides an important reference for understanding symptom formation in psychosis. Since the treatment of psychosis is predicated on the emergence of symptoms, which take on a stabilising function for the subject, understanding the mechanisms underlying body symptoms in psychosis is imperative, specifically for broadening the treatment possibilities for schizophrenia. This knowledge may also enhance therapeutic efficacy as the emergence of a stabilising symptom bears directly on analytic work, particularly in the handling of the transference and interpretation.
"I leave Sisyphus at the foot of the mountain! One always finds one's burden again. But Sisyphus teaches the higher fidelity that negates the gods and raises rocks. He too concludes that all is well. This universe henceforth without a master seems to him neither sterile nor futile. Each atom of that stone, each mineral flake of that night-filled mountain, in itself forms a world. The struggle itself toward the heights is enough to fill a man's heart. One must imagine Sisyphus happy."

Albert Camus

Introduction

This thesis examines the role of body phenomena in the onset and stabilisation of psychosis by drawing on Lacanian psychoanalytic theory. Jacques Lacan (1901-1981) was a highly influential figure in French psychiatry and psychoanalysis, and his legacy remains strong in contemporary psychoanalytic institutions across the world. Lacan’s training in classical psychiatry under the tutelage of some of France’s most highly regarded alienists and his ongoing involvement with psychiatric patients at Sainte-Anne’s hospital, beginning in the 1930’s and continuing through to the 1970’s, meant that psychosis was central to his clinical work and thus a consistent theoretical preoccupation (Fink, 1995; Roudinesco, 1997). This theoretical engagement with psychosis constitutes a central platform for his ventures into psychoanalytic theory and practice; from his doctoral thesis on paranoia through to his seminar on Joyce, the question concerning the psychoanalytic treatment of psychosis was at the forefront of his clinical work (1949, 1958, 1972, 1975-1976, 1987, 1993). In psychoanalytic theory, his approach to psychosis remains unique as it is derived from two distinct theoretical domains: modern European psychiatry and Freudian theory. Both fields are crucial for understanding his theory of psychosis; Lacan’s synthesis of these two fields is evident in his reading of Freud’s major work on psychosis, *Psycho-analytic notes on an autobiographical account of a case of paranoia* (1911), which in turn, situates my research problem.

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1 Citation taken from *The myth of Sisyphus and other essays* (Camus, 1955, p. 78).
Freud’s theorisation of psychosis is significant as he introduces the thesis of loss, restitution, and recovery into the psychiatric lexicon on the schizophrenia / paranoia dichotomy. In modern psychiatry, this dichotomy occupies an important place in nosology as clinicians have observed the tendency of psychosis to change into a progressive and systematised form. Thus, psychosis is typified, in many instances, by a transition between schizophrenia and paranoia symptomatology: in schizophrenia, cognitive and affective disorganisation, intrusive positive symptoms and chronic withdrawal have a tendency to evolve in a progressive and systematised form, culminating in a delusion (Hriso, 2002c; Stanghellini, 2009). Freud (1911) claimed that if psychosis is characterised by a tendency toward the systematised form and the formation of a delusion, then paranoia may be considered an attempt at restitution and recovery when contrasted with schizophrenic withdrawal and disorganisation: in paranoia, the delusion is often the only clinical symptom whose emergence correlates with the return of the subject’s engagement with the social world, albeit in a modified form. For Freud (1924), the reparatory function of psychotic phenomena is primarily a response to a loss of reality that occurs when the subject “disavows” or “rejects” an element of the external world.²

On the one hand, Freud’s reading of the Schreber case is paradigmatic of this tendency toward systematisation in psychosis; the movement from the schizophrenic spectrum of psychosis to the paranoid spectrum is clearly evident in Schreber’s (2000) writing. For Schreber, the onset of psychosis was characterised by invasive and painful hypochondriacal body disturbances, auditory hallucinations, unsystematised persecutory delusions, and, catatonic states; however, over several years this symptomatology evolved into a paranoid presentation where a systematised delusion became predominant in the clinical picture. On the other hand, although the Schreber case provides a striking glimpse into the evolution of psychosis, Freud’s theory that the delusion was an attempt at recovery constituted a major shift in conceptualising psychosis. Moreover, theorist’s claim (Laurent, 2007) that Freud’s conception of loss

² Here Freud states “The elucidation of the various mechanisms which are designed, in the psychoses, to turn the subject away from reality and to reconstruct reality—this is a task for specialised psychiatric study which has not yet been taken in hand” (1924, p. 186).
and restitution in psychosis provided the impetus for Lacan’s foray into theorising the onset of psychosis and stabilisation.

In Lacan’s classical theory of psychosis (1958, 1993) this Freudian notion of loss and restitution in psychosis was reformulated in terms of psychotic structure that emphasised the symbolic, imaginary and the real. For Lacan, unlike Freud, the phenomena of loss / restitution in psychosis required a specific notion of psychotic structure, as opposed to neurotic structure, to account for the radical differences between disturbances encountered in psychosis and neurosis (Grigg, 2008). Lacan’s reading of the Schreber case develops Freud’s thesis concerning loss / restitution in terms of a fault in the psychotic subject’s psychic structure; the foreclosure of the signifier the Name-of-the-Father, a signifier responsible for regulating and organising the unconscious, results in a hole rather than the inscription of a signifier (Lacan, 1958; Recalcati, 2005). Consequently, for Lacan, this fault in psychic structure underlies the onset of psychosis, which is described in terms of the subject’s position in the symbolic vis-à-vis the foreclosure of the Name-of-the-Father. This fault is also key to stabilisation, a notion oriented around the idea of the delusional metaphor where a network of signifiers functions to reorient the subject to the world, subsequent to psychotic onset (Lacan, 1958). Since Freud’s proposal that delusional formation is an attempt at reconstructing the world, hence recovery, in Lacanian theory stabilisation in psychosis has primarily been focused on paranoid psychosis.

While Lacan’s theorisation of paranoia is both highly instructive and indispensable to clinicians working with psychosis, theorists have over emphasised the classical theory of psychosis concerning the onset of psychosis and stabilisation. This strong influence has had at least two important effects: first, Lacan’s other theories of stabilisation in psychosis, such as imaginary identification and suppletion, remain under-developed; second, different permutations of psychosis, particularly those cases in the schizophrenia spectrum, remain under-theorised. However, in recent years, theorists have begun to address these limitations to Lacan’s work and address other forms of psychosis that do not easily fit into the schizophrenia / paranoia dichotomy.

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3 Lacan’s classical theory of psychosis refers to the essays and seminars in the 1950’s where the foreclosure of the Name-of-the-Father was first introduced (1958, 1993).

4 In Lacan’s theory of psychosis three distinct theories of stabilisation were articulated: imaginary identification, the formation of a delusion, and the suppletion (Grasser, 1998).
Over the last decade in the Lacanian field, Jacques-Alain Miller has produced a series of new and significant contributions to conceptualising psychosis. In 1998 Miller introduced the term *ordinary psychosis* to provide an *epistemic category* - as opposed to a new nosological entity - for clinicians to address a series of theoretical problems emerging from the treatment of psychosis (Grigg, 2011; Miller, 2009). The term was originally established to create a forum for discussing difficult-to-classify cases, i.e. cases that could not easily be situated in the neurosis / psychosis distinction or the schizophrenia / paranoia dichotomy. Difficult cases emerge when the signs, symptoms, and course of illness do not follow the “typical” presentation of either a neurosis or a psychosis; moreover, in terms of psychic structure, the mechanisms of repression (neurosis) and foreclosure (psychosis) are also difficult to detect in the clinical picture (Svolos, 2008a). The field of ordinary psychosis has emerged from these clinical issues – the term ordinary psychosis is currently a focal point for debates addressing issues such as diagnosis, psychiatric nosology and the neurosis / psychosis distinction, untriggered psychosis, the onset of psychosis and subsequent triggering events, stabilisation, and symptomatisation. While no consensus has been reached concerning the application of the term ordinary psychosis (Wulfring, 2009) it is clear that the theories of psychotic structure, the onset of psychosis, triggering events and stabilisation remain fundamental for addressing the diverse clinical phenomena encountered in psychosis. The debates and discussions arising from this issue situate the present study.

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5 Miller is a central figure in the French psychoanalytic tradition and the WAP provides seminars and courses for training analysts with a particular focus on the clinical and theoretical significance of Lacan’s later teachings. In Lacan’s oeuvre the phrase “Lacan’s later teachings” does not refer to a specific time period or set of ideas. However, it may roughly be situated in the 1970’s, and, as Wolf and Voruz state, it is characterised by the “rearticulation of the classic concepts of psychoanalysis and his ennunciation of new ones to name the impasses and paradoxes produced by his earlier engagement with both psychoanalytic theory and praxis” (Voruz and Wolf, 2007, p. vii). My thesis affirms this line of reasoning by examining the continuity and discontinuity in his theory of psychosis in my investigation of body phenomena in ordinary psychosis.

6 Theorists argue that an ordinary psychosis is difficult to diagnose, in part, because it is a “milder” expression of psychosis with an atypical symptomatology. Thus, an ordinary psychosis does not constitute a new syndrome of psychosis, rather, it examines how classical forms of psychosis – i.e. paranoia, schizophrenia, and mania – may emerge in relatively stable forms, such as when delusions and hallucinations are absent (Svolos, 2009).

7 Throughout the thesis I use the term *onset* when referring to the notion of the first psychotic episode and when discussing the idea of untriggered psychosis. In contrast, I use the phrase *triggering events* when referring to post-onset psychotic episodes – I discuss these issues in detail in Chapter 4 and 5.

8 See issue 19 of *Psychoanalytic Notebooks of the European School of Psychoanalysis* for a collection of papers dedicated to the theme of ordinary psychosis.
In the field of ordinary psychosis, several important developments depart from assumptions underlying the schizophrenia / paranoia dichotomy. Theorists have devised three key terms – “neo-triggering”, “neo-conversions”, and “neo-transference” – in an attempt to move beyond the limitations encountered in Lacan’s classical theory of psychosis, and to address cases falling outside of the schizophrenia / paranoia dichotomy (Laurent, 2008). The hypotheses are that the onset of psychosis will have varying outcomes, and psychotic symptomatology is not necessarily progressive. The term neo-triggering centres on revising the idea of psychotic onset by examining instances where onset is not easily reduced to the subject’s confrontation with a “symbolic father”, as described in the classical theory of psychosis, or, to the associated clinical phenomena. Neo-conversions refer to the emergence of body phenomena in psychosis that appear to take on a stabilising function (Gault, 2008; Laurent, 2008; Porcheret, Cassin, Guéguen, and Sauvagnat, 2008); the key point is that the form of recovery does not coincide with the formation of a delusion, which is an issue that has not been addressed by theorists. Finally, neo-transference refers to how analytic work with psychosis can unfold, with a particular focus on how the technique of interpretation and the handling of the transference may better result in the stabilisation of the subject. Understanding body disturbances is particularly significant because theorists claim that in certain cases the onset of psychosis is followed by body phenomena that function to stabilise psychosis. In summary, restitution does not emerge in the formation of a delusion, but rather, a body symptom may effectively short-circuit the trajectory of psychosis described in the schizophrenia / paranoia dichotomy (Gault, 2008; Laurent, 2008; Porcheret et al., 2008).

My research aims to make a contribution to the field of ordinary psychosis by examining the role of body phenomena in the onset of psychosis, triggering events, and in the stabilisation of psychotic structure. Although theorists state that neo-conversions function to stabilise the subject after the onset of psychosis, there has not been a systematic investigation into how body phenomena in psychosis are situated in relation to Lacan’s theories of onset and stabilisation. Moreover, as Lacan’s description of the onset of psychosis and the delusional metaphor appears to have
limited explanatory capacity for cases of ordinary psychosis, the question then arises whether his more general notion of psychotic structure requires rethinking. In this thesis, I argue in favour of preserving Lacan’s idea of psychotic structure in order to adequately address how these mechanisms operate in cases of ordinary psychosis. Accepting the foreclosure of the Name-of-the-Father as the *invariant condition of psychotic structure* preserves the neurosis / psychosis distinction, yet allows for further investigation into the mechanisms underlying the vicissitudes of psychosis. Moreover, preserving the neurosis / psychosis distinction is imperative because it emphasises the different status of symptoms between the two categories. In psychosis, the primary clinical problem concerns the absence of a symptom, a phenomenon that emerges from symbolic foreclosure.\(^9\) The psychotic subject has difficulty in using the symbolic to mitigate the invasive and disorganising effects of the real, which is distinct from the organisation of symptoms in neurosis. The absence of a symptom in psychosis also highlights the provisional link between the real and the symbolic; and an *investigation of how this link fails and how it is compensated* will, I believe, shed light on the onset of psychosis, triggering events, and stabilisation. Finally, since body phenomena may be linked with onset, triggering events, and symptom formation, which are central to the clinical phenomena encountered in schizophrenia, then engaging in cases in the schizophrenia spectrum provides a useful vantage point for examining these issues.

My research question is: *What mechanisms underlie the emergence of body phenomena in cases of ordinary psychosis and how do they function to stabilise psychotic structure?* The focus on body phenomena, the onset of psychosis and triggering events aims to:

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\(^9\) Here Wolf states:

In neurosis, the cure is aiming at the real, at the jouissance of the drive, which lies at the heart of the symptom. In psychosis, the situation is somewhat reversed. The psychotic starts with what the neurotic aims at, namely the real. And since the psychotic starts with the real, the real question that Lacan was concerned with was how to enable the *psychotic subject to construct a way of hooking the real, of plugging it to the symbolic* (Wolf, 2005, p. 58 emphasis added).
Introduction

i) examine how the concept of elementary phenomena may be applicable to body disturbances;

ii) assess the role of the imaginary and the real in the onset of psychosis and triggering events; and,

iii) determine whether the theory of symbolic foreclosure needs to be revised relative to triggering events.

As Lacan articulated at least three distinct theories of stabilisation in psychosis - imaginary identification, the formation of a delusion, and a suppletion (Grasser, 1998) - it is important to examine how body symptoms relate to these theories, both in terms of the similarities and differences. My investigation of body phenomena and stabilisation in psychosis will examine:

i) how these body symptoms that function to stabilise psychosis may be differentiated from other kinds of body disturbances such as conversion symptoms, hypochondriacal complaints, delusions and automatisms;

ii) the importance of the imaginary order in the stabilisation of psychosis; and,

iii) the relationship between jouissance and the signifier with emphasis on the register of the real in the formation of body symptoms (the suppletion).

In Chapter 1, *Ordinary psychosis, body phenomena and mild psychosis*, I discuss the importance of nosology and symptomatology in Lacanian and non-Lacanian theories of psychosis. The aim is to demonstrate how the category of ordinary psychosis has emerged from the neurosis / psychosis distinction and the limitations to Lacan’s classical theory of psychosis. I argue that cases of ordinary psychosis need to be considered in relation to two key clinical features: mild cases of psychosis where an obvious triggering event has not occurred, and cases where stabilisation – the modulation of acute psychotic phenomena – has been achieved without the onset of delusional phenomena. Consequently, I claim that cases of ordinary psychosis short-circuit the assumptions underlying the schizophrenia / paranoia dichotomy in terms of our expectations of psychotic onset and how it is stabilised. I then contend that *body phenomena* may provide a unique entry point for examining these issues due to the centrality of body disturbances in psychosis and in light of current debates in the Lacanian field concerning their role in symptom formation. Next, I examine
contemporary psychiatric literature and Anglo-American psychoanalytic literature on psychosis emphasising body symptomatology and the movement away from the neurosis / psychosis distinction. I contend that modern psychiatric notions of “mild psychosis”, such as latent schizophrenia, have dropped from use, and thus weakened our understanding of psychosis, due to a reductionist approach to psychosis in contemporary psychiatry. I demonstrate this by examining the marginal status of cenesthetic schizophrenia, a variant of psychosis described in modern psychiatry and the contemporary *International classification of disease* (World Health Organization [ICD-10], 1992), but which is omitted from the *Diagnostic and statistical manual of mental disorders* (American Psychiatric Association [DSM-IV-TR], 2000) despite ongoing protests by researchers and clinicians. In addition, I argue that the emergence of personality disorders, especially borderline personality, schizoid personality, and schizotypal personality, illustrate how the proliferation of new nosological groups have emerged from utilising descriptive symptomatology and symptom severity in nosology.

In Chapter 2, *Modern psychiatry, elementary phenomena and the Lacanian theory of psychosis*, I examine Lacan’s approach to the neurosis / psychosis distinction with a specific emphasis on his classical theory of psychosis. The aim of the chapter is to highlight limitations to the theory due to over-emphasis of the paranoid spectrum, but also to demonstrate how the mechanism of psychosis, the foreclosure of the Name-of-the-Father, remains essential for theorising the onset and stabilisation. I also argue that the theory of elementary phenomena developed in this period remains indispensable for conceptualising these mechanisms, particularly in cases of ordinary psychosis. I assert that Lacan’s theory of psychosis needs to be situated in the modern psychiatric discourse. For example, I contend that Lacan reconfigures the modern distinction between primary / secondary symptoms via his theory of foreclosure and psychotic phenomena. I then examine a specific theory of primary symptoms, de Clérambault’s idea of athematic automatisms, to demonstrate the wide variety of subtle and abstract psychotic phenomena including body disturbances; moreover, I show the continuity between de Clérambault and Lacan in terms of unitary psychosis, which is the progressive nature of psychosis. For Lacan, unlike his predecessors in psychiatry who posit psychological or biological pathogenic elements (primary symptoms), the emphasis on the foreclosure of the signifier, the Name-of-the-Father,
asserts that psychosis is a disturbance situated in the subject’s relation with language and the symbolic order. From here, I argue that Lacan rearticulates the primary/secondary symptom dichotomy in the context of foreclosure, elementary phenomena, and the formation of a delusion. However, his claims regarding triggering events and the formation of a delusion in paranoid psychosis, while important, have been over-emphasised in the literature, and as a consequence other forms of psychosis, irreducible to paranoia, remain relatively under-theorised. Nevertheless, Lacan’s theory of elementary phenomena - construed in terms of the emergence of a signifier in the real - remains pertinent to theorising the onset of psychosis, triggering events, and stabilisation in psychotic structure.

In Chapter 3, *Formations of the unconscious, actual neurosis and body phenomena in psychosis*, I contrast Freudian and post-Lacanian theories of symptom formation with body phenomena in ordinary psychosis. The aim of this chapter is to demonstrate how the field of ordinary psychosis provides a new line of theoretical engagement distinct from Freud’s theory of actual neurosis and psychoneurosis. I discuss Verhaeghe’s notion of actualpathology as his work parallels research in the field of ordinary psychosis. Verhaeghe’s theory of actualpathology is a composite notion derived from actual neurosis, psychoanalytic attachment theory, and Lacanian psychoanalysis that aims to elucidate the mechanisms underlying body phenomena in cases of psychosis devoid of hallucinations, delusions, and negative symptoms. As such, his theory of actualpathology in psychosis provides a contrasting view of the kind of clinical phenomena and their underlying mechanisms explored in this dissertation. I argue that actualpathology in psychosis has conceptual and clinical limitations. On the one hand, it is conceptually unclear as the thesis regarding the subject’s traumatic encounter with the drive and the failure of the Other to modulate endogenous somatic anxiety, which is the foundation of certain body phenomena, is not sufficiently differentiated according to the mechanisms of repression (neurosis) and foreclosure (psychosis).

Moreover, Verhaeghe’s emphasis on the formation of a delusion as the primary means of symptomatisation in psychosis merely recapitulates Freud’s (1911) thesis that the formation of the delusion is an attempt at recovery. Although Verhaeghe does not adequately address the “short-circuit” of the schizophrenia / paranoia dichotomy in terms of triggering events and stabilisation, his claims concerning the traumatic trace
of signifiers on the body does nevertheless support, in part, my thesis concerning symptom formation in psychosis developed in Chapter 6.

In Chapter 4, Case studies: the onset of psychosis, body phenomena and stabilisation, I review a series of case vignettes featuring the onset of psychosis, triggering events, and body phenomena. The goal of this chapter is to show how the onset of psychosis, triggering events, and stabilisation do not necessarily demonstrate progressive evolution and systemisation as outlined in the schizophrenia / paranoia dichotomy. In doing so, I assess cases that exhibit limitations to Lacan’s classical theory of the onset of psychosis, triggering and stabilisation. By focusing on the onset of psychosis, apart from showing cases where severe schizophrenic disorganisation and delusional phenomena do not emerge, I discuss instances where the onset is not precipitated by the subject’s encounter with the foreclosed signifier, the Name-of-the-Father. Rather, in these cases, the subject’s experience of triggering events appears to emerge from both the imaginary and the real. In some instances, onset stems from narcissistic injury to the body, which in turn threatens the integrity of imaginary identification; in other cases, the onset of psychosis emerges from the subject’s encounter with the real, evident in the difficulty of regulating endogenous body jouissance and the jouissance of the Other. Consequently, as the onset of psychosis and triggering events appear linked to the imaginary and the real, these cases evoke questions concerning the importance of symbolic foreclosure and A-father in the onset of psychosis.

In the case vignettes, examining the onset of psychosis and triggering events facilitates theorising stabilisation in psychosis along two distinct axes: through imaginary identification and through the formation of a symptom connected to signifiers. I highlight the importance of imaginary identification in the treatment of psychosis, particularly in cases where symptom formation is not able to stabilise the subject subsequent to a triggering event. In addition, although theorists emphasise the real when theorising symptomatisation in ordinary psychosis, there is minimal uniformity on how these issues are conceptualised. I argue that in cases where a body symptom does coalesce to stabilise the subject, the link made between the signifier and the real can be postulated in terms of Lacan’s theory of the master signifier, S1, which in turn, can be approached in (at least) two distinct ways: by the theory of elementary phenomena, and by the mark of the signifier on the body.
In Chapter 5, *The onset of psychosis, body phenomena and the imaginary in ordinary psychosis*, the aim is to demonstrate that the concepts of triggering and stabilisation are more useful than the idea of untriggered psychosis; and that the theory of A-father remains the best explanation for theorising the onset of psychosis. I contend that untriggered psychosis is an unreliable theory because psychosis can be triggered and stabilised in a variety of subtle ways that may not be easy to verify. Although the idea of untriggered psychosis should not be categorically dismissed, I claim that focusing on triggering and stabilisation is more useful because it emphasises the lack of a symptom and a supplementary device in psychosis.

In the remainder of Chapter 5, I investigate the role of the imaginary in psychotic onset and triggering events. I critically examine recent developments in the field of ordinary psychosis by probing the theory of foreclosure and its connection to the onset of psychosis and triggering events. I clarify the mechanisms underlying the onset of psychosis and investigate their connection to specific psychotic phenomena. By scrutinising the multiple intersecting points between Lacan’s theory of foreclosure and the field of ordinary psychosis, I claim that although the onset of psychosis may appear linked to the phallic function, I maintain that this position is conceptually unclear, and that psychotic onset and triggering events should remain connected to the symbolic dimension and Lacan’s idea of the A-father.

In Chapter 6, *The symptomatisation of the body and stabilisation in ordinary psychosis*, I examine symptoms that are in some way connected with the body. The goal of this chapter is to demonstrate the way in which symptomatisation in psychosis can stabilise psychotic structure and show that this occurs through the signer. I claim that Miller’s approach to ordinary psychosis, particularly his theory of stabilisation, implies that the functions of the Name-of-the-Father and the foreclosure of the Name-of-the-Father are distinct. Even though the Name-of-the-Father is foreclosed, its functions, particularly naming and social identification (but not castration), can be utilised in psychosis. Furthermore, although both naming and social identification are important aspects of stabilisation, I focus primarily on naming because this issue is closely connected with symptomatisation. Thus, in cases where a body symptom emerges to stabilise the subject, there is a new link between the
symbolic and the real that corresponds with the emergence of a master signifier (S1). I describe two distinct forms of symptomatisation: the first is developed from the theory of elementary phenomena, and the second, from the marks of the signifier on the body.

First, the emergence of a signifier in the real (i.e. a hallucination, neologism) remains the hallmark of Lacan's theory of elementary phenomena. Elementary phenomena are signifiers emerging subsequent to the subject's encounter with the hole in the symbolic. In these instances, the emergence of a signifier in the real - whether in the form of a neologism or auditory hallucination - may function to stabilise the subject from further decompensation because such phenomena restitute the subject in the signifying chain. In these cases, the link between the body and the signifier in the real emerges from a disturbance to the imaginary body. The second form of symptomatisation emphasises the link made between the symbolic and the real where a trauma is evident in the subject's developmental history. Here, I argue that symptomatisation is localised to areas of the body connected with a traumatic encounter with the Other. I claim that the emergence of body symptoms is clearly connected to the subject's relation with the Other and the effects of language on the body may underlie symptom formation in certain cases of psychosis.

In summary, body phenomena in cases of ordinary psychosis provide an important focal point for theorising the mechanisms underlying the onset of psychosis, triggering events and symptom formation. As the emergence of body phenomena may occur without the presence of other more acute psychotic disturbances, they are imperative for understanding the onset and triggering events in psychosis, particularly in schizophrenia. Moreover, the capacity of the psychotic subject to construct a “body symptom” with stabilising effects demonstrates the centrality of speech and language in forging a link between the symbolic and the real.
Chapter 1: Body phenomena, mild psychosis and the field of ordinary psychosis

In this chapter, I discuss body disturbances in mild psychosis in relation to the stabilisation of symptoms in schizophrenia. First, I introduce important features of ordinary psychosis and discuss body disturbances in certain cases of mild psychosis. I focus on debates in ordinary psychosis concerning new body symptoms and conclude that the conceptual problem of stabilisation and the body is under theorised, particularly in relation to schizophrenia. Next, I discuss contemporary psychiatric and Anglo-American psychoanalytic theories, which have moved away from the notion of mild psychosis. I show how body disturbances and stabilisation have been minimised in psychiatric nosology due to approaching psychosis with the positive / negative symptom dichotomy. In addition, I discuss the psychoanalytic notion of borderline personality disorder (BPD), and conclude that focusing on the severity of symptoms has led clinicians away from discussing mild psychosis. I claim that these theories provide a reductive conception of psychosis that misses the significance of stabilisation and the centrality of body disturbances to this stabilisation. I conclude by arguing that returning to the concept of mild psychosis when examining ordinary psychosis will provide clinicians with an opportunity to develop more complex theories of stabilisation, triggering, and body disturbances in psychosis, which are currently not adequately conceptualised.

1.1: The neurosis / psychosis distinction and the field of ordinary psychosis

In Lacanian theory, the field of ordinary psychosis has emerged from retaining two important features of classical psychiatry: the neurosis / psychosis distinction and the idea of unitary psychosis. Lacanian theory occupies a unique position in psychoanalysis, as both classical psychiatry and Freudian theory are important conceptual pillars. Lacanian nosology is grounded in classical psychiatry, a field which emerged from the ideas of Kraepelin and other clinicians in the late nineteenth century (Cutting and Shepherd, 1987). The neurosis / psychosis distinction divides the field of psychopathology (Beer, 1996), and contrasts with both Anglo-American and
Chapter 1: Body phenomena, mild psychosis and the field of ordinary psychosis

contemporary psychiatric nosology. While Lacanian nosology remains grounded in classical psychiatry, the Freudian theory of the unconscious is used to articulate the different mechanisms underlying neurosis and psychosis. A neurotic structure emerges when a pivotal psychical element, a signifier referred to as the Name-of-the-Father, is repressed; different forms of neurosis such as hysteria and obsessional neurosis are all constituted by the mechanism of repression. In contrast, a psychotic structure emerges from the foreclosure of the Name-of-the-Father. Although foreclosure, like repression, is a form of negation (i.e. the subject negates this signifier), they are not the same; they have significantly different consequences in the formation of psychic structure. Moreover, the assumption of unitary psychosis is that one fundamental mechanism underlies all non-organic psychosis (Berrios and Beer, 1994). Thus for Lacan, the mechanism of foreclosure is the universal condition for psychosis despite significant variations in symptomatology, and with the recognition that distinct sub-groups of psychosis, such as schizophrenia, paranoia, and mania exist. For clinicians, the neurosis / psychosis distinction remains important as it provides a framework for connecting clinical phenomena to the mechanism of repression or foreclosure.

In the Lacanian field, the neurosis / psychosis distinction is pivotal as the clinical phenomena associated with repression and foreclosure have distinct and diverging clinical implications. In neurosis, the mechanism of repression is linked with formations of the unconscious, such as symptoms, bungled action, slips of the tongue and dreams. Formations of the unconscious are characterised, in part, by the involuntary emergence of “an intending to say” in consciousness that runs counter to conscious intentionality. As Jacques-Alain Miller states,

the unconscious is wholly situated in the space [décalage] that is repeatedly produced between what I want to say and what I do say—as if the signifier deflected the programmed trajectory of the signified, which provides the material

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10 I use the term “classical psychiatry” to refer to the field of psychiatry that emerged in the 19th century around the ideas of Kraepelin, Bleuler and others (Cutting and Shepherd, 1987).
11 A third clinical structure, perversion, is also utilized in Lacanian theory (Dor, 1997) but will not be discussed here due to its marginal status in the clinical field (Fink, 1997) and ongoing doubt over its nosological status (Miller, 2009).
of interpretation—\textit{as if} the signifier had a way of interpreting what I want to say. This is the space in which Freud situated what he named the unconscious—\textit{as if} another wanting-to-say [\textit{vouloir-dire}], that of the signifier itself and which Lacan designated as ‘the desire of the Other’, substituted itself for my wanting-to-say, which is my ‘intention of signification’ (2007a, p. 3).

While a neurotic symptom is a formation of the unconscious harbouring an intentional signification (i.e. an obsessional symptom such as repetitive hand washing may reveal repressed thoughts relating to masturbation), Miller points out that symptoms, unlike dreams or slips, are distinctive due to their \textit{objectivity} and \textit{enduring nature}; a symptom endures and repeats, which contrasts with the effervescent quality of slips. He claims that symptoms endure because they form a unique link between the symbolic and the real, whereby part of the signifying structure associated with the unconscious formation is linked with the \textit{real}. As Miller observes,

\begin{quote}
The symptom is to be defined not as formation of the unconscious, but as function of the unconscious — a function that carries a formation of the unconscious into the real. It is simplest to say that the symptom carries an \textit{effect of signification into the real} and that through the symptom, an effect of signification becomes equivalent to a response of the real (2004, p. 4 emphasis added).
\end{quote}

In Lacanian theory, Freud’s terms \textit{fixation} and \textit{drives} presuppose this aspect of the real in the symptom (Miller, 1998). In neurosis, symptoms have a signifying structure, and the symbolic register is connected to the real: a series of signifiers - formations of the unconscious - are linked with the real, and this constitutes a point of fixation. The analysis of a neurotic subject follows this symptom structure. As Gault puts it,

\begin{quote}
an analysis, in the case of neurosis, begins when a patient meets a psychoanalyst to complain of a symptom, and the analysis consists in the deciphering of this symptom. At the end, an analysis claims to go beyond the fantasy that supported the symptom, in order to reach the real of the drive that is lodged at the heart of the \textit{jouissance} of the symptom. Thus, the analysis of a neurotic subject goes from
\end{quote}
the symbolic constituted by the formal envelope of the symptom, to the real of the drive (2007, p. 75).

In neurosis, then, the formal envelope of the symptom, the chain of signifiers that emerge from the point of fixation in the real, is the pathway along which the analysis will unfold. Importantly, the aim of analysis is to modify the subject’s relation with jouissance at the level of the real, as opposed to the symptom’s signifying “envelope”.

In contrast, symptom formation and the stabilisation of the subject are objectives in treating psychosis. However, unlike neurosis, symptom formation in psychosis does not occur via the Name-of-the-Father, as this signifier is foreclosed; moreover, psychosis is characterised by the absence of symptoms, such that a link between the real and the symbolic is uncertain and fragile (Sauvagnat, 2000; Voruz and Wolf, 2007; Wolf, 2005). Therefore, in psychosis the aim of stabilising the subject, in terms of limiting the painful and disorganising impact of psychotic phenomena, is conceptualised in terms of the construction of a symptom. However, the absence of a symptom may correlate with the invasive and disorganising nature of psychosis; the psychotic subject is less able to use the symbolic as a defence against the real and is therefore prone to being invaded by the drive and painful jouissance, due to their close proximity to the real (Miller, 2002). In the treatment of psychosis, symptomatisation is therefore a central aim of the analytic process because the presence of a symptom correlates with stabilisation; symptomatisation implies that the subject has been able, in some capacity, to move from the real into the symbolic register. This is a significant point of contrast when compared with neurosis. As Wolf explains,

in neurosis, the cure is aiming at the real, at the jouissance of the drive, which lies at the heart of the symptom. In psychosis, the situation is somewhat reversed. The psychotic starts with what the neurotic aims at, namely the real. And since the psychotic starts with the real, the real question that Lacan was concerned with was how to enable the psychotic subject to construct a way of hooking the real, of plugging it to the symbolic (2005, p. 58).
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What makes psychosis complex, and indeed, what makes treatment “interminable” - unlike neurosis - is that the link between the real and the symbolic is fragile and provisional. The term provisional is important because although symptomatisation may stabilise the psychotic subject, this mode of organization is often a fragile and impermanent “homeostatic” state (Gueguen, 2004). Lacan’s classical theory of psychosis provides a context for developing these ideas concerning symptomatisation in more depth.

In classical psychiatry, the schizophrenia / paranoia distinction is paradigmatic as it demonstrates the tendency of psychotic phenomena to evolve from an abstract and disorganised state into a systematised form (Hriso, 2002c; Meisser, 1981; Stanghellini, 2009). Clinicians have long observed the progressive and evolutionary tendency of psychosis; for example, the disorganisation inherent to classical schizophrenia symptomatology has the tendency to evolve into a systematised delusion. In schizophrenia, psychotic phenomena are complex and variable; unsystematised delusions, confabulations, hallucinations, social withdrawal, and a range of disorganised behaviour such as vegetative states, body disturbances and incoherent cognitive processes may be encountered (Laplanche and Pontalis, 1973; Sadock and Sadock, 2003; Verhaeghe, 2004). However, these clinical presentations often transform, evolving into a more paranoid presentation. In these instances, the deficit symptoms and disorganisation of schizophrenia disappear and this shift in the clinical picture correlates with the emergence of systematised delusional phenomena.

In Freud’s (1911) major work on psychosis, the schizophrenia / paranoia dichotomy was posited in terms of decompensation and recovery; his engagement with the Schreber case was groundbreaking as he identified that delusional phenomena had stabilising effects when compared to the disorganisation of classical schizophrenia. For Freud, the formation of a delusion was an attempt at recovery because it correlated with the subject’s reengagement with the world. In schizophrenia, radical disorganisation is correlated with the absence of a symptom as the subject’s close proximity with the real results in invasive and disorganising jouissance. In contrast, the formation of a delusion in paranoia is a form of symptomatisation that mitigates the effects of the real through the symbolic; as delusions are language phenomena
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derived from a signifying system, the psychotic subject is able to move from the real to the symbolic, which correlates with a modulation and localisation of jouissance.

In *Seminar III*, Lacan develops Freud’s thesis that the delusion is a form of recover in reference to the radically different psychotic phenomena encountered in schizophrenia and paranoia. In following Freud’s reasoning, Lacan states that the distinction between schizophrenia and paranoia is essential to his own theorisation of psychosis:

I remind you that at the end of the observation on the Schreber case, which is his major text concerning the psychoses, Freud traces out a watershed, as it were, between paranoia on the one hand and on the other everything he would like, he says, to be called paraphrenia, which exactly covers the field of the schizophrenias. *This is a necessary reference point for the intelligibility of everything we shall subsequently have to say – for Freud the field of the psychoses divides in two* (1993, p. 4, emphasis added).

Lacan’s classical theory of psychosis in the 1950’s focused primarily on *paranoid psychosis*, and, as a consequence, the *schizophrenic spectrum* has been minimised. Consequently, conceptual limitations of Lacan’s classical theory of psychosis have become evident as stable forms of psychosis exist that are not easily reducible to the paranoid spectrum. Overemphasis on the paranoid spectrum of psychosis and on Lacan’s account of the mechanisms encountered in paranoia has meant that non-delusional forms of symptomatisation, particularly in the schizophrenic end of the spectrum, are poorly understood.

The field of ordinary psychosis has emerged from preserving the neurosis / psychosis distinction. Miller’s (2009) introduction of the term “ordinary psychosis” retains this distinction and provides a more nuanced approach to psychosis than does Lacan’s classical theory of psychosis. The term “ordinary psychosis” does not denote a diagnostic category, but instead, provides an approach to theorising psychosis. Miller remarks,
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You say ‘ordinary psychosis’ when you do not recognise evident signs of neurosis, so you are led to say it is a dissimulated psychosis, it is a veiled psychosis. A psychosis that is difficult to recognise as such, but which I infer from various small clues. It’s more of an epistemic category than an objective category. It concerns our way of knowing it (2009, p. 149).

Miller’s (2009) argument is worth noting: if the clinician does not recognise a neurotic structure then they may assume it is a psychotic structure, even if there are no obvious features of psychosis. His claim is based on the assumption that neurosis has a definite structure and that clinicians will be able to recognise it. Neurosis will be characterised by repetition, the clear evidence of castration, and the differentiation between the ego, id, and super-ego (2009), and in the absence of these signs of a neurotic structure, then the analyst may assume he is dealing with a case of psychosis. Thus, one retains the neurosis / psychosis distinction, and by the logic of the “excluded middle”, one is led to conclude psychosis (Figure 1.). In this figure, the bar separating neurosis (N) from psychosis (P) is augmented by the excluded middle, which refers to difficult to classify cases.

![Figure 1.](image)

The logic of the excluded middle refers to cases where clinicians have been unable to make an unequivocal judgement regarding neurosis or psychosis. Miller’s response to this problem is that one should default to psychosis, given that clinicians will recognise neurosis if it is present. Thus, doubt over the diagnosis entails a diagnosis of psychosis.

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12 See Vanheule (2011b) for a slightly different reading on the status of the neurosis / distinction in Lacan’s later teachings.
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Two points need to be made here. First, cases of ordinary psychosis determined from the absence of neurotic symptoms, actually may be cases of “untriggered psychosis”, because a psychotic structure may have been assumed without obvious psychotic signs and symptoms. Second, although one might object to Miller on the grounds that it is not as easy to recognise neurosis as he suggests, the notion of ordinary psychosis also includes instances of psychosis that have stabilised after acute psychosis. Thus, if the idea of ordinary psychosis is used in two ways - as an untriggered psychosis and as a stabilised psychotic structure - then triggering and stabilisation emerge as key features to investigate in ordinary psychosis.

I suggest, therefore, that the term “ordinary psychosis” be a focal point for surmising triggering and stabilisation in psychosis. In debates concerning ordinary psychosis, the question of what triggers and what stabilises psychosis is pertinent to cases ranging from mild to severe. Tom Svolos observes,

the question is, are the times between breaks...to be understood as ordinary psychosis? And if we take a category like schizophrenia, do we understand the time between breaks as dormant or quiet or latent schizophrenia, or do we understand that as ordinary psychosis? In other words...I think we have a specific, restricted notion of ordinary psychosis...the ordinary psychosis of the banal, where it’s very stable and limited and so forth – but then ordinary psychosis opens up a more general theory of ordinary psychosis against which we can articulate the specific structure of say, schizophrenia or paranoia. The utility of the concept is the way that it’s broadened our ability to conceptualise psychosis and think about issues of stabilisation in ways that didn’t exist in the literature before (2009, p. 165 emphasis added).

These remarks indicate that there are two approaches to ordinary psychosis regarding triggering and stabilisation. The first concerns cases where stabilisation occurs subsequent to an obvious psychotic break. Although severe psychotic features, such as delusions and hallucinations, may appear subsequent to the triggering of a psychosis for a certain group of psychotics, these symptoms will often attenuate to the point where no obvious evidence of psychosis remains.
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However, as Svolos notes, the periods of stability between triggering events\textsuperscript{13} need to be articulated in terms of stabilisation, as opposed to mere phenomenological descriptions (residual phase) or the invention of new diagnostic categories (schizotypal personality disorder). The second way of speaking of ordinary psychosis, referred to as “banal psychosis” or untriggered psychosis, includes cases where no obvious triggering event has occurred. For Svolos, combining these two perspectives on ordinary psychosis opens a general notion of psychosis that focuses on triggering and stabilisation.

In one sense, ordinary psychosis describes commonplace cases of psychosis where clinical phenomena are irreducible to either classical schizophrenia or paranoia. In psychosis, clinical phenomena such as hallucinations, delusions, mania, and disorganised thought and behaviour may be altogether absent (Laurent, 2008; Svolos, 2008b); in their place, a significant number of clinical phenomena remain (Miller, 2009), which are poorly understood by clinicians. Sauvagnat observes:

\begin{quote}
One thing is certain: "ordinary psychoses" cannot be considered as a specific or new entity; the phrase designates above all a clinical issue: the difference between what we know about psychoses and the quasi infinite variety of mental mechanisms a psychotic person can exert (2009, Conclusion section, para. 1).
\end{quote}

Ordinary psychosis comprises a wide range of subtle and mild psychotic phenomena irreducible to the presence or absence of positive symptoms, such as hallucinations and delusions. For Miller, a series of “small clues”, referred to as the small clues of foreclosure, is the basis for knowing something about cases of mild psychosis (2009). He suggests that “a disturbance to the inmost juncture of the subject’s sense of life” (Miller, 2009, p. 154), a phrase derived from Lacan (1958), can orient the clinician to three distinct areas of inquiry concerning the effects of foreclosure: social relations, the body, and subjectivity. Of these, body disturbances are particularly important as they concern the issue of triggering and stabilisation.

\textsuperscript{13} Throughout the thesis I use the phrase “triggering events” when referring to post-onset psychotic episodes. In contrast, I use the term “onset” when referring to untriggered psychosis and the \textit{first psychotic episode} – I discuss these issues in detail in chapter four and five.
Ordinary psychosis has created renewed interest in body disturbances in mild psychosis by facilitating the identification of new mechanisms of triggering and stabilisation. Body phenomena are particularly important in schizophrenia and for stabilisation in psychosis (Miller, 2009). In schizophrenia (as opposed to paranoia) the absence of a symptom and body disturbances are inter-related. Sauvagnat suggests that,

it is clear that what is required here is to take seriously the last model Lacan has left us, the model of knotting, which implies that we should take as a starting point the type of difficult relationship schizophrenics have with their body - to them, "having", "possessing" a body is not an obvious phenomenon - but also the construction of the symptom (2009, Conclusion section, para. 3).

Thus, in schizophrenia, the well-documented array of body disturbances – cenesthesias, dissociative states, and hypochondriasis – are connected to the absence of any symptom. Thus, the lack of a “hook” between the symbolic and the real has effects on how the subject experiences having a body. However, in psychosis, certain body phenomena may achieve the status of a symptom and hence function to stabilise the subject subsequent to triggering (Laurent, 2008). I think that Miller’s theory of the compensatory make-believe (CMB) Name-of-the-Father provides a useful way of understanding body phenomena, triggering events and stabilisation in psychosis.

The CMB Name-of-the-Father (Miller, 2009) is derived from Lacan’s theories of suppletion, the Name-of-the-Father, and symptom formation, developed throughout his later teachings. For Lacan, the real, symbolic, and imaginary - the constitutive elements of psychic structure – emerge as three elements of a structure due to a supplementary device, which he calls “a suppletion”. Although he identifies the Name-of-the-Father as a suppletion, this is only one possibility; a symptom may also assume this role. If this occurs, the symptom becomes a “stand-in” for the Name-of-the-Father. In psychosis, the foreclosure of the Name-of-the-Father entails that the emergence of psychic structure is not achieved through the Name-of-the-Father. Consequently, the theory of suppletion, although inclusive of the Name-of-the-Father,
also has a strong link to other possible forms of stabilisation in psychosis, as the subject has been able to compensate, somehow, for the foreclosure of the Name-of-the-Father by other means. Here Miller states:

In neurosis we have the Name-of-the-Father... in his proper place... We suppose in psychosis, when we detect it, and when we construct it in the classical Lacanian way, that we have a hole instead. That's a clear difference... In ordinary psychosis, you have no Name-of-the-Father, but something is there, a supplementary device... But as a matter of fact, it's the same structure. And in the end, in psychosis, if it's not complete catatonia, you always have something... that enables the subject to get away or to continue to survive (2009, p. 161).

A supplementary device is essential to understand how stabilisation in psychosis occurs because an ordinary psychosis does not constitute a separate clinical structure and therefore must be conceptualised using the foreclosure of the Name-of-the-Father. Miller's comments on suppletion and stabilisation are contrasted with catatonia; in schizophrenia, catatonia is a catastrophic state characterised by the global loss of body and psychical functions. Severe instances of catatonia in schizophrenia provide a baseline for gauging the severity of symptoms evident in any given psychotic structure; catastrophic and radical disorganisation of the subject remains a logical possibility if the Name-of-the-Father is foreclosed. Miller argues that if the psychotic subject is not in a state of complete catatonia, then we must assume the existence of a mechanism of suppletion that has a compensatory function (2009). This reasoning is fundamental to thinking about cases of ordinary psychosis; the entire notion of stabilisation in psychosis is, in a sense, premised on this kind of catastrophic state being possible in a psychotic structure, regardless of whether an individual ever experiences this kind of acute disturbance. Thus, in ordinary psychosis, the concept of suppletion has become central in thinking about how various psychotic phenomena, especially those occurring in mild cases of psychosis, can be linked to stabilisation. The CMB Name-of-the-Father bears directly on this question of suppletion and, thereby, on issues of body phenomena, triggering and stabilisation in psychosis.
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In discussions of ordinary psychosis, body disturbances have become a fundamental platform of research as theorists attempt to conceptualise the connection between body phenomena, the onset of psychosis, subsequent triggering events and mechanisms of stabilisation. In psychosis, symptoms can provide a stabilising function, however, this can be lost and regained (Gueguen, 2004). The terminology “neo-triggering” and “neo-conversion” (Laurent, 2008) have been introduced into contemporary debates on psychosis in order to create a space for discussing the onset of psychosis and its stabilisation beyond Lacan’s classical theory of psychosis (1958, 1993). Certain types of body phenomena, identified in cases of ordinary psychosis, offer a unique form of stabilisation; these neo-conversions, offer a form of stabilisation that functions via the symptomatisation of the body (Laurent, 2008; Gault, 2008; Porcheret et al., 2008). Neo-conversions localize jouissance in the body, a phenomenon that occurs in response to the onset of psychosis for the subject. Clinicians have shown that unusual body sensations, specific actions involving the body, as well as idiosyncratic perceptions of body, are often attempts at symptomatisation. They function as a unique symptomatic response to a triggering event; that is, certain body phenomena seem to emerge at specific points of crisis and function to stabilise the subject, preventing psychotic decompensation (Gault, 2008; Porcheret et al., 2008). Thus, these cases highlight the close link between triggering events and the attempt at symptomatisation, an idea central to Freud’s (1924) theory of collapse and restitution in psychosis (Laurent, 2007); however, the emergence of body phenomena and the absence of a delusional construction in certain cases of psychosis is important as this suggests that the body is a locus of symptomatisation.

Research conducted in the field of ordinary psychosis demonstrates that Lacan’s description of triggering and stabilisation in his classical theory of psychosis is only applicable to certain cases, particularly those in the paranoia spectrum. Due to the complexity of psychosis, pivotal issues remain unresolved concerning the nature of body phenomena, triggering events and stabilising mechanisms. For example, as these body disturbances are often subtle and do not take a delusional form, some argue that Lacan’s theory of elementary phenomena, developed in the 1950’s, provides the basis for understanding these minimal psychotic disturbances (Sauvagnat, 2000, 2009). Others suggest that the theory of elementary phenomena has limited application for
theorising psychotic phenomena in cases of ordinary psychosis, and that other psychotic traits can be isolated instead (Stevens, 2008). However, despite some differences, theorists agree that certain body phenomena appear to have a stabilising function in psychosis.

I contend that the concept of elementary phenomena is essential for understanding triggering and stabilisation; as such, the topics of elementary phenomena and suppletion will be the focus of chapters two, four, five and six. In the remainder of chapter one, I review contemporary psychiatric theories of psychosis with a particular focus on how body phenomena and the category of mild psychosis have been marginalised in these discourses.

1.2: Contemporary psychiatry, body disturbances and psychosis

Contemporary psychiatric approaches to body disturbances in schizophrenia are characterised by inconsistency due to the varying significance given to body disturbances in symptomatology. In the Diagnostic and statistical manual of mental disorders (American Psychiatric Association [DSM-IV-TR], 2000) and the International classification of disease (World Health Organization [ICD-10], 1992) diverging approaches have created inconsistencies concerning the importance of body disturbances. The DSM-IV-TR and the ICD-10 are the two major diagnostic manuals for psychopathology; however, the ICD-10 approach to schizophrenia shows the tensions and contradictions underlying the theory of psychosis in contemporary psychiatry. Although the schizophrenia concept in DSM-IV-TR is derived from the classical psychiatric tradition of Kraepelin and Bleuler (Sadock and Sadock, 2003), their accounts have been significantly altered in the DSM-IV-TR in a manner that greatly reduces the number of signs and symptoms recognised in psychosis. Svolos (2008b) argues that the DSM-IV-TR is a degradation of psychosis rather than a refinement. Others also highlight how this reductive approach produces a simplistic picture of, and an impoverished clinical engagement with, psychosis:

Bleuler required 95 separate psychopathological phenomena to characterize the schizophrenias, Kraepelin in his final formulation used 75, but DSM-IV employs only 30. It is this truncated psychopathology which forms the basis of virtually
all characterizations of schizophrenia in today’s scholarly literature (Mullen, 2007, p. 114).

Mullen observes that not only is the contemporary psychiatric theory of psychosis significantly different to the classical psychiatric counterpart, in practice, clinicians using the *DSM-IV-TR* only tend to focus on 4-5 symptoms (2007). The reductive approach to psychosis in the *DSM-IV-TR* is evident in the status of *body disturbances in symptomatology and nosology; outside of delusional phenomena, catatonic states and hallucinations, body disturbances in psychosis are not featured in the diagnostic criteria for schizophrenia at all.*

The *DSM-IV-TR*’s reductive conception of psychosis entails that accounts of body disturbances in schizophrenia do not feature prominently in either symptomatology or nosology. Consequently, this lack of conceptual flexibility in the engagement with psychosis increases the likelihood of *misdiagnosis.* The American Psychiatric Association characterizes schizophrenia as follows:

Characteristic symptoms of Schizophrenia involve a range of cognitive and emotional dysfunctions that include perception, inferential thinking, language and communication, behavioural monitoring, affect, fluency and productivity of thought and speech, hedonic capacity, volition and drive, and attention. No single symptom is pathognomonic of Schizophrenia; the diagnosis involves the recognition of a constellation of signs and symptoms associated with impaired occupational or social functioning (2000, pg. 299).

The most important diagnostic components of the schizophrenia diagnostic criteria are worth examining in detail as they show how body disturbances have become marginalised in contemporary psychiatric nosology. Criteria A., referred to as “characteristic symptoms”, designate five main symptoms of schizophrenia:

(1) delusions
(2) hallucinations
(3) disorganised speech (e.g. frequent derailment or incoherence)
(4) grossly disorganised or catatonic behaviour

(5) negative symptoms, i.e. affective flattening, alogia, or avolition (2000 pg. 312).

For a diagnosis of schizophrenia, two of five categories must be met for the duration of 1-month (less if successfully treated). An exception to this is that one criterion is sufficient to diagnose schizophrenia when: delusions are bizarre; hallucinations keep up a running commentary on the subject’s behaviour or thoughts; or, two or more voices are conversing with each other (American Psychiatric Association, 2000). These symptoms outlined in Criteria A. constitute the diagnostic basis for the schizophrenia subtypes and the other psychotic disorders in the DSM-IV-TR (precluding delusional disorder). Reference to the body, while not explicit, is implicit to hallucinations, delusions, catatonic behaviour, and negative symptoms; however, these body disturbances are generally quite obvious due to their severity and as such are not considered mild psychotic disturbances. In the DSM-IV-TR, while body disturbances are indicated in the “general characteristic” of psychosis, these symptoms do not form the basis of the diagnostic criteria, and, as such, body disturbances are minimised. The DSM-IV-TR’s narrow psychosis concept entails that misdiagnosis is more likely to occur, and although diagnosis is an important issue in most mental health fields, it is fundamental to how Lacanian therapists approach treatment because the aims of treatment in psychosis differ significantly from those in neurosis. To approach psychosis using the technique for neurosis can be dangerous to the patient, as a misguided therapeutic approach may trigger psychosis (Fink, 1997; Lacan, 1993).

In contrast to the DSM-IV-TR, the ICD-10 provides a more comprehensive account of psychosis as evident in the inclusion of subtype F20.8, ceneesthesiopathic schizophrenia (World Health Organization, 1992), a diagnosis characterised by subtle body disturbances. In the ICD-10, body disturbances in schizophrenia have been allocated a specific subtype under the category of ceneesthesiopathic schizophrenia; this contrasts with the DSM-IV-TR where discussion of body disturbances is limited. In psychiatry, the term “ceneesthesia” is used to denote a range of abnormal body sensations that, although difficult to describe, are often a central component of the psychotic
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phenomena encountered in schizophrenia (Huber, 1992; Rohricht and Priebe, 2002; Stanghellini, 1994). Cenesthetic schizophrenia was introduced into psychiatric terminology by Huber in an attempt to have a new subtype included in the DSM-IV-TR:

The term “cenesthetic” means…not a constitutional or neurotic faculty attitude or a hypochondriac delusion, but [that] qualitatively abnormal or strange bodily sensations are the primary symptoms. Here, the term “hypochondria” is not adequate…“Cenesthetic schizophrenia” means a schizophrenia which is characterised during the whole course by bodily sensations combined very closely with affective disturbances. Certain central-vegetative, motor, and perception disorders are other symptoms frequently occurring. Typical schizophrenia symptoms are limited to short psychotic episodes (1992, p. 54).

Huber claims that cenesthetic schizophrenia shows the primacy of body disturbances in certain forms of schizophrenia, in which typical symptoms of schizophrenia – hallucinations, delusions, and cognitive disorganisation – are only transitory phenomena (1992). In addition, Huber refers to cenesthetic schizophrenia as a variant of latent schizophrenia and suggests that “cenesthetic schizophrenia is a schizophrenia that comes to a standstill at its very beginning or develops into pure residual syndromes after one or a few short psychotic episodes” (1992, p. 58 emphasis added). Cenesthetic schizophrenia is a good example of body phenomena in cases of mild psychosis – obvious psychotic phenomena are transitory, disorganised behaviour is absent, and diagnosis is difficult due to the brevity of psychotic episodes and the predominance of the residual phase.

In cenesthetic schizophrenia a wide array of body disturbances are possible and there is no specific body localisation. In addition to the wide array of body disturbances possible in cenesthetic schizophrenia, it is also important to note how these psychotic disturbances may lead to the development of delusions. Thus, cenesthetic schizophrenia may evolve into a paranoid presentation where a delusional system may invoke a body thematic. Stanghellini observes:
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These are disorders of the lived body, painful and uncanny, that occur abruptly, and often migrate from one organ or bodily zone to another. Typical examples are feelings of extraneousness, or numbness, or non-existence of parts of one’s own body, sensations of paralysis, heaviness, abnormal lightness, of shrinking or enlargement, of movement or traction, etc. These abnormal bodily sensations may lead to psychotic symptoms, such as hypochondriac delusions and more typically delusions of being controlled (2009, p. 57).

This tendency toward a paranoid systematisation, that is, the construction of a delusion, is another important feature of cesesthesias; the progressive systematisation of a paranoid delusion is a point that I will return to in Chapters 2 and 3. Moreover, although the hypochondriacal form of cesesthesias is included in the DSM-IV-TR in the context of a delusional theme, the inclusion of cesesthetic schizophrenia as a subtype in the DSM-IV-TR, that is, as a form of psychosis that does not exhibit delusions and hallucinations, has not eventuated. This highlights the discord in contemporary psychiatric nosology. Apart from reducing the descriptors of psychosis, the positive / negative symptom dichotomy is another component of DSM-IV-TR nosology that has produced a narrow concept of psychosis.

In the DSM-IV-TR approach to schizophrenia, body disturbances like cesesthesias are not easy to classify due to the narrow framework provided by the positive / negative symptom dichotomy. This dichotomy underlies Criteria A., which specifies the core symptomatology of the schizophrenias. Although the positive / negative symptom dichotomy addresses disturbances to thought processes, speech functions, and the capacity to engage in goal-directed behaviour, more abstract clinical phenomena, such as body disturbances, cannot easily be assimilated into this diagnostic framework (Rohricht and Priebe, 2002). Positive symptoms are a distortion of a normal function and can be thought of as referring to two parts: the psychotic component, which includes hallucinations and delusions; and, the disorganised component, which includes the disorganisation of speech and behaviour (American Psychiatric Association, 2000). In contrast, negative symptoms refer to a deficit or loss of a specific function. This includes restrictions in the range and capacity to express affect, the loss of fluency and productivity in
the domain of thought and speech, and the inhibition of goal-directed behaviour (American Psychiatric Association, 2000). The DSM-IV-TR’s approach to psychotic disturbance focuses primarily on disturbances to behaviour and cognition, while giving minimal consideration to body phenomena.

Despite the centrality of cenesthesias in schizophrenia (Jenkins and Rohricht, 2007; Rajender, Kanwal, Rathore, and Chaudhary, 2009; Rohricht and Priebe, 2002) the idea of cenesthetic schizophrenia remains underutilised. Moreover, researchers advocating the inclusion of cenesthetic schizophrenia in the DSM-5 on the grounds that “the negative-positive dichotomy in schizophrenia is of questionable validity and hence an oversimplification” (Rohricht and Priebe, 2002, p. 280) remain unsuccessful (American Psychiatric Association, 2010). The notion of positive symptoms does not lend itself to body disturbances such as the feeling that a region of the body does not exist or sensations of heaviness that may affect kinetic function. Similarly, the notion of negative symptoms as a deficit or loss of a specific function (American Psychiatric Association, 2000) does not adequately address the accounts of cenesthetic disturbances. The reductive DSM-IV-TR paradigm simplifies psychosis and, while cenesthetic schizophrenia provides a forum for broadening the conception of psychosis beyond the DSM-IV-TR classification, there has not been adequate engagement with how these body phenomena concern triggering and stabilisation in psychosis.

Contemporary psychiatric theories of cenesthetic schizophrenia are limited due to mechanisms of triggering and stabilisation being under-theorised. Cenesthetic schizophrenia is more complex than the DSM-IV-TR view of body disturbances in psychosis, yet mechanisms underlying these phenomena are not adequately addressed. In Lacanian theory, the focus on body disturbances in psychosis, such as cenesthesias, is addressed primarily in terms of triggering and stabilisation (Morel, 2008a; Porcheret et al., 2008) rather than nosology. Thus, in the field of ordinary psychosis, body phenomena are significant as they facilitate our understanding of triggering and stabilisation. Thus, a significant contrast exists between Lacanian theory and contemporary psychiatry concerning how body disturbances in psychosis are viewed. In contemporary psychiatry, “the phenomena of psychopathology are epiphenomena
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deriving from the underlying pathophysiological processes. Once the pathophysiology is understood, the phenomena become irrelevant” (Owen and Harland, 2007, p. 107). Although this view is not an absolute consensus, it is highly influential in psychiatry and central to biological psychiatry; the point to make is that there is a radical disconnect between pathological process and the psychotic phenomena. Emphasis is on the pathological process, and not the symptom, in the context of pharmacological treatment (Owen and Harland, 2007) – to alter the brain is the means for symptom reduction or elimination. In contrast, while Lacan maintains the distinction between pathological process and psychotic phenomena, this is postulated in terms of structure and phenomena, with a particular focus on the effects of language on the subject. Moreover, for him structure and psychotic phenomena are intimately connected: psychotic phenomena are not merely epiphenomena, as they indicate a psychic mechanism particular to psychosis (foreclosure) and the possible form of symptom formation and stabilisation (Sauvagnat, 2000). Hence, Lacan’s famous aphorism that “the nature of the cure demonstrates the nature of the illness” (1987, pg. 225), taken from his earliest writings on paranoia, is unequivocal in positing a connection between pathological process, symptoms, and stabilisation in psychosis. I develop these themes further in chapter two when reviewing stabilisation in paranoid psychosis. In Lacanian theory, psychotic phenomena are not dismissed as unimportant by-products; rather, they may shed light on triggering and stabilisation, if inferred using the idea of psychotic structure and the mechanism of foreclosure.

I will now focus on the phenomenon of perplexity in psychosis as a platform for further differentiating the Lacanian approach from other psychiatric theories. In psychiatry, perplexity in psychosis is often described in terms of confusion states and disturbances “to associations, memory, attention and will” (Campbell, 2009, p. 724). Lacan’s ideas about psychotic structure, language, and the mechanism of foreclosure provide a coherent theory of how perplexity and enigmatic states emerge in psychosis, particularly during the onset. In phenomenological psychiatry, the clinical endeavour is to focus on the subject’s descriptions of their symptoms and to collate the presenting signs (Owen and Harland, 2007). Clinicians strive to describe “things how they really are” without imposing theoretical judgements in an attempt to organize the patient’s observations of signs and symptoms (Mullen, 2007). The value of this
approach (a naïve one at that), is that the observations of the patient may provide a comprehensive descriptive symptomatology. Thus, it is not surprising that the descriptions of cenesthetic schizophrenia, a pathological condition characterised by abstract and subtle symptomatology, has strong ties to the phenomenological tradition. Although phenomenological psychiatry has traditionally focused on descriptive symptomatology, theorisation of perplexity has focused on language and body disturbances (Huber, 1992; Stanghellini, 2009).

In phenomenological psychiatry, cenesthetic schizophrenia is described in terms of the presence of unusual body sensations and the inability to communicate the unusual quality of such sensations. A central theme here is the intrinsic difficulty that schizophrenics encounter with language and the body. Theorists emphasize how the body is “outside” of discourse and make this point in connection with the unusual body phenomena. “The essential feature of schizophrenic existence is its being disembodied. This is the feature that unifies the varied dimensions of schizophrenic existence” (Stanghellini, 2009, p. 58). For example, the schizophrenic’s difficulty in describing body disturbances is attributed to limitations in conventional language. Unusual body disturbances are said to be resistant to metaphorical elaboration as these experiences do not constitute a shared social experience; as such, there are no ready-made linguistic tropisms to draw on in social discourse (Huber, 1992; Stanghellini, 1994). Thus, unusual body sensations cannot easily be enunciated in everyday language due to the absence of shared metaphors that convey a collective understanding of a specific body sensation. Stanghellini suggests that,

the global crisis of embodiment involves anomalies of self-object relations and meaning-bestowing. If my body-based involvement in the world is switched off, my grasp onto the world will fade away too. Objects in the world will not immediately relate to my body as existentially relative utensils (2009, p. 58).

Perplexity is thus a central feature of the crisis of embodiment: in psychosis, perplexity disturbs being-in-the-world, that is, disturbances to the meaning and the body.
Stanghellini also emphasizes that the problem of disembodiment in schizophrenia is connected with an inability to generate meaning. This is consistent with the state of perplexity and estrangement that emerges in relation to the body. The body becomes an object of detached observation that is experienced as strange and alien, in part, due to the schizophrenic’s disturbed relation with language:

Objects in the world will not immediately relate to my body as existentially relative utensils. They become non-utilisable and appear devoid of practical meanings. There is a loss of ready-to-hand meanings to be attached to things in the world, which paradigamatically occurs in pre-delusional perplexity. Here the expression “ready-to-hand” must be taken literally, not metaphorically: since things cannot be grasped, they appear as devoid of their ordinary meaning, i.e. the way one usually puts them to use (Stanghellini, 2009, p. 58 emphasis added).

Although there are important issues raised here concerning pre-delusional perplexity, there also are numerous problems with this position. First, ambiguity is inherent to the theory of body and language disturbances. On the one hand, language disturbances are considered to emerge due to unusual body disturbances that cannot be uttered using normal social discourse. On the other hand, disturbances to language, such as the loss of “ready-to-hand meaning” (a term that conveys how objects, including the body, are encountered in terms of their normal utility and meaning), highlights how an estranged relation with the body can emerge from a disturbance to language and meaning. Thus, how disturbances to language and the body are to be separated is not entirely clear. Moreover, although he emphasizes the importance of perplexity in schizophrenia, and the tendency for these states to evolve into a delusion, the critical juncture of perplexity, from where the onset of psychosis arises, is not addressed. Consequently, although pivotal moments in psychosis are identified, there is not sufficient focus on the core problem of triggering and stabilisation. In contrast, for Lacan, the theory of triggering events is central to any investigation of states of perplexity and the onset of delusional phenomena. Thus, the disturbance to language becomes the central platform for developing the idea of psychotic structure, which lies at the basis for conceptualizing triggering events and stabilisation. In chapter two, I return to the themes of perplexity and triggering events by examining Lacan’s theory.
of elementary phenomena. In the remainder of this chapter, I discuss the decline in the use of the term “mild psychosis” in Anglo-American psychoanalysis by focusing on borderline personality disorder (BPD).

1.3: Symptom severity and diagnosis in Anglo-American psychoanalysis

In Anglo-American psychiatry and psychoanalysis, the borderline concept emerged as a response to difficult-to-classify cases in conjunction with the perceived limitations of the neurosis / psychosis distinction. As the name suggest, BPD lies “in-between” the neurosis / psychosis distinction: it was developed for patients “who were not sick enough to be labelled schizophrenic but who were far too disturbed for classical psychoanalytic treatment” modelled on the neuroses (Gabbard, 2000, p. 411). Thus, the severity of symptoms has been a consistent and enduring theme underlying BPD. For example, schizophrenia could be ruled out if psychotic phenomenon were transitory and brief; conversely, neurosis was to be excluded in the absence of obsessions, phobias, and conversions, and the presence of an impulsive riddled chaotic character organization (Kernberg, 1967). However, the Lacanian field has been consistently opposed to the borderline concept due to the misguided diagnostic assumptions underlying this nosological group. The introduction of a “mid-point” between neurosis and psychosis, based on the severity of symptoms, cannot be the basis for diagnosis. In contrast, the Lacanian approach to the neurosis / psychosis distinction aims to elucidate the mechanism – repression or foreclosure – underlying clinical phenomena. The opposition between structure and phenomena is essential: a diagnostic impression is predicated on structure, the subject’s relation to the key signifier the Name-of-the-Father, rather than the phenomena of symptom severity. Thus, the borderline concept is problematic on several counts; perhaps the most important point is that the severity of symptoms cannot be the basis for making a diagnosis (Fink, 2007). I suggest that a particularly problematic outcome of the borderline concept is that it weakens the theory of psychosis by moving away from mild psychosis and the mechanisms of stabilisation.\(^{14}\) As borderline pathology is focused, in part, on a cluster of psychotic symptomatology irreducible to classical forms of schizophrenia and paranoia, creating a new diagnostic category continues to

\(^{14}\) See Mavel (2000) for a comprehensive Lacanian oriented critique of BPD.
minimise the importance of abstract and subtle symptomatology in psychosis (Hriso, 2002c). In the remainder of this section, I discuss how the psychosis concept is weakened by the centrality of symptom severity underlying BPD.

BPD emerged from the difficulties in maintaining the neurosis / psychosis distinction, in part as a result of the diagnostic problems generated by the existence of transitory and reversible psychotic phenomena. Individuals with BPD are often referred to as “difficult” cases due to the complex array of symptoms and the intense therapeutic encounter that can develop during the course of treatment. Well-known factors that make treatment of this group challenging include: the intensity of the transference and counter-transference, rapid mood lability, intense regression, and transitory psychosis (Fonagy, Gergely, Jurist, and Target, 2002; Kernberg, 1967). Grinker et al. (1968) famously asserted that borderline pathology occupied a continuum between the psychotic border and the neurotic border; moreover, he then subdivided the borderline group into four subtypes along a continuum moving from the most to least severe:

Type I: Psychotic border
- Inappropriate, non-adaptive behaviour
- Problems with reality testing and sense of identity
- Negative behaviour and openly expressed anger

Type II: Core borderline syndrome
- Pervasive negative affect
- Vacillating involvement with other
- Anger acted-out
- Inconsistent self-identity

Type III: As-if group
- Tendency to copy identity of others
- Affectless
- Behaviour more adaptive
- Relationships lacking in genuineness and spontaneity
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Type IV: Neurotic-border
- Anaclitie depression
- Anxiety
- Neurotic and narcissistic features (Gabbard, 2000, p. 412)

Grinker et al.'s (1968) borderline concept is a heterogeneous notion that does not appear to show any particular clinical unity across the different sub-types apart from the movement from most to least severe. Note that the psychotic border is situated in opposition to schizophrenia; thus, the focus on symptom severity, particularly with reference to transitory psychotic states, was central to debates regarding the differentiation of BPD from schizophrenia.

In the American psychiatric tradition, the severity of symptomatology and transitory psychotic phenomena was a pivotal factor leading to the emergence of BPD and reclassification of schizophrenia. Prior to its inclusion in the DSM-III (1980), debate concerning the validity of BPD was focused extensively on differentiating it from schizophrenia (Grinker, 1979; Kernberg, 1979; Liebowitz, 1979; Rieder, 1979; Spitzer and Endicott, 1979; Stone, 1979). BPD emerged from the tensions involved in debates concerning the clinical utility of mild schizophrenia; terms such as pseudo-schizophrenia, latent schizophrenia, and ambulatory schizophrenia were used to denote cases where transitory psychotic states were evident (Gabbard, 2000; Gunderson, 1979). In Figure 2., Gunderson (1979, p. 19) provides a schema showing the relationship between schizophrenia, neurosis and the sub-groups of borderline personality organization:
Figure 2. The borderline: Interrelationships among overlapping diagnostic categories

The neurosis / psychosis distinction is augmented by borderline personality organization and a series of related subtypes. Gunderson’s diagram is a useful heuristic for outlining the array of subtypes contained in the borderline concept and, in showing how they are situated on a continuum of severity between neurosis and schizophrenia (psychosis).

In contemporary psychiatry, debate over BPD and schizophrenia often focused on the significance of transitory and reversible psychotic phenomena; the question of how these phenomena should be categorized was, and remains, controversial. Liebowitz summarises the debates concerning the severity of symptoms and the differentiation of BPD and schizophrenia. On the one hand, some theorists suggested that “borderline patients may show brief periods of disorganisation associated with rage attacks, they do not show the schizophrenic’s characteristic disturbances to association, autistic thinking, defects of language and logical thought, delusions, or hallucinations” (Liebowitz, 1979, pp. 24-25). On the other hand, other theorists argued
against the retention of borderline as a diagnostic term. In so doing, they dispute the importance for differential diagnosis of such issues as the mildness or reversibility of psychotic symptomatology or the presence of areas of intact ego functioning such as insight and "reality-syntonic adaptation," and hold that the presence of psychotic findings, even though transient in nature, argues for classifying patients called borderline as psychotic (1979, p. 28).

Using severity of symptoms to differentiate borderline patients from schizophrenic ones, remains central to much contemporary psychiatric and psychoanalytic literature. In psychiatry, the presence of “transient, stress-related paranoid ideation, delusions or severe dissociative symptoms” (American Psychiatric Association, 1994, pg. 654) is important in differentiating BPD from schizophrenia, as the later requires the psychotic state to last for the duration of one month.15 The primary difference between the psychotic symptoms in BPD and schizophrenia in the DSM-IV-TR concern the duration and severity of symptoms. In BPD, psychotic symptoms are brief and transitory – if they occur for longer than one month then the diagnostic impression will move toward schizophrenia. Transitory psychotic states are stress related and diminish once the stressor is removed; thus, in BPD, psychotic phenomena such as paranoid ideation and delusions do not indicate schizophrenia,

15 To be diagnosed with BPD five of the following nine criteria need to be met:

1. Frantic efforts to avoid real or imagined abandonment. [Not including suicidal or self-mutilating behaviour covered in Criterion 5]
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., promiscuous sex, eating disorders, binge eating, substance abuse, reckless driving). [Again, not including suicidal or self-mutilating behaviour covered in Criterion 5]
5. Recurrent suicidal behaviour, gestures, threats, or self-mutilating behaviour such as cutting, interfering with the healing of scars, or picking at oneself.
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness, worthlessness.
8. Inappropriate anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
and this is primarily due to the *brief duration* of these events. Thus, in contemporary psychiatry, the advent of the borderline concept correlated with a move away from the notion of mild psychosis as transitory psychotic states became dissociated from the definition of psychosis.

In Anglo-American psychoanalysis, the dimension of severity underlying BPD has also been a pivotal factor in the movement away from the notion of mild psychosis as evident in the *Psychoanalytic diagnostic manual* [PDM] (PDM Task Force, 2006). This diagnostic manual provides the most recent example showing the importance of the severity of symptoms to the borderline concept. In the PDM, classical BPD symptomatology is clustered into three groups:

1. an anaclitic type (affectively labile and intensely dependent);
2. an introjective type (over-ideational and characterised by social isolation and withdrawal); and,
3. borderline schizophrenics (characterised by the potential for psychotic decompensation and the blurring of ego boundaries) (PDM Task Force, 2006).

Moreover, the PDM, like other psychoanalytic theories of BPD (Kernberg, 1967; McWilliams, 1994), presumes that the borderline concept constitutes a mid-point between psychosis and neurosis, and that differential diagnosis is formalized according to the severity of symptoms. The severity of the personality disorders constitutes a separate dimension for the assessment of personality organization.\(^\text{16}\) The dimension of severity is based on the following criteria:

1. To view self and others in complex, stable, and in accurate ways (identity).
2. To maintain intimate, stable, and satisfying relationships (object relations).
3. To experience in self and perceive in others the full range of age-expected affects (affect tolerance).

\(^{16}\)The severity dimension is a spectrum used to assess a range of factors such as suitability for psychoanalytic treatment and the form in which any psychoanalytic treatment may take; my focus on the severity dimension will outline the developmental assumptions underlying the deficit notion of psychopathology.
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4. To regulate impulses and affects in ways that foster adaptation and satisfaction, with flexibility in using defences or coping strategies (affect regulation).

5. To function according to consistent and mature moral sensibility (super-ego integration, ideal self-concept, ego-ideal).

6. To appreciate, if not necessarily to conform to, conventional notions of what is realistic (reality testing).

7. To respond to stress resourcefully and to recover from painful events without undue difficulty (ego strength and resilience) (PDM Task Force, 2006, pp. 22-23).

In the PDM, the dimension of the severity of symptoms underlying the mid-point between neurosis and psychosis is derived from a deficit model of psychopathology. The deficit model underlies the dimension of severity and is derived primarily from object relations and ego-psychology; terms such as “seriously limited”, “compromised”, “damage”, and “most disturbed” indicate limitations to psychical functions, such as reality testing. The authors indicate that borderline-level personality organization is probable when the first five abilities are seriously limited. While disturbances to moral sensibility are consistent with narcissistic and psychopathic variants of BPD, deficits in reality testing are considered to be evident in only the most disturbed patients (PDM Task Force, 2006). Disturbances to reality testing are equated with the most severe forms of BPD, a notion that parallels Grinker et al.’s (1968) notion of severity in the Type 1 psychotic border group. In psychoanalytic theory, Kernberg’s (1967) approach to BPD focuses extensively on the severity of symptoms by examining typical ego defences evident in borderline character pathology.

Kernberg’s theory of BPD, which differs from the Lacanian approach to diagnosis, utilizes a character pathology continuum to differentiate neurosis, borderline and psychosis: borderline personality lies between neurosis and psychosis based on the
severity of character pathology (Kernberg, 1967). For Kernberg, the character pathology continuum encompasses symptoms, personality traits, defence mechanisms and object relations. He states,

*it is indeed possible to place the patient tentatively along a continuum of severity of character pathology. His placement on the "lower level" of the continuum is presumptive evidence of borderline character pathology* (Kernberg, 1967, p. 656 emphasis added).

Neurosis, borderline, and psychosis are conceptualised according to this continuum; the severity of the disorder moves from neurosis (higher level) through to psychosis (lower level). *Kernberg identifies repression as the primary defence in neurosis, splitting in borderline pathology, and fusion of self- and object-image in psychosis* (Kernberg, 1967). In terms of borderline character pathology, he states,

I am referring here to severe character pathology typically represented by the chaotic and impulse-ridden character, in contrast to the classical reaction-formation types of character structure and the milder "avoidance trait" characters…*one might classify character pathology along a continuum ("high level" to "low level") according to the degree to which repressive mechanisms or splitting mechanisms predominate* (Kernberg, 1967, pp. 650-651 emphasis added).

Splitting is the essential and primary defensive operation constitutive of borderline pathology; it is part of a constellation of “primitive” defences such as projective identification, denial, idealisation, and devaluation (Kernberg, 1967). Splitting is restricted to the active process of keeping apart introjections and identifications of opposing quality. For instance, *the splitting of the object image and self-image into separate and mutually exclusive categories of “all good” and “all bad” have a defensive function in warding off anxiety. Rather than being able to integrate*

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17 Although Kernberg has made other nosological contributions to theorizing BPD (Clarkin, Lenzenweger, Yeomans, Levy, and Kernberg, 2007; Lenzenweger, Clarkin, Yeomans, Kernberg, and Levy, 2008) this structural theory of diagnosis, based on symptom severity, remains essential to the psychoanalytic approach to BPD (Kernberg and Michels, 2009).
aggressive and libidinal drives into a more complex integrative ego function such as repression, splitting functions to keep separate aspects of self/object image that are incompatible with each other – i.e. good and bad object – which entails a fragmented and dissociated ego state (1967). Moreover, developmental arrest at the level of splitting entails that the synthesizing function of the ego is impaired and the capacity to tolerate aggressive drive derivatives is not achieved through the development of higher order defences. Thus, borderline pathology is characterised by a pathological fixation to the process of splitting rather than a fusion of the self/object-image, as in psychosis (1967).

In BPD, the transient and reversible nature of psychotic phenomena distinguishes it from psychosis; it is distinct from psychosis as reversion to primary process thinking is only temporary. For Kernberg, transitory disturbance to reality testing is a definitive feature of borderline pathology; in contrast, when distortions to reality testing are pervasive, the diagnosis of psychosis is more likely, highlighting how the level of severity correlates with a particular diagnosis:

In the psychoses their main effect is regressive refusion of self and object images; in the case of the borderline personality organization, what predominates is not refusion between self and object images, but an intensification and pathological fixation of splitting processes (1967, p. 665).

Disturbance to reality testing, although pertinent to BPD, is not the primary point of fixation. Reality testing is an ego function and refers to the capacity to discriminate between what is happening in one’s own mind in contrast to what is happening in the outer world. In psychosis, the capacity to distinguish between internal fantasy and reality is thought to be severely impaired, while in BPD these distortions are transitory (Sadock and Sadock, 2003). Disturbances to reality testing affect the ego and are indicated by the prevalence of dissociation and splitting, the disorganisation of cognition, the partial fusion of self/object images affecting the stability of ego boundaries, the regression to primitive ego states, and, the decathexis of objects (Kernberg, 1967). In borderline pathology, reality testing generally remains intact but may become vulnerable to distortions in specific situations: significant stress, the
effects of drugs and alcohol, and the iatrogenic effects of psychotherapy are all instances where psychotic phenomena may emerge. However, transitory psychotic phenomena are expelled from the category of psychosis because they correlate with only a partial disturbance to the self/object image; that is to say, psychosis is at the lowest level on the continuum of severity because this fixation point is at a more primitive stage of ego development than splitting. Consequently, the notion of a stabilised psychosis is displaced by the borderline category, and cases where florid positive/negative symptoms are absent are excluded from the field of psychosis. Another example concerning the movement away from stabilisation in psychosis concerns the significance of the “as-if” phenomena in the borderline concept.

In Grinker’s (1979) BPD continuum, the Type III “as-if” group is derived, in part, from Deutsch’s (1942) theory of schizoid mechanisms in psychosis. On this continuum, the severity of symptoms in the “as-if” group lies adjacent to the neurotic border group (Type IV). The “as-if” group is situated here because of the absence of florid psychotic states and the capacity of social adaptation (Gabbard, 2000). This group of borderline pathology is characterised by the tendency to identify with others, the absence of affect, and a lack in genuineness and spontaneity in relationships (2000). However, the displacement of the “as-if” category from schizophrenia into the border concept, demonstrates the movement away from the notion of mild psychosis in contemporary psychiatry and psychoanalysis. For Deutsch, the “as-if” phenomena are evident in certain cases of schizophrenia where “the individual’s whole relationship to life has something about it which is lacking in genuineness and yet outwardly runs along ‘as if’ it were complete” (1942). While the individual appears reasonably well adjusted to social demands and does not exhibit positive or negative psychotic symptoms, “as-if” patients exhibit a superficial emotional range, have an inauthentic identity due to the propensity to imitate others, and display an extreme passivity that functions to mask aggression (1942). Deutsch argues that the “as if” personality organization is not psychically structured by repression; instead, an absence of object cathexis and the lack of significance placed on emotional ties with others, is a primary feature of this group. Of course, it should be observed that the absence of libidinal investment in objects highlights the narcissistic component of the “as-if” phenomena, an issue congruent with Freud’s discussion of narcissism in
psychosis, and schizophrenic withdrawal in particular (1911, 1914). However, in BPD, the “as-if” concept with its connection to schizoid mechanisms is no longer associated with schizophrenia, and is described in the context of “identity diffusion” (Akhtar, 1984; American Psychiatric Association, 2000). In contrast, Lacan (1993) suggested that “as if” variants of schizophrenia are to be understood as cases of untriggered psychosis.

In Lacanian psychoanalysis, Deutsch’s (1942) notion of the “as-if” personality is important as it is used in discussions of both untriggered psychosis (Lacan, 1993) and in more recent debates concerning stabilisation (Stevens, 2002; Skriabine, 2004a). For Lacan, the tendency for imitation in “as-if” personalities, evident in narcissistic identification between individuals who share similar traits, constitutes a “mechanism of imaginary compensation” that stabilises the psychotic subject (1993, pg. 192). He suggests that in certain cases of schizophrenia, imaginary identification functions to stave off psychotic decompensation and used the term, untriggered psychosis, in such cases. An untriggered psychosis may be likened to a broken stool; although minus one leg, a three-legged stool may still function to support a person depending on their weight distribution. However, once the person’s weight is shifted above the missing leg, it will collapse, person in tow. Similarly, although imaginary identification functions to keep the person “upright”, psychosis may be triggered, which leads to the collapse of this supportive function. Thus, Lacan’s discussion of the “as-if” phenomena as an untriggered psychosis contrasts markedly with the borderline concept; rather than moving away from psychosis, a specific mechanism of ego identification is used to discern stabilisation in psychosis. His statement, that “there is nothing that more closely resembles a neurotic symptomatology than a pre-psychotic symptomatology” (Lacan, 1993, p. 191) aims, in part, at severing the connection between diagnosis and symptomatology, and severity of symptoms. Thus, although untriggered psychosis is thought about in terms of the imaginary, it is not to the detriment of the symbolic and the subject’s position concerning the Name-of-the-Father. In the field of ordinary psychosis, the “as-if” phenomena, and more generally, imaginary identification in psychosis, continue to inform debates concerning triggering and stabilisation in psychosis.
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The Lacanian emphasis on structure, that is, on the subject’s relation with the Other of language, and in particular, on the signifier the Name-of-the-Father, has nothing to do with a linear developmental model or with symptom severity. Lacan’s reading of the “as-if” phenomena in terms of untriggered psychosis is instructive because he maintains the integrity of the neurosis / psychosis distinction despite the absence of obvious psychotic phenomena. In doing so, he preserves the notion of psychotic structure, and is unequivocal in proposing that psychosis has no necessary connection with symptom severity. Hence, the effects of the symbolic order on the subject are opposed to a developmental model, a position in opposition to “the effacement of the function of structure before that of development, toward which analysis has slipped ever further” (Lacan, 1962, p. 616). In his classical theory of psychosis, the emphasis on structure, as opposed to development, entails the centrality of the Oedipus and castration complex. Moreover, this structural approach to diagnosis is only possible when there is clear separation between the imaginary and symbolic registers. Grigg suggests that

it was only once he had made this discovery that Lacan was able to scrupulously distinguish what in psychoanalysis is “symbolic,” as he called the field of language, from the secondary and dependent register of the imaginary, a move that enabled him to better analyse the true place of language in the psychoanalytic experience (2008, p. xi).

In the next chapter, Lacan’s distinction between the imaginary and symbolic is developed further, as well as the limitations of the schizophrenia / paranoia dichotomy.
Ordinary psychosis is an important development in contemporary Lacanian psychoanalysis to discern a more comprehensive understanding of stabilisation in psychosis. In this chapter, I have argued that ordinary psychosis is best understood as providing a general theory of psychosis and does not constitute a new nosological subtype. Rather, ordinary psychosis preserves the neurosis / psychosis distinction and focuses on positing mechanisms of stabilisation that are assumed to operate in mild psychosis. Thus, in ordinary psychosis, focusing on stabilisation reengages the notion of mild psychosis, subtle symptomatology, and body phenomena. Although contemporary psychiatry engages mild body symptomatology via the category of cenesthetic schizophrenia, this concept remains marginal in psychiatry and does not sufficiently address stabilisation in psychosis. In addition, ordinary psychosis provides an important alternative to the borderline concept, a diagnosis that provides a mid-point between psychosis and neurosis based on the severity of symptoms. My critique of the borderline concept, focused on the problematic assumptions underlying the severity of symptoms, showed how the mid-point between neurosis and psychosis marginalizes the notion of mild psychosis in contemporary psychiatry and psychoanalytic theory. In contrast, ordinary psychosis, in focusing on the variety and subtlety of psychotic symptomatology, preserves the idea of mild psychosis by supposing that mechanisms can stabilise psychosis. In this context, certain body disturbances in psychosis have become the focal point for conceptualising mechanisms of stabilisation in variants of psychosis that appear to be located in the schizophrenia spectrum. Consequently, the hypothesis that some body phenomena have a stabilising function in psychosis orientates theorists to the conceptual problem concerning mechanisms of stabilisation. In psychosis, important questions remain concerning how triggering events and stabilisation are to be conceptualised, and this will be the focus of subsequent chapters. In the next chapter, I assess the role that elementary phenomena have in schizophrenia and paranoia.
Chapter 2: Modern psychiatry, elementary phenomena and the Lacanian theory of psychosis

In this chapter, I contend that Lacan’s theory of elementary phenomena is essential for understanding mild psychotic phenomena, suppletion and stabilisation in psychosis. However, due to his extensive focus on paranoid psychosis, the concepts of triggering and stabilisation have not been sufficiently developed for cases of mild psychosis. I explore how the concept of elementary phenomena, derived from Lacan’s analysis of paranoid psychosis, provides the basis for engaging mild psychosis and developing a theory of stabilisation in psychosis. I situate this concept in relation to the modern psychiatric notion of primary symptoms, which, I believe is congruent with the notion of mild psychosis. I also demonstrate that the idea of primary symptoms, particularly de Clérambault’s theory of athematic automatisms, sheds light on Lacan’s concept of elementary phenomena and provides a unique access point for investigation into the pathological process in psychosis – the mechanism of foreclosure. Finally, Lacan’s concept of elementary phenomena is developed in the context of psychosis, with a particular focus on how the signifier in the real concerns stabilisation and suppletion. I conclude by suggesting that the idea of elementary phenomena remains essential to theorising ordinary psychosis as it provides a pathway for exploring the complexities of triggering events and stabilisation.

2.1: Modern psychiatry and de Clérambault’s theory of automatisms

In modern psychiatry, the distinction between primary and secondary symptoms provides an important conceptual distinction in assessing psychotic symptomatology. This dichotomy is fundamental to modern psychiatry and is also pivotal to Lacanian theories of psychosis as it lays the groundwork for approaching diagnosis in terms of pathological process, as opposed to symptomatology, which reinforces the thesis of unitary psychosis. Moreover, the focus on primary symptoms and the mechanism of psychosis is important as it redirects clinical focus onto abstract and subtle psychotic symptomatology in mild cases of psychosis, which is central to the field of ordinary psychosis. As such, charting the continuity and divergence between the modern psychiatric lexicons, particularly de Clérambault’s influence on Lacan’s theory of psychosis, is essential. My discussion of the convergence between these fields will focus on two features that are fundamental to ordinary psychosis, and my exploration
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of body phenomena, in particular. The first concerns the paranoid spectrum of psychosis, which has been overemphasised in the Lacanian field, and this has lead to an insufficient engagement of other forms of psychosis, particularly schizophrenia. And second, highlighting the theoretical continuity between de Clérambault’s notion of athematic automatisms and Lacan’s account of elementary phenomena lends support to the idea of mild psychosis, and, opens up a path for further investigation of triggering events and stabilisation in psychosis.

The modern psychiatric theory of unitary psychosis provides a unique approach to diagnosis due to the assumption that a single pathological process underlies the psychotic spectrum. The idea of a unitary psychosis assumes that variable psychotic symptomatology, in terms of the severity and quality of symptoms, can be linked to one mechanism. As Hriso observes, the “essential feature that determines the presence and the notion of psychosis is the presence and the notion of a pathologic psychotic process” (2002d, p. 41) and that all “psychotic entities may be either variants or successive forms of one and the same pathological process” (2002d, p. 42). These clinical phenomena are complex due to a broad array of psychotic symptoms, which can range in severity and duration. Thus, the proliferation of psychotic diagnoses in the late 19th century - autism, schizophrenia, manic-depression, paranoia, schizoid personality, affective psychosis - demonstrates the importance of symptomatology in psychiatric nosology. A nosology derived from symptomatology, with its classification of clinical phenomena according to discrete symptom clusters and mono-symptoms, lies in opposition to the notion of unitary psychosis (Klotz, 2009; Svolos, 2008b) and characterises contemporary psychiatric approaches to diagnosis. For example, in the DSM-IV-TR (2000) the separation of the schizophrenia into subtypes such as paranoia, catatonia, residual type disorganised, and undifferentiated schizophrenia, attempts to organise symptoms into discrete nosological entities. However, one of the enduring criticisms of nosology concerns the lack of construct validity underlying each entity; such that the variation in symptoms, in terms of severity and plasticity, renders a cluster-symptom based approach to diagnosis inherently weak (Hammersley et al., 2008). In contrast, the unitary psychosis thesis maintains that these variations can all be subsumed into the single category – psychosis – and that a fundamental mechanism underlies the variations and flux in
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symptomatology. The clear advantage to the unitary psychosis hypothesis is that a relationship between pathological process and symptomatology is embedded in the theory, and that neither the severity nor quality of the symptomatology is the basis for determining the diagnosis.

The notion of unitary psychosis is also a significant development in modern psychiatry as it helps establish the distinction between primary and secondary symptoms in psychosis. The distinction between primary and secondary symptoms maintains the disjunction between a psychotic mechanism and the emergence of psychotic phenomena. Isolating this pathogenic mechanism is a complex task that has been an elusive pursuit throughout modern and contemporary psychiatry. According to Bleuler, in schizophrenia “the primary symptoms...are part of the disease process” (1987, p. 65). Bleuler (1987) provides different examples of primary symptoms. For example, he argues that certain personality predispositions, such as the sensitivity to specific emotional states, are an instance of pathological psychotic process. In contrast to this psychogenic approach, he suggests that an organic disturbance to the central nervous system (CNS) can be linked to the most fundamental aspect of schizophrenia: namely, the breakdown of cognitive processes as evident in the disruption to associations, and the fragmentation and disorganisation of thought. He also claims that in schizophrenia, certain body symptoms such as twitches and muscular excitability are primary symptoms demonstrating the “direct signs of the involvement of the nervous system” (Bleuler, 1987, pg. 68). Secondary symptoms are thought to emerge in reaction to a primary psychotic process: that is, a significant proportion of psychotic symptomatology must be considered as a reaction to an underlying primary disturbance. That is, secondary symptoms - especially those with a thematic quality - such as delusions and hallucinations, are secondary epiphenomena that emerge in response to a primary psychotic process. Thus, the formation of delusions and the presence of auditory hallucinations are considered secondary reactions that emerge due to a primary pathological process. This primary process lies at the crux of psychosis. Bleuler contends that

the disease process does not actually produce the complicated symptoms which we are accustomed to see. Particular delusions or hallucinations are not generated by the process itself. The disease process can only create certain elementary
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*psychological disturbances, on the basis of which hallucinations and delusional ideas arise* (1987, p. 67).

According to Bleuler, clinical phenomena such as delusions, hallucinations, catatonic symptoms, withdrawal, stereotypical speech, negativism, mutism and the flattening of affect are instances of secondary symptoms. Secondary symptoms are significant because they show an *evolutionary trajectory and tendency toward systemisation*, a phenomena best exemplified by paranoia. Although Bleuler moves away from the unitary psychosis hypothesis in positing multiple pathogenic mechanisms - psychogenic and organic – in his theory of primary symptoms, this distinction between primary and secondary symptoms is developed further by de Clérambault (2002).

De Clérambault’s theory of automatisms (2002) develops the primary and secondary symptom distinction through an organicist theory of unitary psychosis. His theory of automatisms aims to describe the fundamental psychotic process and endeavors to show the nexus between clinical phenomena and psychotic process. Automatisms, he claims, emerge due to neural network processing abnormalities in the central nervous system (CNS); these abnormalities produce repetitive and automatic clinical phenomena that appear in abrupt and unexpected forms (Hriso, 2002d). De Clérambault argues that automatisms have their source in abnormal neural tissue and are therefore organic in nature; in his theory of psychosis, *automatisms are the basis of the psychotic process and of the psychotic phenomena* (Hriso, 2002d).¹⁸ De Clérambault’s ideas and clinical descriptions provide a language of psychotic symptomatology, which is congruent with the field of ordinary psychosis, and can help clinicians recognise and diagnose subtle forms of psychosis.

In de Clérambault’s theory of psychosis, the neural network processing abnormalities indicated by automatisms occur throughout the CNS producing an array of psychotic

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¹⁸ From a diagnostic perspective, it is important to note that not all automatisms reflect an underlying psychosis: automatisms are a necessary condition for a psychosis, although not a sufficient condition. In de Clérambault’s theory of psychosis, multiple types of automatisms, which emerge across different functional modalities (motor, sensory, mental) are required for making a diagnosis of psychosis (Hriso, 2002). In contemporary psychiatry, the idea of automatism is used in a narrow sense, referring to automatic acts with an unconscious motivation (Sadock and Sadock, 2003).
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phenomena across diverse functional modalities of the body. Automatisms are pathognomonic phenomena of psychosis and occur across five core CNS functions: motor, sensory, mental, volitional, and emotive (affective) automatisms (Hriso, 2002d). Motor automatisms refer to involuntary muscle activity that can emerge anywhere in the body. Different types of motor disturbances are exhibited in posture, attitudes and mimic, gestures, inhibitions, forced actions, tics, and verbal-motor automatisms. In contemporary psychiatric nosology, these automatisms may be featured in forms of schizophrenia such as catatonia. Next, sensory automatisms are phenomena categorized via the five senses: gustatory, olfactory, somatic, visual and auditory. Mental automatisms cover a broad and complex array of psychotic symptoms that are comparable to the notion of positive and negative symptoms utilised in contemporary psychiatry. The three main categories of mental automatisms are: phenomena of intrusion (positive symptom), phenomena of inhibition (negative symptom), and mixed phenomena of intrusion and inhibition. These three categories are then sub-divided further into singular disturbances that provide a comprehensive catalogue of mental automatisms. Next, volitional automatisms are disturbances affecting the individual’s sense of self-direction, such as the feeling of being controlled and the imposition on one’s will by an external agent. These are comprised of foreign wills, obsessional intents, and suggested acts that occur with or without commands. Finally, emotive automatisms refer to emotions and affects that are spontaneous and unmotivated, excessive and intense, and that tend to emerge and disappear suddenly (Hriso, 2002b). His concept of automatisms across different functional modalities provides a comprehensive list for assessing psychotic phenomena that includes subtle signs and symptoms of psychosis. Moreover, as de Clérambault’s (2002) theory of athematic automatism focuses specifically on abstract and subtle psychotic phenomena, it supports the notion of mild psychosis.

De Clérambault developed the concept of athematic automatism in the context of the primary and secondary symptoms. Like Bleuler, de Clérambault observed that in psychosis, phenomena such as hallucinations and delusions are reactions to a separate pathological process; this fundamental psychotic disturbance was the catalyst for developing the theory of athematic automatisms. Athematic automatisms refer to meaningless psychotic phenomena affecting one of the five functional modalities of the body. For example, athematic automatisms may include facial tics, a phenomenon
linked to motor disturbances; alternately, incoherent syllabic fragments such as echolalia, that are not organised and integrated by the subject into a coherent theme or idea, may be considered a mental automatism. The organicist theory underlying the automatism concept aims to correlate localised and dispersed processing aberrations to CNS neural networks with psychotic phenomena; automatisms are considered to be neuro-clinical correlates to psychotic phenomena (Hriso, 2002c). Athematic mental automatisms, such as syllabic fragments, emerge from normal cognitive processes, which form the building blocks of abstract thinking. A CNS aberration (automatism) is created when a specific neural network, with a normative function, becomes isolated from other neurological networks and processes. Although automatisms first find expression as an athematic automatism, the tendency of these symptoms to evolve into more complex psychotic phenomena remains a central platform of de Clérambault’s theory of psychosis.

According to de Clérambault, automatisms tend to evolve from a disorganised and meaningless array of abstract symptoms into a systematised form (Hriso, 2002c). Hence, an evolutionist assumption underlies his theory of automatisms, which essentially recapitulates the distinction between primary and secondary symptoms (Freeman, 1999; Hriso, 2002c; Verhaeghe, 2004). His theory of thematic systemisation is focused primarily on how the thematic content of secondary psychotic phenomena, such as hallucinations and delusions, emerge. The thematic nature of delusions or hallucinations is not a particularly important element in de Clérambault’s theory of automatisms; his emphasis on the primary neurological psychotic process was an attempt to move away from psychogenic theories of psychosis where clinicians used the themes of delusions as evidence by showing a link between psychological factors and pathological mechanisms in psychosis. As Hriso suggests,

the athematic character of a symptom eliminates the fact that an idea or thought could cause it. Nothing can explain the existence of such symptoms other than a mechanical malfunction within the neural tissue. In other words, because of the absence of theme, these athematic phenomena could not be produced as a result of thematic entities such as an obsessing idea, a subconscious conflict or a volitional manifestation. The spontaneity, the abruptness in their appearance, the
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repetitiveness, and the inherent automatic nature of these automatisms, are all characteristics and properties that are mechanical in essence (Hriso, 2002a, p. 79 emphasis added).

According to de Clèrembault, the theme of a delusion or a hallucination is intellectual information that is “tagged” onto the primary psychotic process. The psychotic process is the “vehicle”, that is, the theme of the automatism is the information carried by the vehicle; as such, the psychological content of a delusion or hallucination does not have a neuro-clinical correlate. Systematisation of psychotic phenomena is most obvious in mental automatisms due to the emergence of themes in delusions and hallucinations.

In psychosis, the thematisation of automatisms refers to the process where primary athematic automatisms evolve into the form of “meaningful” systems of thought. According to de Clèrembault, the thematic content of secondary symptoms is derived from a range of factors involving personality, and the subject’s experience of automatisms. De Clèrembault claims that personality features like hostility, eroticism, and mysticism contribute to how a delusional theme may be exhibited in secondary psychotic phenomena (2002). In addition, themes also emerge from the inherent characteristics of the mode of automatism (i.e. sensory, mental); for de Clèrembault, agreeable, supportive or tolerable sensations correlate with optimistic and pessimistic themes (2002). In contrast, he argues that the theme of hostility, frequently encountered in paranoid psychosis, emerges from the nature of the automatisms themselves. He contends that mental automatisms are inherently annoying and irritating; for example, nonsensical auditory hallucinations that repeatedly impose themselves on an individual are thought to create irritation due to their frequency and unwelcome presence. The gradual increase in the level of intrusiveness and frequency correlates with the onset of a hostile theme that may emerge from the irritation related to the feeling of being “taken over”. Thus, the relation between athematic and thematic automatisms is complex as multiple factors determine both systemisation and the thematic quality of secondary symptoms.
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Exploration of de Clérambault’s theory of automatisms provides an important reference point for situating a specifically Lacanian perspective on both subtle psychotic phenomena and the evolution of symptoms. Athematic and thematic automatisms are important features of de Clérambault’s concept of psychosis, providing clinicians with a rich descriptive symptomatology of psychosis. Athematic automatisms lie at the crux of de Clérambault’s theory of psychosis and this descriptive symptomatology of subtle and abstract automatisms moves well beyond contemporary psychiatric accounts of the signs and symptoms in psychosis. Lacan’s classical theory of psychosis, and his account of paranoid psychosis, recapitulates many of the evolutionist assumptions underlying de Clérambault’s theory of psychosis. De Clérambault’s influence, in addition to Freud, may help explain why the Lacanian field has been overly focused on the paranoid spectrum of psychosis to the detriment of more subtle psychotic phenomena (Laurent, 2008; Miller, 2009; Sauvagnat, 2009). In contrast, Lacan’s unique approach to unitary psychosis, vis-à-vis the thesis concerning the foreclosure of the Name-of-the-Father, provides a different explanation for the mechanism in psychosis. In the next section, I discuss the influence of de Clérambault on Lacan’s approach to psychosis by focusing on similarities between athematic and thematic automatisms, and Lacan’s theory of elementary phenomena and the delusional metaphor. Moreover, despite the strong emphasis on the paranoid spectrum, I claim that elementary phenomena are fundamental to Lacan’s theory of psychosis and essential for understanding body disturbances, triggering events, and stabilisation in the field of ordinary psychosis.

2.2: Lacan’s classical theory of psychosis, elementary phenomena and paranoia

In Lacan’s classical theory of psychosis developed in the 1950’s, the reference to de Clérambault provides a counterpoint for declaring his own ideas on psychosis. Lacan (1946, 1993) refers to de Clérambault as “his master” in psychiatry and indicates that he borrows the theory of elementary phenomena from de Clérambault’s account of automatism. Yet for Lacan, psychosis is not a matter of biology, but is instead a phenomenon situated in language. Lacan is critical of de Clérambault’s theory of psychosis - and biological psychiatry in general - for moving the automatism concept
from *neurology to psychiatry*; a biological theory of psychopathology was developed *via analogy* by transposing neurological concepts into modern psychiatry. Thus, de Clérambault’s organicist approach to automatisms is based on a biological model of psychosis and is an artifact of the automatism concept being drawn from the field of neurology in the domain of psychiatry. This appropriation of neurological concepts into the field of psychiatry is the basis of Lacan’s critique of de Clérambault. Lacan argues that psychosis *should not be reduced to neurological dysfunction vis-à-vis the notion of automatism* because psychiatry, and more specifically, *psychoanalysis*, has more to contribute to the theory of psychosis than a mapping of biological mechanisms to psychotic phenomena. For Lacan, the automatic and repetitious psychotic phenomena that de Clérambault describes so well are situated in the unconscious and the signifier, rather than in abnormal neurological processing networks.

Lacan finds clinical and theoretical utility in de Clérambault’s theory of automatism by integrating it in his own theory of elementary phenomena. Lacan emphasises language as being fundamental for understanding psychic structure - in both neurosis and psychosis – and contends that there are significant differences between the theory of automatisms and elementary phenomena. As Lacan states,

> under the name of the elementary phenomena of psychosis, *the conclusion he* [de Clérambault] *draws is that we are dealing with simple mechanical phenomena. This is totally inadequate. It’s much more promising to think of it in terms of the internal structure of language*. The merit of Clérambault is to have shown its ideationally neutral nature, which ...means that it’s structural. ... He stresses, namely that the nucleus of psychosis has to be linked to a relationship between the subject and the signifier in its most formal dimension, in its dimension as a pure signifier, and that everything constructed around this consists only of affective reactions to the primary phenomenon, the relationship to the signifier (1993, p. 250 emphasis added).

Lacan’s position is that a disturbance to the subject’s relation with language constitutes the primary focus for comprehending psychotic phenomena, a thesis opposed to any biological approach.
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I contend that Lacan’s theory of psychosis concerning the foreclosure of the signifier, the Name-of-the-Father, shows how the structure of language contributes to our understanding of elementary phenomena and the formation of a delusion. In demonstrating this point, the substance of criticisms leveled at Lacan’s theory of triggering and stabilisation in the field of ordinary psychosis will also become apparent.

Lacan’s classical theory of psychosis is conceptualised by the subject’s position in the symbolic order and the notion of psychic structure. The mechanism of foreclosure, developed by Lacan from Freud’s texts on the Wolf Man (1918) and the Schreber case (1911), is a form of negation that is contrasted with repression. Specifically, the foreclosure of the Name-of-the-Father is the central mechanism in psychosis and differentiates psychosis from neurosis. Foreclosure is a form of negation that is contrasted with repression; instead of signifiers being turned away from consciousness into the unconscious – as in repression - the negation of the signifier in foreclosure is a more radical procedure. In psychosis, foreclosure is a unique modality of negation inasmuch as the existence of a signifier, the Name-of-the-Father, is repudiated such that the subject never affirms its existence, and thus, it is never registered in the symbolic order. Lacan refers to the Wolf Man’s relation with castration as evidence of foreclosure. Here Lacan states:

Regarding castration. Freud tells us that this subject “did not want to know anything about it in the sense of repression”...And to designate this process he uses the term Verwerfung...Its effect is a symbolic abolition. For, when Freud says...“excises” castration...he continues: “thereby one cannot say that any judgement regarding its existence was properly made, but it was as if it had never existed” (1953, pp. 322-323 emphasis added).

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19 It is important to differentiate the concept of foreclosure from the foreclosure of the Name-of-the-Father: in Lacan’s later teachings the concept of foreclosure becomes more important and it is not necessarily associated with psychosis. I explore the theoretical importance of the term foreclosure in Chapter 5 in the broader context of triggering events.
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In *Seminar III* Lacan (1993) identifies the “ultimate mechanism of psychosis” as the foreclosure of the signifier, the Name-of-the-Father, in the symbolic order. When the Name-of-the-Father is foreclosed, the subject does not register this signifier in the symbolic order. Instead of signifiers being repressed and turned away from consciousness into the unconscious, a mechanism that presupposes *the judgment of existence underlies the process of negation* (the foreclosure of the Name-of-the-Father), which leaves a *hole in the Other* (Lacan, 1953, 1958), as the subject never affirms the existence of this signifier. This contrasts with neurosis where the subject recognises the Name-of-the-Father, and therefore is given a place in the symbolic. In psychosis, the foreclosure of the signifier entails that the subject may encounter a hole in the symbolic; if this occurs, the subject may experience the onset of psychosis.

Lacan’s (1958, 1993) theory of paranoid psychosis developed within the context of the Schreber case posits the connection between *the foreclosure of the Name-of-the-Father in the symbolic, triggering events, and stabilisation of psychosis.*

Daniel Paul Schreber was a successful attorney who had his first psychotic break, characterised by hypochondriacal delusions, at the age of forty-two (Lacan, 1993). After this short illness, Schreber returned to his professional duties and worked in the German judiciary for approximately eight years. However, at the age of fifty-one, after being appointed to the position of Presiding Judge to the Court of Appeal in the city of Leipzig, acute psychosis emerged and he spent the rest of his life struggling with psychosis. During periods of incarceration in asylums Schreber wrote *Memoirs of my nervous illness* (2000): the text is a testimony to his psychosis and includes an appeal to be released from the asylum, which he won.

Lacan theorises that the triggering event resulted from the psychotic’s encounter with the hole in the symbolic that occurs when the subject attempts to utilise the Name-of-the-Father. Lacan states that for “psychosis to be triggered, the Name-of-the-Father – verworfen, foreclosed, that is, never having come to the place of the Other – must be summoned to that place in symbolic opposition to the subject” (1958, p. 481). He claims that the onset of psychosis that ensues from a confrontation with the hole in the symbolic can be found in various scenarios in the subject’s history and that “we should try to detect this dramatic conjuncture at the beginning of each case of psychosis” (1958, pg. 481 emphasis added). Lacan states that Schreber’s promotion to the position of Presiding Judge and the ongoing question of paternity moved him into
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a position in the social field where he called upon the Name-of-the-Father to fulfill the symbolic function of the father (1993). When the psychotic subject attempts to use the Name-of-the-Father, the confrontation with the hole in the symbolic entails that the substitutive unfolding of the signifying chain is disturbed. He states:

In psychosis it's the signifier that is in question, and as the signifier is never solitary, as it invariably forms something coherent - this is the very meaningfulness of the signifier - the lack of one signifier necessarily brings the subject to the point of calling the set of signifiers into question. Here you have the fundamental key to the problems of the beginning of psychosis, the sequence of its stages, and its meaning (Lacan, 1993, p. 203 emphasis added).

As the absence of the signifier, the Name-of-the-Father, corresponds with Lacan’s notion of the hole in the Other, the onset of psychosis is connected with a disturbance to the subject as an effect of the structure of language. The psychotic subject’s encounter with the hole in the symbolic affects the structure of language and capacity to produce meaning. The subject’s encounter with a hole is characterised by an absence of meaning; the onset of psychosis, so often characterised by perplexity, is a traumatic event because the subject is no longer able to sustain themselves in a symbolic universe due to the encounter with the hole. In Lacan’s theory of the onset of psychosis, this conjecture between the hole in the symbolic and the subject’s appeal to the Name-of-the-Father is crucial; it isolates a specific mechanism for the onset of psychosis, which, in turn, provides the basis for theorising elementary phenomena.

According to Lacan, the subject’s confrontation with the hole in the Other is often associated with the emergence of elementary phenomena due to a rupture in the signifying chain. Lacan suggests that language disturbances, ranging from subtle psychotic phenomena, such as neologisms, to more severe disturbances such as speech derailment are frequently encountered in psychosis. From a phenomenological perspective, Lacan’s description of language disturbances and de Clérambault’s portrayal of mental automatism are virtually equivalent. For example, de Clérambault’s description of verbal phenomena in his account of athenmatic mental automatism consists of verbal fragments, absurdities and nonsense, stereotypical and repetitive phrases, bizarre intonations, barbarisms (the use of language not in
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accordance with the standard convention), and solecisms (a faulty use of languages due to violations of grammar and syntax) (Hriso, 2002c). In contrast, Lacan states that we should

follow this path in order to study the significations of madness, as we are certainly invited to by the original forms that language takes on in it: all the verbal allusions, cabalistic relationships, homonymic play, and puns...by the singular accent whose resonance we must know how to hear in a word so as to detect a delusion; the transformation of a term in an ineffable intention; the fixation [figement] of an idea in a semanteme (which tends to degenerate into a sign here specifically); the lexical hybrids; the verbal cancer constituted by neologisms; the bogging down of syntax; the duplicity of enunciation; but also the coherence that amounts to a logic, the characteristic, running from the unity of a style to repetitive terms, that marks each form of delusion- the madman communicates with us through all of this, whether in speech or writing (1946, pg. 137).

On the one hand, de Clérambault’s inventory of athetic mental automatisms resembles Lacan’s description of language disturbance phenomena. Both de Clérambault and Lacan stress the continuity and evolution between language disturbance and delusions; a language disturbance can be the basis for detecting a delusion or a stylistic feature in the delusion itself, such as where a repetitious neologism is reproduced throughout a delusion. On the other, Lacan’s classical theory of psychosis asserts that language disturbances are signifiers in the real that emerge due to the hole in the Other; as such, it is a disturbance to the field of language rather than abnormal processing networks in the CNS that determines the structure of psychosis.

The thesis that the elementary phenomena are a return of a signifier in the real is connected to the notion of psychic structure and the foreclosure of the signifier the Name-of-the-Father. Again, although Lacan (1987) commends de Clérambault’s contribution to psychosis – for example in his work on the toxic effects of substances and the onset of psychotic states – he rejects the theory that neural network abnormalities are the nucleus of athetic automatisms. This is a fundamental
difference between these approaches: for Lacan, abstract psychotic symptoms - elementary phenomena - emerge due to “the manifestation of a ‘signifier in the real’, determined by the absence of a fundamental signifier” (Sauvagnat, 2000) the Name-of-the-Father. Thus, psychosis cannot be reduced to a biological process; rather, for Lacan, the subject’s relation to the Other is the centrepiece of his theory. One clear advantage of this thesis of symbolic foreclosure is that neurosis and psychosis remain distinct yet inter-related clinical constructs that provide different accounts of the subject’s place in the symbolic order. Moreover, as the return of signifiers in the real creates perplexity due to the absence of meaning, an experience that is often a precursor to the emergence of delusional phenomena (Lacan, 1993; Stanghellini, 2009), the thesis of symbolic foreclosure:

i) helps account for the phenomena of perplexity in psychosis; and,
ii) shows the connection between perplexity, triggering events, and the formation of a delusion.

Thus, in Lacan’s theory of psychosis, a disturbance to language and the signifying chain produces a failure in symbolisation and therefore an absence of meaning: it is the hole in the symbolic that is the foundation for this disturbance to signification and, as such, it is the subject’s encounter with the hole that has the potential to produce traumatic and destabilising psychotic phenomena.

In Lacan’s commentary on the Schreber case, elementary phenomena are associated with key signifiers that Schreber refers to as his fundamental language. Lacan claims that a series of signifiers indexing the hole in the Other are pertinent to both the onset of Schreber’s psychosis and the subsequent construction of the delusion. According to Lacan,

The key words, the signifying words of Schreber’s delusion, soul murder, nerve-contact, voluptuousness, blessedness, and a thousand other terms, revolve around a fundamental signifier, which is never mentioned and whose presence is in command, is determinant...in Schreber’s entire work his father is cited only once (1993, p. 284).
The signifier *soul murder* (*Seelenmord*) is an enigmatic signifier that emerges during the onset of his psychosis and remains an important signifier through the delusional construction - a point I return to. However, the key feature of elementary phenomena is that they produce enigmatic effects in the subject due to the absence of signification; the normal interpretative process is inhibited and what remains is a signifier in isolation, cut off from its binary relation to other signifiers. Miller (2008) suggests that elementary phenomena are characterised by a *failure of signification, and therefore of meaning*, due to the absence of metaphor and metonymy. When signifiers do not unfold according to the substitutive mechanisms of language then the subject is confronted with an absence of meaning, an event that is experienced as both enigmatic and potentially traumatic. Elementary phenomena are *signifiers that appear in the real – not the symbolic* – and although elementary phenomena are signifiers, they are not connected to the diacritical structure of the signifying chain, and thus appear as bits and pieces of the real. The theory of elementary phenomena has a conceptual link with Lacan’s theory of S1. For instance, language disturbances provide an example of abstract and subtle psychotic phenomena that may emerge in isolation without the accompaniment of delusional and hallucinatory phenomena. The concept of elementary phenomena, a signifier, S1, cut off from a diacritical signifying chain, provides the basis for linking *language disturbances* in psychosis to the mechanism of foreclosure and the hole in the symbolic. Lacan’s theory of elementary phenomena is also pivotal for understanding the formation of the delusional metaphor.

In Lacan’s theory of paranoia, elementary phenomena are considered to be “presignifying” elements that are reconstituted in the form of a delusional construction. Lacan argues that the construction of a delusion in paranoid psychosis is a discursive organisation, a network of signifiers that stabilises the subject and offers some possibility of defending against the real. Elementary phenomena can be characterised as an abrupt and intrusive event in psychic life; hence, the emergence of the real in the symbolic produces *discontinuity* to the subject’s being-in-the-world. The relationship between elementary phenomena and delusions is also characterised by *continuity* as

a delusion isn't deduced. It reproduces its same constitutive force. It, too, is an
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elementary phenomenon. This means that here the notion of element is to be taken in no other way than as structure, differentiated structure, irreducible to anything other than itself (Lacan, 1993, p. 29).

The important point here is that elementary phenomena are elements of structure that are reproduced throughout psychotic symptoms, such as the formation of delusions. The argument is that the composition, theme, and motivation of the delusion may be inferred from “smaller units” of psychic structure: elementary phenomena. Lacan’s claim that elementary phenomena underlie the construction of a delusion can be visualised using a series of cells. Miller (2008) demonstrates (Figure 1.) how elementary phenomena repeat throughout psychotic phenomena in a manner where the relative scale of the psychotic process is amplified through the evolution and systemisation of the delusion.

Figure 1. Elementary phenomena and systemization of the delusion

The first unit in the series indicates elementary phenomena manifest in a discrete form; in contrast, the amplification of elementary phenomena that would be expected in delusions is represented on the far right.

In paranoid psychosis, the construction of a delusion provides a form of stabilisation that contrasts with schizophrenic fragmentation. Freud’s (1911) thesis that a delusion is a form of recovery postulates that the systematised “worldview” developed in a delusion stabilizes psychosis: the formation of a delusion is opposed to the fragmentation and social withdrawal of the schizophrenic. Freud’s introduction of a theory of stabilisation into modern psychiatry’s classical distinction between
schizophrenia and paranoia was groundbreaking in its originality, and provided the basis for conceptualising how psychoanalytic methods might be utilised in the treatment of psychosis. Following Freud, Lacan suggests that in psychosis the formation of a delusion may serve as an anchor to support the subject after triggering has occurred. Lacan argues that

it is the lack of the Name-of-the-Father in that place which, by the hole that it opens up in the signified, sets off a cascade of reworkings of the signifier from which the growing disaster of the imaginary proceeds, until the level is reached at which the signifier and signified stabilise in a delusional metaphor (1958, p. 481).

The construction of a delusion stabilises the signifier and signified to a point where signification and meaning emerge for the subject in a consistent and coherent form. While the formation of a delusion stabilises the psychotic subject, in severe cases of schizophrenia, the absence of a delusion is conspicuous as disturbances to the body, cognition, and the sense-of-self can be radical. The emergence of a paranoid spectrum of psychosis, characterised by the primacy of delusional phenomena, from the schizophrenia spectrum clearly shows that stabilisation is achievable through delusional construction (Freud, 1911; Lacan, 1958; Verhaeghe, 2004). However, theorists in the field of ordinary psychosis (Castanet and De Georges, 2008; Laurent, 2008; Poirier et al., 2008) argue that an overemphasis on Lacan’s classical theory of psychosis and, in particular, on the paranoid spectrum, has resulted in clinicians having an impoverished understanding of the mechanisms of triggering and stabilisation in cases of psychosis outside of the paranoid spectrum.

2.3: Ordinary psychosis, elementary phenomena and the suppletion
In cases of ordinary psychosis, distinguishing between triggering events and the stabilisation of psychotic structure is more complex than in paranoia. The phenomenology of triggering events and stabilisation of psychotic structure that unfolds in paranoia is not evident in cases of ordinary psychosis. In paranoia, a triggering event will result in the emergence of elementary phenomena, which is then followed by a discursive elaboration of this event in the form of a delusional
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construction. In contrast, in cases of ordinary psychosis, neither the onset of psychosis nor the psychotic phenomena correlate with the phenomenology of paranoid psychosis. For example, in certain cases of ordinary psychosis, body phenomena appear immediately after a triggering event, and these function to stabilise the subject without the onset of a delusion (Gault, 2008; Laurent, 2008; Porcheret et al., 2008). Thus, unlike paranoia, where a delusion may take years to evolve into a systematised, and hence stable form, the phenomenology of ordinary psychosis appears to shortcircuit this trajectory, as the stabilisation of psychotic structure is achieved in a different manner. Consequently, if the phenomenology of triggering and stabilisation is significantly different between cases of ordinary psychosis featuring body disturbances and paranoia, then both the theory of triggering and stabilisation may require revising.

Examining Lacan’s theory of triggering in detail is useful in assessing whether this model requires rethinking. According to Stevens (2002), Lacan’s classical theory of triggering consists of three elements:

the eruptive, brusque character; the initial moment, the beginning; and finally the cause (what provokes)... Triggered psychosis is thus the expression consecrated to designating psychosis as a set of phenomena which abruptly appear at a given moment (pg. 2).

This description provides a useful starting point for examining the onset of psychosis as it breaks it down into logical parts. First, the eruptive and brusque character of triggering refers to the subject’s experience of discontinuity and rupture of being-in-the-world. The second element refers to the initial moment of psychosis; this moment, which is so often characterised by the subjective experience of perplexity and enigmatic states (Stanghellini, 2009; Wachserger, 2007), can, I believe, be viewed in terms of the onset of elementary phenomena. Finally, the third element - the cause - refers to the subject’s encounter with A-father; as noted, the psychotic subject’s appeal to the foreclosed Name-of-the-Father is a “dramatic conjuncture” that precipitates the onset of psychosis. These three elements identified in Lacan’s theory of the onset of psychosis are important
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reference points for examining theoretical claims in the field of ordinary psychosis concerning triggering events and onset.

In the field of ordinary psychosis, the term “neo-triggering” (Castanet and De Georges, 2008; Laurent, 2008; Morel, 2008a) has been used to designate instances where the onset of psychosis is not easily linked to the subject’s appeal to the Name-of-the-Father. The cause, which refers to the onset of psychosis on the symbolic plane, cannot be inferred from the surrounding circumstances. The subject’s relationship with the imaginary also needs to be used to account for the onset of psychosis. Thus, the claim that the onset of psychosis can occur without the subject’s appeal to the foreclosed Name-of-the-Father constitutes a new and significant development in Lacanian theory. Two points need to be made here: first, these revisions have been driven by clinical phenomena and, as such, are considerations derived from psychoanalytic praxis; and second, the theoretical antecedent of these claims derive from Miller’s reading of the Wolf Man case (2010a, 2010b), where he introduced the possibility of triggering events on the imaginary register. 20

Miller argues that in the Wolf Man case specifically, the clinical presentation evident during his treatment with Ruth Mack Brunswick (Mack Brunswick, 1928), demonstrates how triggering may occur on the imaginary plane. The Wolf Man’s treatment with Mack Brunswick in October 1926 is significant, as his clinical presentation appears closer to psychosis than neurosis. Mack Brunswick’s diagnosis of paranoia with hypochondriacal traits opposes Freud’s original account of obsessional neurosis and it is this clinical presentation that Miller (2006a) employs in his discussion of triggering on the imaginary plane. Miller draws explicitly on Lacan when making the claim that triggering events can be isolated to the imaginary planes. Miller does this by emphasising the effects of symbolic foreclosure on the imaginary; according to Lacan a disturbance to phallic significant and imaginary will ensue from symbolic foreclosure (1958). Miller’s revision of triggering events on the imaginary plane opens the broader question of

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20 In these papers, Miller refers to incomplete triggering events, as opposed to the onset of psychosis, when referring to triggering events on the imaginary plane. I return to this issue in Chapter 5.
how disturbances to the phallic function in psychosis may lead to triggering events
and the onset of psychosis. The hole in phallic signification contrasts with symbolic
foreclosure, as a hole is located on the imaginary, as well as, on the symbolic plane.
Miller contends that narcissistic injury to the body, termed damage to the phallus, can
be localised to the absence of phallic signification in the imaginary (2010a, 2010b).
Since disturbances to the phallic function may affect the subject’s sexuality, relations
with others, the integrity or fragmentation of the body and its image, the relationship
to jouissance, enjoyment, and the relationship to language, (Grigg, 2009) the
mechanism of triggering events may be more complex than the subject’s
confrontation with the A-father on the symbolic plane; hence, the subject’s capacity to
be affected by disturbances to the phallic function, on first glance, seems broader than
the simple confrontation with the A-father. While Miller’s ideas underlie the new
developments in the field of ordinary psychosis, numerous important theoretical
issues remain unresolved. For example, are there different clinical phenomena
isolated with triggering on the imaginary plane versus triggering on the symbolic
plane? Are certain body phenomena more likely to emerge from triggering on the
imaginary plane, as Miller’s reading of the Wolf Man suggests? And finally, does
Lacan’s classical theory of psychosis regarding the foreclosure of the Name-of-the-
Father require revising if triggering and the onset of psychosis on the imaginary plane
is affirmed? I return to these issues in detail when focusing on the themes of
triggering and stabilisation of psychotic structure in Chapters 4, 5 and 6. Another
point of contention in the field of ordinary psychosis concerns whether the theory of
elementary phenomena remains applicable to the onset of psychosis and triggering
events.

There has been debate concerning whether the theory of elementary phenomena is
applicable to cases of ordinary psychosis. For example, Stevens (2008) argues that
cases of ordinary psychosis are characterised by the absence of elementary
phenomena, and that other traits must be identified to adequately address the subtle
symptomatology of mild psychosis. In contrast, Sauvagnat (2000, 2009) claims that
the theory of elementary phenomena remains the best starting point for investigating
subtle psychotic phenomena and mild psychosis; he argues that as the mechanism of
foreclosure manifests in complex and subtle forms, and that psychosis is characterised
by a disturbance to language, then elementary phenomena remain essential for
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Theorising mild psychosis. Sauvagnat's (2000) discussion of elementary phenomena is useful as he clearly situates Lacan's theory in the context of modern psychiatry, specifically, with primary symptoms and de Clérambault's theory of automatisms. As such, he makes a convincing argument supporting the idea that psychiatry has long recognised cases of mild psychosis, and that an array of theories have attempted to address the issue of subtle psychotic symptomatology. Moreover, in situating Lacan's theory of elementary phenomena within the context of modern psychiatry, he makes the important point that elementary phenomena also provide an opportunity to theorise the onset of psychosis, triggering events and the stabilisation of psychotic structure. Therefore, Lacan's theory of elementary phenomena is fundamental to his theory of psychosis and thus, should remain central for theorising ordinary psychosis.

The theory of elementary phenomena is essential to Lacan's theory of psychosis for several reasons. Classically, the onset of psychosis is associated with the phenomenology of perplexity and enigmatic states; and the theory of elementary phenomena is well suited to account for how such phenomena emerge. Moreover, as Lacan demonstrates that the formation of a delusion presupposes the emergence of elementary phenomena, elementary phenomena can be considered a logical moment in psychosis, separate from the construction of a delusion. Consequently, there is the possibility of isolating this moment (characterised by the emergence of a signifier in the real) in terms of interpreting both triggering events and the stabilisation of psychotic structure. That is to say, mild cases of psychosis could be construed as the onset of elementary phenomena without the subsequent delusional construction: if this is the case, then how stabilisation is maintained is fundamental to elementary phenomena. Another advantage of the elementary phenomena theory is that the onset of psychosis is connected to a discontinuity of the subject (i.e. the initial moment). I maintain that subjective discontinuity, characterised by perplexity, remains paramount to psychosis and that this discontinuity needs to be conceptualised in terms of the mechanism of foreclosure. Therefore, although a delusion or severe schizophrenic disorganisation may not develop from the onset of psychosis or subsequent triggering events, the theory of elementary phenomena remains pertinent to theorising cases of ordinary psychosis.
In this chapter, I have argued that elementary phenomena are fundamental to developing the ideas of the onset of psychosis, triggering and stabilisation in cases of ordinary psychosis. The theory of elementary phenomena provides a context for bridging the influence of modern psychiatry with Lacanian theory. However, unlike biological psychiatry, which has a focus on abnormal CNS neural networks, Lacan’s notion of elementary phenomena is connected to the subject’s relation with language. The advantage of this position is that the onset of psychosis, triggering events and stabilisation are connected with the concept of elementary phenomena. This has direct clinical consequences linked to both diagnosis and the possibility of treatment – I return to these issues in Chapters 4, 5 and 6. In cases of mild psychosis, the onset of psychosis and stabilisation appear as “two sides of the same coin”: the onset of psychosis cannot be conceptualised without reference to the possible stabilising function of the emergent psychotic phenomena. Consequently, exploring the complexity of the onset of psychosis, triggering events and the stabilisation of psychosis beyond Lacan’s classical theory of psychosis and paranoia will be undertaken in Chapters 4, 5 and 6, where I examine body phenomena in cases of ordinary psychosis. In Chapter 3, I investigate body phenomena in ordinary psychosis by exploring the limitations to Freud’s theory of formations of the unconscious and actual neurosis, in relation to body disturbances in psychosis.
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The investigation of body phenomena in ordinary psychosis raises important questions concerning the mechanisms of symptom formation in psychosis. Since symptom construction is a crucial factor for the stabilisation of psychotic structure in the Lacanian field, theorising how this occurs is an imperative clinical task. Clinicians affirm that there are many instances of psychosis where paranoid delusions or imaginary identifications do not play a central role in the stabilisation of psychic structure. Although these cases provide important theoretical inroads into the understanding of stabilisation in psychosis, mechanisms other than symptom formation must be assumed. Theorists (Gault, 2008; Porcheret et al., 2008) have identified unusual and mild body phenomena in psychosis as an opportunity to propound new forms of stabilisation. Furthermore, even though the theory of “neo-conversions” is in nascent form, it is clear that for certain individuals body phenomena engender a successful, albeit provisional, symptom formation; that is, certain body phenomena that localise jouissance in the signifier function to stabilise psychotic structure. Thus far, I have argued that body phenomena in certain cases of ordinary psychosis constitute a symptom, which appears to have a stabilising function, particularly after the onset of psychosis. I have asserted also that the concept of elementary phenomena, which emphasises the signifier in the real, provides one promising line of investigation. While identifying the mechanisms of symptom formation remains to be accomplished, an important task also concerns how to differentiate these clinical phenomena from other kinds of body disturbances.

In this chapter, I discuss symptom formation and body phenomena in psychosis via Freud’s theory of formations of the unconscious and the actual neuroses. The aim is to demonstrate how the field of ordinary psychosis offers a distinct approach to body phenomena in psychosis, and this has a bearing on triggering and stabilisation. In the first section, I examine body phenomena in Freud’s early writings, particularly those texts focused on conversion symptoms in hysterical neuroses and anxiety equivalents in the actual neuroses. I argue that Freud’s description of formations of the unconscious and anxiety equivalents provides an important platform for examining body phenomena in both neurosis and psychosis. By focusing on formations of the
unconscious and conversion symptoms, I demonstrate that Lacan’s theory of elementary phenomena in psychosis provides a distinct line of inquiry for examining body disturbances due to the emphasis on the signifier in the real, the hole in the Other, and the mechanism of foreclosure. I then discuss how contemporary Lacanian theorists utilise Freud’s theory of the actual neuroses by examining its application to body phenomena in psychosis. Verhaeghe’s theory of actual pathology in psychosis is an important contemporary alternative to the field of ordinary psychosis as it addresses body phenomena and stabilisation in cases of mild psychosis.

However, despite the shared focus, I claim that actual pathology is quite distinct from the field of ordinary psychosis. Although Verhaeghe utilises Lacan’s theory of psychotic structure, actual pathology has its theoretical antecedents in Freud’s notion of the actual neuroses and psychoanalytic attachment theory. In short, Verhaeghe aims to integrate the Lacanian concept of psychotic structure with a developmental model characterised by a disturbance to the subject’s mirroring relation to the Other. Moreover, his approach is significant as it aims to show the mechanisms underlying body phenomena in psychosis and how these are connected to the onset of psychosis and a theory of symptom formation and stabilisation. I argue that actual pathology in psychosis does not provide a convincing theory of body disturbances in cases of mild schizophrenia, as his theory of these mechanisms is conceptually unclear. In addition, his theory of stabilisation in schizophrenia is limited due to the exclusive focus on the construction of a delusion as a form of recovery; that is, he essentially recapitulates the evolutionist assumptions in other theories of psychosis by claiming that schizophrenia can be stabilised via the construction of a delusion. In contrast, I assert that the field of ordinary psychosis, if focused on the theory of elementary phenomena and the sinthome, provides a unique and promising line of inquiry into the twofold issue of body phenomena and stabilisation in psychosis.

3.1: Freud’s theory of the actual neuroses and psychoneurosis
In psychoanalytic theory, body phenomena occupy a central place due to their importance in clinical practice. Freud’s earliest clinical writings remain a pivotal reference for situating current debates concerning how different psychical
mechanisms are linked to body phenomena in neurosis and psychosis. The Pre-
psycho-analytic publications and unpublished drafts (1886-1889), Studies on hysteria
(1893-1895) and Early psycho-analytic publications (1893-1899) contain a series of
papers with different theoretical approaches to body phenomena. On the one hand, in
Freud and Breuer’s (1893-95) publications on hysteria, the “discovery” of the
unconscious is inseparable from the isolation of body phenomena referred to as
conversion symptoms; in hysteria, conversion symptoms emerge from unconscious
psychical processes as opposed to biological mechanisms. Freud’s identification of
conversion phenomena as a formation of the unconscious was a foundational event in
the emergence of psychoanalysis as it demonstrated that symptoms could be
determined by unconscious psychical mechanisms.21 On the other, he addressed a
range of other body phenomena during this period irreducible to formations of the
unconscious that also occupied an important place in clinical practice due their
prevalence. He used the term actual neurosis to refer to clinical phenomena in both
neurosis and psychosis where anxiety related disturbances were central.22 For Freud
(1894, 1916-17), the actual neuroses designate a range of clinical phenomena that are
not determined by the unconscious and are instead to be theorised in terms of
“abnormal employments” of libido to specific regions of the body. Consequently,
these two distinct approaches to body phenomena require further examination as they
provide an important reference for situating current debates concerning body
disturbances in the field of ordinary psychosis.

Freud considers that unconscious psychoneurotic symptoms such as conversions,
phobias and obsessions have hidden meanings. He contends that mechanisms specific
to the unconscious underlie the production of symptoms and that these disturbances
have a meaning that the subject has repressed. He states that

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21 Freud identified five distinct formations of the unconscious: symptoms, dreams, jokes, bungled
actions and the lapsus.
22 Freud’s use of the term “actual neurosis” traverses the neurosis/psychosis distinction as it is inclusive
of three distinct clinical syndromes: anxiety neurosis, neurasthenia and hypochondriasis (1916-17). For
a description of how Freud uses the term “actual neurosis” throughout his psychoanalytic writings see
Laplanche and Pontalis (1973) The language of psycho-analysis.
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every time we come upon a symptom we can infer that there are certain definite unconscious processes in the patient which contain the sense of the symptom. But it is also necessary for that sense to be unconscious in order that the symptom can come about. Symptoms are never constructed from conscious processes; as soon as the unconscious processes concerned have become conscious, the symptom must disappear. Here you will at once perceive a means of approach to therapy, a way of making symptoms disappear (1916-17, p. 279 emphasis added).

In neurosis, symptoms emerge as a consequence of the mechanism of repression. Hysterical conversion symptoms in neurosis refer to body phenomena that emerge due to psychic conflict, and more specifically, with the mechanism of repression. Repression refers to the “turning away of an idea from consciousness”; as Freud states:

It turns out to be a sine qua non for the acquisition of hysteria that an incompatibility should develop between the ego and some idea presented to it...different neurotic disturbances arise from the different methods adopted by the ‘ego’ in order to escape from this incompatibility. The hysterical method of defense...lies in the conversion of the excitation into a somatic innervation; and the advantage of this is that the incompatible idea is repressed from the ego’s consciousness (1893-95, p. 122 emphasis added).

Conversion symptoms emerge under repression; in repression, the turning away of an incompatible idea from consciousness and subsequent conversion of affect into a somatic form develops from a sexual aetiology that has a traumatic impact upon the ego. Here, the idea becomes unconscious, while affect is displaced onto the body: if affect is “converted” into the body, then body phenomena are the return of the repressed; symptomatic substitutes of the original conflict in a form that often appears nonsensical. For example, in Studies on hysteria (1893-95) the case of Fräulein Elizabeth von R. shows how a conflict concerning the emergence of erotic ideas was pivotal in the development of conversion symptoms. In this particular case, Freud
states that Elizabeth’s conversion symptom – a localised pain to her right upper thigh - first developed when

the circle of ideas embracing her duties to her sick father came into conflict with the content of the erotic desire she was feeling at the time. Under pressure of lively self-reproaches she decided in favour of the former, and in doing so brought about her hysterical pain (1893-95, p. 164)

Localisation of the hysterical conversion symptom to her right thigh correlates with the place her father would rest his foot when Elizabeth was bandaging his ankle during his convalescence; these memories provided the “content” for the dissimulation of erotic wishes via the construction of a symptom (Freud, 1893-95). Although this is only a small segment of this case, the point is that the hysterical conversion symptom emerged due to repression; in this case, repression functioned as a defense against acknowledging ideas that created psychical conflict. Under repression, Freud argues, formations of unconscious are determined by additional psychical mechanisms that are active in symptom formation.

In Freud’s theory of neurosis, formations of the unconscious are theorised using the ideas of displacement and condensation. In his theory of the unconscious, displacement and condensation are fundamental as every neurotic symptom is determined by these specific mechanisms. For Freud:

By the process of displacement one idea may surrender to another its whole quota of cathexis; by the process of condensation it may appropriate the whole cathexis of several other ideas. I have proposed to regard these two processes as distinguishing marks of the so-called primary psychical process (1915, p. 186).

In the case of Elizabeth von R., displacement and condensation can be shown to operate in the conversion symptom. According to Freud, repression and a causal chain of memories and ideas structure symptom formation, and influence the specific part of
the body that has become a “hysterogenic zone”. Elizabeth’s repression of sexual wishes concerning her father is the basis for developing a conversion symptom, as this idea is turned away from conscious awareness and forced into the unconscious. However, the emergence of conversion phenomena is determined by condensation and displacement. The innervation (the stimulation of a bodily organ) of affect from a conscious thought process into the body through the mechanisms of displacement and condensation is a key component of the conversion process. He argues that hysterical conversion symptoms are “an uninterrupted series, extending from the modified mnemonic states of affective experiences and acts of thought to the hysterical symptoms, which are mnemonic symbols of those experiences and thoughts” (Freud, 1893-95 p. 297).

The emergence of a psychoanalytic metapsychology from the treatment of hysterical conversion symptoms revealed that it is the chain of associations – thoughts and memories - that links the conversion symptom to the affect and the repressed ideas. Although the conversion symptom in hysteria follows this particular path, the class of psychical disturbances referred to as the psychoneuroses is characterised by both repression and the development of the symptom that has its basis in the splitting of the idea from the affect. Freud states:

The task which the ego, in its defensive attitude, sets itself of treating the incompatible idea as ‘non arrivée’ simply cannot be fulfilled by it. Both the memory-trace and the affect which is attached to the idea are there once and for all and cannot be eradicated. But it amounts to an approximate fulfillment of the task if the ego succeeds in turning this powerful idea into a weak one, in robbing it of the affect—the sum of excitation—with which it is loaded. The weak idea will then have virtually no demands to make on the work of association. But the sum of excitation which has been detached from it must be put to another use. Up to this point the processes in hysteria, and in phobias and obsessions are the same; from now on their paths diverge. In hysteria, the incompatible idea is rendered innocuous by its sum of excitation being transformed into something
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somatic. For this I should like to propose the name of conversion (1894, pp. 48-49).

This passage outlines the importance of repression in conversion symptoms and also highlights the similarity between the different forms of psychoneurosis: hysteria, obsessional neurosis, and phobia are characterised by the displacement of affect from psychical “ideas”. The difference between them occurs after the repression of the idea has occurred. For example, Freud maintains that obsessional thinking is the result of a “false connection”; the affect is displaced onto thoughts that have little or no significance to the repressed thoughts and are substitutes for the original conflict in a form that often appears nonsensical. However, unlike hysteria, where affect is “converted” into the body, obsessional symptoms remain in the psychical sphere and operate at the level of thought (Freud, 1894).

The point is that formations of the unconscious in general, and conversion symptoms in particular, emerge from mechanisms that cannot be generalised to the theory of elementary phenomena and cases of ordinary psychosis. In the field of ordinary psychosis, the description of body phenomena that may stabilise psychotic structure is significantly different to conversion symptoms in neurosis. For example, an interesting feature of “neo-conversions” is that these body phenomena often emerge without the accompaniment of associations (Porcheret, 2008). In chapter four, the case vignette featuring Adam demonstrates this point very well; his involuntary watery eye could not be integrated into a chain of associations that would be expected if it was a conversion symptom in neurosis. Thus, the absence of signifiers linked to certain body phenomena entails that the symptom’s “formal envelope” is not structured by repression, displacement, and condensation.

Thus, from a theoretical perspective, the obvious distinction is that in neurosis, the mechanism of repression determines formations of the unconscious. In contrast, in psychosis, the foreclosure of the Name-of-the-Father entails that certain body phenomena cannot be reduced to formations of the unconscious and the aim of “wish
fulfillment”. On a rudimentary level the distinction between neurosis and psychosis can be expressed in the following manner (Miller, 2008):

- Neurosis - repression of the Name-of-the-Father - formations of the unconscious

- Psychosis - foreclosure of the Name-of-the-Father - elementary phenomena

On the one hand, it is clear that body phenomena in psychosis are not reducible to conversion symptoms due the function of foreclosure; on the other, I contend, the concept of elementary phenomena is characterised by the emergence of a signifier in the real, and as such displacement and condensation do not operate in these clinical phenomena. Although mechanisms of displacement and condensation can be linked to the formation of a delusion (Lacan, 1958; Miller, 2008), the theory of elementary phenomena in psychosis lies outside of this construction. Thus, the conceptual issues raised by “neo-conversions”, when approached via the theory of elementary phenomena, are not reducible to formations of the unconscious and thus remain to be adequately theorised - I return to these issues in Chapters 4, 5 and 6. In the remainder of this chapter, I examine Freud’s theory of actual neurosis and contemporary applications of this theory to body phenomena in psychosis; I then conclude by showing how these approaches differ from ordinary psychosis, and why ordinary psychosis provides a more promising line of theoretical inquiry.

Freud’s theory of the actual neuroses aims to address the different ways that anxiety can affect the subject, particularly the body. The actual neuroses refer to a cluster of clinical phenomena, in both neurosis and psychosis, where anxiety directly affects the body: disturbances such as migraines, panic attacks, free-floating anxiety, gastro-intestinal irritation and other somatic phenomena. He conjectured that these clinical phenomena were direct manifestations of anxiety, and used the term “anxiety equivalents” to describe these phenomena. Freud argues that anxiety equivalents

23 The DSM-IV-TR’s (2002) Generalized anxiety disorder has its nosological antecedents in Freud’s theory of the actual neuroses (Tyrer and Baldwin, 2006).
emerge when endogenous body excitations cannot be transformed from a physical state into a psychological process (1915-16). Anxiety equivalents emerge in the body and tend to be directed to a particular region creating variable physiological disturbances to the normal function of the organ. The key difference though, between anxiety equivalents that emerge in the body and psychoneurotic symptoms, such as hysterical conversion symptoms, is that the latter are formations of the unconscious while anxiety equivalents are an “abnormal employment of libido” that do not involve unconscious psychical processes (Freud, 1916-17).

Freud developed the theory of the actual neuroses to address instances where unconscious processes did not function in the emergence of clinical phenomena. In the Introductory lectures to psychoanalysis he states:

But the symptoms of the ‘actual’ neuroses – intracranial pressure, sensations of pain, state of irritation in an organ, weakening or inhibition of a function – have no ‘sense’, no psychical meaning. They are not only manifested predominately in the body...but they are also themselves entirely somatic processes, in the generating of which all the complicated mental mechanisms we have come to know are absent (Freud, 1916-17, p. 387 emphasis added).

From one point of view, Freud maintains the somatic phenomena are devoid of psychological meaning as the mechanisms of displacement and condensation do not operate in these phenomena. For example, if a headache were a conversion symptom then the patient’s associations, memories and fantasies would eventually illuminate the meaning of the symptom. That is, a psychological conflict specific to the particular individual would probably underlie the emergence of the symptom. In contrast, when migraines emerge in the form of anxiety equivalents, the patient’s associations do not bear on the clinical phenomena as the symptom has not emerged from unconscious mental processes. Thus, anxiety equivalents are literally meaningless as there is no repressed idea underlying the formation of the symptom.

24 Freud’s theory of the actual neuroses has been particularly influential in the area of “psychosomatic” theories of illness; see McDougall and Cohen (2000), Aisenberg and Aisenstein (2004), Taylor (2003) Verhaeghe (2004) and Verhaeghe, Vanheule, and De Rick (2007) for a discussion of these issues.
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The absence of associations is a feature shared by both anxiety equivalents and “neo-conversions”. However, as Freud never distinguished neurosis and psychosis according to the mechanism of repression and foreclosure (Grigg, 2008), from a Lacanian perspective the thesis concerning an abnormal employment of libido to the body bypassing the psychical apparatus is an incomplete explanation. I return to this issue by assessing Verhaeghe’s use of actual neuroses in a Lacanian diagnostic framework as his work aims to address these problems. What remains curious in Freud’s description of the actual neuroses and psychoneuroses is that the two are often combined in the one individual.

According to Freud, anxiety equivalents associated with an actual neurosis are often linked to psychoneurotic symptoms. A relationship is evident in his theory of actual neurosis and psychoneurosis: psychological elaboration of anxiety equivalents through the process of condensation and displacement results in the emergence of psychoneurotic symptoms. Freud states:

For a symptom of an ‘actual’ neurosis is often the nucleus and first stage of a psychoneurotic symptom. A relation of this kind can be most clearly observed between neurasthenia and the transference neurosis known as ‘conversion hysteria’, between anxiety neurosis and anxiety hysteria, but also between hypochondria and the forms of disorder which will be mentioned later under the name of paraphrenia (dementia praecox and paranoia) (1916-17, p. 390 emphasis added).

For example, the difference between neurasthenia (actual neurosis) and conversion hysteria pivots around the mitigating effects of the unconscious: in actual neurosis, anxiety equivalents in the body do not enter the somatic field via psychical processes, but are considered “direct” manifestations of libido. In contrast, in conversion symptoms psychical excitation is converted into a somatic form (innervation) through

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25 Again, it is important to note, using Freud’s lexicon, that in his early work in particular, the term psychoneurotic included psychotic phenomena.
the separation of affect from the repressed idea.\textsuperscript{26} Freud describes this transformation in the following manner:

Let us take as an example a case of hysterical headache or lumbar pain. Analysis shows us that, by condensation and displacement, it has become a substitutive satisfaction for a whole number of libidinal phantasies or memories. But this pain was also at one time a real one and it was then a direct sexual-toxic symptom, the somatic expression of a libidinal excitation. We are far from asserting that all hysterical symptoms contain a nucleus of this kind. But it remains a fact that this is especially often the case and that whatever somatic influences (whether normal or pathological) are brought about by libidinal excitation are preferred for the construction of hysterical symptoms. In such cases they play the part of the grain of sand which a mollusc coats with layers of mother-of-pearl. In the same way, the passing indications of sexual excitement which accompany the sexual act are employed by the psychoneurosis as the most convenient and appropriate material for the construction of symptoms (1916-17, pp. 390-391).

Freud claims that a direct link can exist between the actual neuroses and psychoneuroses: the common thread between the two concerns the libidinal cathectic state of the body. The \textit{difference}, then, concerns whether libido has been invested directly in the body as in anxiety equivalents, or whether it has become a formation of the unconscious. The dialectical relation between the two, evident as real pain stemming from anxiety, is transformed into a conversion symptom; thus, a hysterical headache that is traversed by unconscious wishes, fantasy and meaning, has its prehistory in real pain that was hitherto generated by the "toxic" effects of libido on the body.

\textsuperscript{26} Freud states:

There is a \textit{kind of conversion in anxiety neurosis} just as there in hysteria...but in hysteria it is \textit{psychical excitation that takes the wrong path exclusively into the somatic field}, whereas here it is \textit{a physical tension, which cannot enter into the psychical field and therefore remains on a physical path. The two are combined extremely often} (1894, p. 195 emphasis added).
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Freud’s theory of the actual neuroses and psychoneuroses is pertinent to the field of ordinary psychosis as he includes hypochondriasis and paraphrenia (schizophrenia and paranoia) in this picture of symptom formation. Verhaeghe (2004) builds on this link between the actual neuroses and formations of the unconscious to explain the mechanisms underlying body phenomena in psychosis; as such, his theory constitutes an important alternative to the field of ordinary psychosis.

3.2: The actual neuroses and Verhaeghe’s theory of actualpathology

Like the phenomenology evident in cases of ordinary psychosis, Verhaeghe’s (2004) theory of actualpathology in psychosis addresses mild, subtle psychotic phenomena - including body disturbances - that do not include the classical symptomatology of hallucinations and delusions. However, his description of the mechanisms for understanding such clinical phenomena places him on a very different trajectory to the field of ordinary psychosis. Consequently, his theory provides an important alternative approach to work being undertaken in the field of ordinary psychosis. As the term implies, Verhaeghe’s theory of actualpathology in psychosis is developed from Freud’s idea of the actual neuroses; however, actualpathology is more complex because elements of psychoanalytic attachment theory and aspects of Lacanian theory are integrated together in an attempt to elucidate the mechanisms underlying clinical phenomena, particularly body disturbances in psychosis. Verhaeghe draws on these diverse theoretical models to conceptualise the mechanisms influencing actualpathology in psychosis and the transformation of these states into a delusional metaphor. I will now provide a detailed description of these mechanisms highlighting the problems inherent to his position.

Verhaeghe’s theory of actualpathology is based on Freud’s theory of anxiety equivalents in the actual neuroses.27 Thus, actualpathological states are essentially anxiety equivalents that correlate with the clinical phenomena described by Freud in

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27 Verhaeghe (2004) uses the term “the actualpathological position of the subject” when referring to the clinical phenomena outlined by Freud’s idea of the actual neuroses; moreover, like Freud, his approach to actualpathological states moves across the diagnostic spectrum: neurosis, psychosis, and perversion. Although my discussion focuses on actualpathological states in psychosis, the mechanism underlying actualpathology - the failure of the Other to adequately mirror, and hence, modulate the subject’s endogenous drive tension - is applicable to neurosis, psychosis, and perversion.
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the actual neuroses, such as panic attacks, somatisation, free-floating anxiety and hypochondriasis (Verhaeghe and Vanheule, 2005; Verhaeghe, Vanheule, and De Rick, 2007). Following on from Freud, Verhaeghe argues that the emergence of anxiety equivalents can be traced to the libido and the drives; however, he modifies Freud’s theory on the aetiology of actual neurosis, such that actual neurosis is the result of undischarged libidinal tensions that may develop, for example, as a result of practicing coitus interruptus (Freud, 1886-89). Verhaeghe proposes, instead, that the subject’s endogenous drive excitation has not being sufficiently regulated by the Other (Verhaeghe, 2004). For Verhaeghe, actualpathology indicates that in the developmental history of the subject, the demands of the drive were not sufficiently modulated by the Other. He states,

*the causal factor of actualpathology…lies in the fact that the subject’s internal drive excitation is not – or is insufficiently – answered by the Other. The transition from (a) to A through which the Other supplies an answer and sets the secondary processing into motion does not occur, with the result that the initial arousal turns into anxiety and even into separation anxiety* (Verhaeghe, 2004, pp. 300-301 emphasis added).

Verhaeghe argues that actualpathology is characterised by a failure of the Other to adequately modulate endogenous drive tension, particularly during infancy. Drive tension refers to the innate endogenous tensions of the body that the subject must modulate; however, due to *innate infantile helplessness*, the Other is the locus through which drive tensions are regulated. Thus, as the human infant is born into the world in state of radical helplessness and *thus dependent on the Other*, the function of regulated endogenous drive tension is situated in terms of the subject’s relation with the Other. In actualpathology, drive tensions are not sufficiently transformed into psychical states and therefore remain at the level of the real; if this occurs, anxiety equivalents predominate in the clinical picture. Moreover, unlike Freud, his theory
relies heavily on a developmental paradigm; he argues that attachment figures - the Other - will determine whether the subject is sufficiently able to regulate the drive. In Verhaeghe’s (2004) theory of actualpathology, attachment figures are primarily responsible for the regulation and modulation of endogenous drive tension. He claims that the subject’s inability to modulate the drive is understood in terms of a disturbance to the subject’s mirroring attachment relation with the Other. He situates this failure of the mirroring function using Lacan’s theory of the mirror stage and the Other. Verhaeghe states:

To put it in Lacanian terms, something went wrong during the mirror stage, that is, the period where identity formation starts in combination with drive regulation. It seems as if the contemporary Other – meaning the parents, but also the symbolic order – is failing more and more in taking on his/her mirroring function. The result is that the child does not develop a psychological, meaning a representational way, of handling his drives and the accompanying arousal. Moreover, identity formation as such is hampered as well (2007a, p. 9 emphasis added).

He argues that actualpathology is characterised by anxiety equivalents, rather than formations of the unconscious, as the Other has failed to produce sufficient signifiers for the subject to modulate body arousal (Verhaeghe, 2004). However, the disturbance to the mirroring relation between the subject and the Other, which constitutes the mechanism underlying actualpathology, is elaborated using the dynamics of infant/mother interactions derived from psychoanalytic attachment research (Bateman and Fonagy, 2004, 2006; Fonagy et al., 2002; Fonagy et al., 2003).

Verhaeghe contends that the process of transforming drive tension into a symbolic psychical process needs to be situated in a developmental paradigm. He asserts that ideas about mentalisation, particularly those of Fonagy et al. (2002), provide a theory

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28 Verhaeghe (2004) uses the term “the psychopathological position of the subject” when referring to what Freud (1894) called the “neuro-psychoses of defense”; this includes hysterical neurosis, obsessional neurosis, anxiety hysteria and paranoia. What these entities have in common is that primary process mechanisms are active determinants in symptom formation.
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outlining the mechanism and aetiology of actual neurosis. He argues that “in light of Freud’s conclusion that, in actual neuroses, the process of psychic representation is lacking, attachment theory permits us to assume that actual neuroses originate from a deficient mirroring” (Verhaeghe et al., 2007, p. 1335). He claims that contemporary psychoanalytic attachment theory provides a model for locating the developmental aetiology for the actual neuroses using the mirroring dynamics evident in early infant/mother interactions. Thus, the primary mechanism informing his theory of actual pathology, which aims to explain how endogenous drive arousal becomes excessive to the point of traumatism, is based on a failure in the mirroring relation between the subject and the Other.

Verhaeghe’s theory of actual pathology is based on the idea of deviant mirroring styles identified by researchers in psychoanalytic attachment theory. He claims that the disturbances to the mirroring relation outlined by Fonagy et al. (2002) result from the Other’s failure to modulate the subject’s endogenous drives tension. Here, the primary defense against the drive fails, due to the way in which “the Other will mirror the tension of the subject and/or the way the subject interprets this mirroring” (Verhaeghe, 2004, p. 190). This claim is derived from Fonagy et al.’s theory of “deviant” mirroring styles; they contend that “if the caregiver mirrors the baby’s emotions inaccurately or neglects to perform this function at all, the baby’s feelings will be unlabeled, confusing, and experienced as unsymbolised and therefore hard to regulate” (2002, p. 126). As Verhaeghe believes that deviant mirroring styles constitute the mechanism underlying actual pathology, I will provide a brief outline of these ideas in order to highlight the inconsistencies and problems associated with this approach.

Fonagy et al.’s (2002) theory of secure attachment between the infant / caregiver focuses on adequate mirroring of the infant’s primary affect state. The provision of a secure attachment relationship is developed through the mother’s capacity to represent the infant’s “mind” through a process of active and reflective attunement. They claim that the mirroring relation between infant and mother constitutes a feedback system integrating representation with affect: the caregiver’s gestures, facial expressions,
vocalisations, and affect states “mirror” the infant’s, and in so doing, help to modulate the infant’s somatic arousal and affect state. A “good enough” social biofeedback mechanism, observed in the mirroring dynamics encountered in a secure attachment relationship, demonstrate good mentalising capacities. The social biofeedback theory provides an account of the mechanisms mediating the affect-reflective maternal environment. This process of attunement is referred to as marked mirroring. Marked mirroring has its counterpart in the contingency detection mechanism, an idea referring to an innate interest that an infant will show toward representations displaying a high degree of congruence, though not categorical congruence, with their own primary affect state (Fonagy et al., 2002).

Marked mirroring and the contingency detection mechanism are ideas developed in empirical studies in the fields of attachment theory and developmental research. Marked mirroring is characterised by the mother’s simultaneous representation and exaggeration of the infant’s primary affect state (Fonagy et al., 2002). “Marking” is a process that refers to the caregiver’s exaggeration of the mirroring process when mirroring the infant’s affect: the caregiver “mirrors” the infant’s affect through the subtle use of “rhetorical gestures” such as irony, humor, play, and hyperbole. This function is particularly important, as the attachment figure is primarily responsible for modulating the infant’s distress: attuned mirroring will decrease the intensity of distress. In the feedback system, the mother contains and metabolises the infant distress through marked representational mirroring: the infant reduces its distress in response to the mother’s containment of the affect (Fonagy et al., 2002). When the mother’s marked mirroring has a high degree of contingency with the infant’s primary affect state, “marked mirroring action facilitates the emergence of a symbolic representational system of affective states and assists in developing affect regulation” (Bateman, 2007 pg. 3). The interplay of affect attunement, containment and symbolisation of the infant’s affect by the parent communicates to the infant that

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References to infant/mother mirroring theories in the work of Winnicott (mother’s holding function), Kohut (maternal mirroring function) and Bion (maternal containment) are an important part in Fonagy’s work; in essence, Fonagy et al. (2002) state that their infant-mother research provides an empirical basis in support of other psychoanalytic developmental theories derived from clinical experience.
these feelings and representation of mind belong to the infant and not to the parent (Bateman and Fonagy, 2004). And it is via these mechanisms that the capacity for mentalisation, affect regulation and a sense of self develop.

According to Fonagy et al. (2002), competency in affect regulation, developed in the secure attachment system, correlates with the capacity for mentalisation. They argue that mentalisation occurs via the operation of mature ego functions developed from the nurturing environment of a secure attachment relationship. Mentalisation refers to preconscious and conscious representation capacities utilised in negotiating intersubjective relations and for the regulation of affect. In addition, mentalisation is linked with the development of a sense of self; the capacity to attribute intentional states, beliefs, goals, desires and emotions to the self and the other, is also a developmental achievement, and it is the emergence of these capacities that correlates with the capacity for affect regulation. They argue that “the establishment of second-order representations of emotions creates the basis for affect regulation and impulse control and provides an essential building block for the child’s later development of the crucial capacity of mentalisation” (Fonagy et al., 2002, p. 426). As an ego function, mentalisation integrates affect with psychic representations differentiating self and other. Affect regulation - the capacity to contain and inhibit the escalation of negative affect through self-soothing - is intrinsically linked to mentalisation; here, secondary representations are linked to primary affect states, and these function to name and modulate affect. This capacity is considered to be a developmental achievement facilitated by a secure attachment relationship between infant and mother (or other primary attachment figures). Mentalisation is not a given, and problems in the attachment relationship are assumed to be the foundation for enduring and pathological disturbances for the individual (Fonagy et al., 2002). Ultimately, problems that emerge with affect regulation and mentalisation concern the capacity for symbolisation of primary affect states, which arise from deviant mirroring styles in the attachment system.

30 An array of different mentalisation theories abound in Anglo-American psychoanalysis (Bouchard and Lecours, 2004; Godbout, 2005; Lecours, 2007; Mitrani, 1995); for a recent historical survey of how this term is used see Bouchard and Lecours (2008) “Contemporary approaches to mentalisation in the light of Freud’s project.”
According to Fonagy et al. (2002) “deviant mirroring” styles encountered in the attachment relationship results in mentalisation deficiencies and affect disregulation. They claim that deficits in mentalisation correlate with affect regulation disturbances: if the capacity for mentalisation is compromised, affective regulation disturbances and other disorders are likely to develop. Affect disregulation occurs when an individual is unable to modulate emotions through self-soothing: instead, the subject experiences affects as labile, unpredictable and disorganising. Although mentalisation deficiencies and affect disregulation emerge when neglect, abuse, or chronic misattunement are present in the infant / caregiver dyad, the authors claim that these events can be theorised in terms of deviant mirroring dynamics. Fonagy and Bateman (2004) argue that there are at least two types of deviant mirroring styles and both have potentially traumatizing effects:

*Mirroring would be expected to fail if it is either too close to the infant’s experience or too remote from it. If the mirroring is too accurate, the perception itself can become a source of fear, and loses its symbolic potential. If it is absent, not readily forthcoming, or contaminated with the mother’s own preoccupation, the process of self-development is profoundly compromised (2004, p. 35 emphasis added).*

In the first example, where the parent’s mirroring is *too congruent* with the infant’s affect, the mirroring is too realistic due to a high degree of similarity. Here, the negative affect is categorically congruent; the parent mirrors the infant’s affect state too realistically and does not “mark” the representation of the affect state. There are several consequences to this. First, the infant may *identify with mother’s emotional disregulation*; consequently, the infant’s consistent exposure to the mother’s negative affect is both alienating and disorganising. Second, the infant will not create secondary representations of its primary affect state, as no “anchoring” emerges between affect and representation through the parent’s mirroring. *Anchoring* refers to the associational link between secondary representations and the primary affect; here, a deficiency of self-perception will emerge in conjunction with an affect regulation
disturbance. Third, negative affect will be externalised onto the other. Finally, realistic mirroring in an unmarked form escalates the infant’s negative affect leading to traumatisation: the lack of maternal containment and processing of negative affect escalates the negative affect to the point of dissociation and splitting of the ego (Fonagy et al., 2002).

In contrast, in the second form of deviant mirroring, where the mirroring is absent, there is a lack of category congruence between the affect and its secondary representation. In this instance, the mirroring performed by mother is too dissimilar from the infant’s primary affect state. There is marked, but inaccurate, mirroring of infant’s primary affective state. Mirroring is partially effective; the infant develops secondary representations anchored to the primary affect state. However, these representations are incongruent with the affect; therefore, a distorted sense of the affect states may ensue. The authors (2002) claim that this will likely create a distorted perception of the self-state, a distortion that undermines self-development similar to Winnicott’s notion of the “false self”.

Verhaeghe draws directly on these theories of “deviant” mirroring styles in his approach to certain clinical phenomena in psychosis. He argues that psychosis, particularly cases featuring body phenomena without hallucinations and delusions, is characterised as the Other’s failure to modulate the subject’s drive. In Verhaeghe’s description of this failure, it is clear that Fonagy et al.’s (2002) first description of deviant mirroring styles - where mirroring is too congruent, marking is absent, and negative affects have increased – underlies his approach. This is significant for his approach to the treatment of psychosis because Verhaeghe believes the failure of Other to adequately modulate the subject’s drive will be repeated in the transference; in actual pathology the transference will likely be characterised by rejection, guilt, appeal and refusal in the subject’s relation with the Other (Verhaeghe, 2004, 2007b).

Verhaeghe’s theory of psychosis is, however, problematic. In utilising the notion of deviant mirroring, I claim that he minimises the effects of foreclosure, and thereby moves away from the fundamental mechanism underlying psychotic structure. Also, I
contend that because his theoretical approach to symptom formation in psychosis remains oriented to the construction of a delusion, other mechanisms of stabilisation in psychosis are not given sufficient attention. For Verhaeghe, the failure of the Other to adequately mirror and hence modulate the subject’s drive tension produces a “structural trauma” in the formation of the psyche. Structural trauma is theorised as the incapacity to represent, and therefore modulate, the drive; anxiety generated via the subject’s encounter with the object a constitutes a structural trauma, a universal feature of psychic reality, and anxiety equivalents will emerge if the Other does not adequately regulate this endogenous drive tension. Here Verhaeghe states:

> Actual pathology has been characterised as that group of disorders where the subject remains stuck in primary development: the Other doesn’t answer, or failed to answer sufficiently. As a result, the initial (un)pleasure and anxiety, together with their somatic anxiety equivalents, persist in an unelaborated form. The resulting disorders center on somatisation and anxiety, accompanied by reactive avoidance behavior. No processing occurs in the representational order, hence the absence of a fundamental fantasy and symptoms (2004, pp. 351-352 emphasis added).

When discussing actual pathology in psychosis, Verhaeghe argues that endogenous drive tensions make a demand on the subject and the only way to respond is through anxious preoccupation. He then claims that hypochondriasis is essentially the impossibility of representing somatic drive arousal: in a psychotic structure, the failure of the Other to adequately modulate the subject’s drive tension governs emergence of body phenomena such as hypochondriacal symptoms. In actual pathology, there is no substitution by signifiers and no symbolisation; thus, the development of a symptom articulated via a chain of signifiers is not evident. Verhaeghe also contends that body disturbances are most frequently encountered in the schizophrenia spectrum of psychosis and that “the first logical moment is the moment of onset, namely, the actual pathological confrontation with (a) in the psychotic structure” (2004, p. 445). In his synthesis of actual pathology and psychosis,
anxiety is given primacy in the theory of body disturbances: hypochondriasis and panic disorder characterise the clinical presentations while secondary symptoms such as hallucinations and delusions are absent. He claims that hypochondriacal complaints and intrusive body phenomena indicate that drive arousal has not been psychically represented.

However, in Verhaeghe’s theory of actual pathology in psychosis (2004), it is not clear how to distinguish the effects of foreclosure from the Other’s failure to modulate the subject’s drive tension. For example, in hypochondriasis, the impossibility of representing drive arousal could be an effect of foreclosure, rather than the difficulty in modulating the drive. He argues that as the psychotic subject does not have access to phallic signification, the psychotic has a significantly different experience of the body and jouissance when compared to the neurotic. Although these phenomena are well-documented effects of foreclosure, his introduction of actual pathology does not clarify them. Thus, in arguing that the “subject’s perplexity is an expression of the impossibility of answering the drive’s jouissance” (Verhaeghe, 2004, p. 446), this impossibility could be due, in his approach, to either the effects of symbolic foreclosure, or to the failure of the Other to modulate the subject’s drives. Thus, it is difficult to separate the mechanism of deviant mirroring from the foreclosure of the Name-of-the-Father in his explanation of the failure of the Other to modulate the subject’s drive. Consequently, the inclusion of deviant mirroring styles to explain body phenomena in psychosis remains confusing due to the ambiguous theorisation of how foreclosure and deviant mirroring contribute to emergence of body phenomena in psychosis.

Verhaeghe’s description of endogenous drive arousal focuses extensively on anxiety; in contrast, in psychosis, the effect of foreclosure on the subject is given less emphasis. Consequently, the central problem in psychosis, the difficulty in regulating jouissance due to absence of the Name-of-the-Father, tends to shift to anxiety in psychosis. Although anxiety in psychosis is of importance (Sauvagnat, 2005), the primacy of the symbolic foreclosure, and its clinical effects, are paramount; that is to say, anxiety in psychosis should be oriented to foreclosure. For example, in
hypochondriasis, although anxiety is clearly evident, the more pertinent issue concerns the subject’s inability to regulate invasive jouissance due to the absence of the signifier, the Name-of-the-Father. Hence, the feeling of perplexity that so often accompanies hypochondriacal phenomena (Porcheret et al., 2008; Sauvagnat, 2000; Stanghellini, 2009) is attributable to the subject’s encounter with the hole, which creates a disturbance to language. This is a significant issue, because in Lacan’s theory of psychosis a complex array of clinical phenomena may emerge as a consequence of the foreclosure of the Name-of-the-Father (Miller, 2009). Finally, as problems pertaining to the absence of phallic signification in the imaginary are not comprehensively addressed by Verhaeghe (2004), an important theoretical component of Lacan’s classical theory of psychosis, which is being utilised in the field of ordinary psychosis (Miller, 2010a), has been overlooked. I now focus on Verhaeghe’s theory of stabilisation in psychosis.

Verhaeghe’s conceptualisation of psychosis and stabilisation recapitulates the schizophrenia - paranoia dichotomy. He claims stabilisation of disorganising body phenomenon in schizophrenia is best achieved via the construction of a delusion; this engenders a level of psychical organisation that uses secondary defenses and a network of signifiers to bind drive tensions in the form of a delusional construction. Verhaeghe (2004) argues that the exploration of the original “failed” relation between the subject and the Other in the transference must occur for the subject to construct a delusion. He states:

In actual pathologies, the primary aim of the treatment is the restoration or even the installation of the primary relation between the subject and the Other through the therapeutic relation. It is this that will enable the subject to build up a secondary elaboration and, through the transferential relation, embed the original bodily arousal into signifiers, enabling symptoms to be constructed. To put it correctly, one must begin with an exploration of the original relation between the subject and the Other (with emphasis on separation anxiety) and on the remaining signifiers, that is, the minimal original inscriptions of the somatic
in the Symbolic-Imaginary order. Rather than subject analysis, the therapeutic goal here is subject amplification (Verhaeghe, 2004, p. 309 emphasis added).

Verhaeghe advocates that one treats anxiety equivalents encountered in actualpathology by the elaboration of a delusional construction within therapy; he calls this “subject amplification.” Verhaeghe argues that in actualpathology, interpretations have no effect because there is nothing to interpret as there is no meaning to anxiety equivalents. Disturbances encountered in actualpathology are anxiety equivalents, not substitutive symptom formations; for Verhaeghe (2004), to interpret actualpathological phenomena as meaningful is technically incorrect and is likely to induce guilt in the subject. Conversely, subject amplification orientates clinical intervention; the treatment aim, and the focus of therapeutic intervention, is to develop the “minimal signifiers marking the body” into the form of a signifying construction. Through a naming process unique to the subject’s own articulation of signifiers, the repetition of the original failed subject / Other relation with a guaranteeing Other (the therapist) in the transference transforms anxiety inducing body arousal into symptom formations. Here, the treatment aim of developing secondary representational processes requires specific techniques irreducible to interpretations. The therapist needs to focus on providing a supportive and name-giving relationship that is oriented to an empathic engagement with the “here-and-now” (Verhaeghe, 2004). He claims that the first step is the installation of a primary relation between the subject and the Other in the context of a secure relation with the Other; the therapeutic relationship becomes the foundation for building the secondary representational processes required to manage drive arousal that was hitherto experienced as overwhelming. The provision of a secure relation with the Other in transference relation is the first logical step in the movement toward secondary processing of the drive. However, as the subject’s relation to the Other in the actualpathological position is characterised by a failure to modulate drive tensions, the therapist’s intervention will be experienced as failure, as never being good enough, which is a testament to the inevitable rejection from the Other that will be repeated in the transference.
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According to Verhaeghe (2004), therapeutic engagement with psychosis in the actualpathological position necessitates alterations to classical analytic technique. This recapitulation of developmental history has important consequences for the role that constructions have in the direction of the treatment; constructions emerge through the mirroring and naming function that the therapist assumes due to the subject’s experience of developmental failure with the Other. In this sense, subject amplification is the process where signifiers are installed to represent the original somatic arousal, establishing secondary representational processes that facilitate the emergence of “classical symptoms” (Verhaeghe, 2004). In psychosis, the construction of a delusion entails a distinct shift in the processing of anxiety: anxiety equivalents, localised in the body, are transformed into signal anxiety that is comprised of signifiers in the delusional metaphor. Although delusional systems are often persecutory, the subject’s active role in the delusional construction has a stabilising function, which is for Verhaeghe, not only a form of recovery, but also, an indication for the direction of treatment in cases of actualpathology and psychosis. Moreover, once the delusional system has evolved to a point of relative stability, the invasive jouissance becomes contained and encapsulated in delusions that are discrete formations that do not dominate the subject’s life entirely. The development of symptom formations in actualpathological presentations of psychosis entails the progressive development and stabilisation of a delusional system. This trajectory reflects his ideas regarding how psychosis tends to naturally progress and thus to constructing a delusion in the treatment of psychosis.

3.3: Actualpathology, body phenomena and the field of ordinary psychosis

Verhaeghe’s (2004) discussion of body phenomena in psychosis has some parallels with current investigation in the field of ordinary psychosis. From a phenomenological perspective, his theory of actualpathology in psychosis aims to elucidate the mechanism underlying body phenomena, particularly in cases where hallucinations and delusions are absent. As I have shown, actualpathology in psychosis is a theoretical position derived from three separate sources: the actual neuroses, the deviant mirroring styles outlined in attachment research, and Lacan’s theory of psychosis. Several important issues arise from Verhaeghe’s theory of
actual pathology that are pertinent in how they contrast with the field of ordinary psychosis.

Verhaeghe’s position is significantly different to the notion of ordinary psychosis, as he tends to assume that the construction of a delusion is the only method to stabilise a subject after the onset of psychosis. He argues that the aim of treatment in psychosis is the construction of a systematised delusion. He states:

The psychotic subject doesn’t have the luxury of a conventional language and hence of a conventional, shared solution for the real. This is why the psychotic must create a private solution, namely, a delusion. That this delusion is the psychotic’s solution – perhaps even the only possible one – has not been recognised in today’s approaches (Verhaeghe, 2004, p. 431 emphasis added).

Verhaeghe is right to state that the delusion as a form of recovery and this has not been sufficiently recognised in contemporary psychiatric theories of psychosis. Nevertheless, he does not adequately discuss stabilisation in reference to “as-if” phenomena and the theory of suppletion, both of which are linked to the vague notion of prodromal psychotic features. Moreover, his claim that the theory of suppletion is virtually equivalent to the construction of a successful symptom in neurosis is opaque; this discussion is very brief and the allusion to suppletion, as being equivalent to the construction of a symptom, is not sufficiently expanded upon or explained. Thus, other forms of stabilisation, such as for cases with no obvious onset, are alluded to as a “successful psychosis” but are given sparse attention. Thus, he privileges the construction of a delusion as the modus operandi of stabilisation and doubts that other forms of stabilisation in psychosis are possible post onset. Consequently, this theory of stabilisation in psychosis is too skewed in favour of the delusional metaphor to be pragmatic.

This is a reductive conception of the progression of psychotic disturbances that contradicts the more complex clinical picture proffered by theorists in the field of ordinary psychosis. The first point to make is that Verhaeghe’s (2004) application of
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the schizophrenia-paranoia dichotomy is a reductive view of psychosis; that is, the disorganised phase of acute schizophrenia becomes the basis for theorising stabilisation according to the formation of a delusional construction. His theory of stabilisation in psychosis aims to transform the body phenomena, often encountered in schizophrenia, into paranoia. Thus, although his conceptualisation of this process is unique, it is, nevertheless, a recapitulation of the schizophrenia / paranoia dichotomy augmented by Freud’s thesis that the delusion is a form of recovery. Hence, his theory does not develop anything new in terms of understanding different mechanisms of suppletion, and hence stabilisation, in psychosis. Moreover, another problem is that not all forms of schizophrenia that display acute symptoms will evolve into the form of a systematised delusion.

Consequently, Verhaeghe’s (2004) approach to psychosis tends to reduce the complexity of psychosis to the familiar progressivist assumptions underlying the schizophrenia / paranoia dichotomy. Verhaeghe’s position is significantly different from stabilisation in the field of ordinary psychosis, and in fact, it does not solve the problems posed by certain cases of mild psychosis. Theorists in the field of ordinary psychosis argue that the vicissitudes of severe psychotic decompensation and stabilisation do not necessarily correlate with the formation of a delusion (Miller, 2009; Svolos, 2008a). The problem of “neo-conversions”, also presents a significantly different supposition of body phenomena in psychosis compared with Verhaeghe’s concept of actual pathology in psychosis. Laurent describes this contrast as:

The delusion is a cure - as Freud said - in the extraordinary psychosis, when there are those impressive constructions. But that also requires that the subject develop a work that can take him years, decades. If with the punctuation on those moments, those erratic emergences of the real, it is possible to avoid that same construction, we make the subject save a lot of work. It is this orientation from the ordinary psychosis what leads us to consider and research: how in the same practice can we consider that we obtain those effects? How do they maintain? (2006, p. 5 emphasis added).
In the field of ordinary psychosis, theorising stabilisation in psychosis produces a "cut" to this tendency toward progressive paranoid systemisation: the revision to the onset of psychosis, triggering events and stabilisation short circuits this familiar. In contrast, I claim that in cases of ordinary psychosis, "successful" symptom formation can be assumed without a delusional formation. An assumption to explore is that the "erratic emergence of the real" - which I claim can be approached using the theory of elementary phenomena - constitutes a discrete mechanism in the stabilisation of psychotic structure. Theorising the correlation between perplexity and the emergence of body phenomena as an indicator of stabilisation and suppletion, rather than as a transitory moment in psychotic process, has become a necessary conceptual dilemma to engage, in light of clinical observation (Porcheret et al., 2008).
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In this chapter, I have examined symptom formation in the field of ordinary psychosis by investigating body phenomena in the context of Freud’s theory of formations of the unconscious and the actual neuroses. I have argued that when oriented around Lacan’s theory of elementary phenomena, the field of ordinary psychosis provides a method of inquiry distinct from conversion symptoms or body disturbances in the actual neuroses. Due to the shared focus between ordinary psychosis and other approaches in Lacanian theory, I then scrutinised contemporary applications of Freud’s actual neuroses to body phenomena in psychosis. Verhaeghe’s theory of actualpathology in psychosis demonstrated a significantly different approach to mild body phenomena in psychosis compared with the idea of “neo-conversions” in the field of ordinary psychosis. However, I claimed that his theory of actualpathology is unclear because distinguishing between the effects of deviant mirroring styles and the foreclosure of the Name-of-the-father is not self-evident; in addition, both mechanisms are used when describing the Other’s failure to modulate the subject’s drive. Consequently, this ambiguity remains as an unresolved problem in his theory of actualpathological phenomena in psychosis. I asserted that because of the complex array of body phenomena encountered in psychosis, there is not enough attention given to the fundamental mechanism in psychosis, the foreclosure of the Name-of-the-Father, in Verhaeghe’s approach. This is imperative as disturbances to phallic signification in the imaginary, a key element in Lacan’s theory of psychosis that is central to theoretical development in ordinary psychosis, is not adequately addressed. I also demonstrated how Verhaeghe’s treatment approach to actualpathology in psychosis recapitulates the schizophrenia / paranoia dichotomy: his approach to actualpathology in psychosis (where the analyst aims to modify actualpathological disturbances through the construction of symptoms and the emergence of secondary defenses) is essentially an attempt to transform schizophrenia into paranoia through the construction of a delusion. In contrast, theories of stabilisation and body disturbances being constructed in the field of ordinary psychosis provide a unique perspective in contemporary literature by engaging mechanisms of stabilisation in psychosis. The conceptualisation of body phenomena in the context of suppletion and symptomatisation of the real provides theorists with the underpinning to integrate Lacan’s later teachings with contemporary clinical problems in the field of ordinary
psychosis. In Chapter 4, I discuss the onset of psychosis, triggering events and stabilisation, by examining body phenomena in a series of cases vignettes.
Chapter 4: Case studies: the onset of psychosis, body phenomena and stabilisation

In this chapter, I examine the role of body disturbances in psychosis by drawing on vignettes derived from Lacanian clinicians and from my own case histories. The cases highlight key features of body phenomena pertinent to the field of ordinary psychosis. I first discuss the different status of symptoms in neurosis and psychosis and highlight how the construction of stabilising symptoms in the treatment of psychosis is a central feature of Lacanian psychoanalysis. I then turn to the schizophrenia / paranoia distinction and contend that body symptoms, while not exclusive to schizophrenia, are especially pertinent to the schizophrenia spectrum of psychosis. Moreover, I claim that the inability of the schizophrenic to form a stabilising delusion entails that other forms of symptomatisation, such as imaginary identifications and body symptoms, provide an important locus for stabilisation. Next, I introduce several key ideas in the field of ordinary psychosis concerning the onset of psychosis, triggering events and body symptoms that contrast with elements of Lacan’s classical theory of psychosis. From here, I examine six case vignettes focusing on the onset of psychosis, triggering events and body symptoms. I claim that inconsistency and ambiguity is evident in how different theorists discuss the onset, triggering and body symptoms in psychosis. Consequently, these cases raise a series of unresolved issues regarding the mechanisms involved in the onset of psychosis and subsequent triggering events, and in how certain body phenomena appear to perform a stabilising function in psychosis.

4.1: The treatment of psychosis and the construction of a symptom

In Lacanian psychoanalysis, the theoretical approach to symptoms informs different treatment approaches for psychosis and neurosis. The formation of symptoms differs between neurosis and psychosis because of the function of castration. In psychosis, there is no limit placed on the subject’s experience of jouissance, due to the foreclosure of the Name-of-the-Father. With no access to castration, the psychotic subject is vulnerable to invasive and painful jouissance; thus, psychotic phenomena destabilise and disorganise subjectivity in a manner significantly different from

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31 I analyse the three functions of the Name-of-the-Father operative in neurosis - castration, identification and naming (Stevens, 2007) - in Chapter 6.
neurosis. However, Lacanian theorists suggest that a symptom can provide a limit to invasive jouissance in psychosis (Gault, 2007; Voruz and Wolf, 2007). Since, in psychosis, symptoms may provide a viable form of stabilisation that takes on the supplementary function of the Name-of-the-Father, the aim of treatment would then be to assist the subject in creating a symptom that produces a stabilising function. In contrast, when working with neurosis, the aim is to change the dynamic of symptoms by altering or reducing the suffering that symptoms create for the subject. As Gault observes,

in neurosis, the point is to decipher the symptoms, moving from the symbolic to the real. It is this deciphering that the very word “analysis” aims at. In psychosis, on the contrary, the idea is to go from the real to the symbolic, and to construct a symptom. This is where the term “treatment” is justified. The treatment indicates the modality of action of the symbolic on the real where the point is to treat the real with the symbolic by means of the constitution of a symptom (2007, p. 79 emphasis added).

For example, obsessional symptoms can have a very different function in neurosis and psychosis. In a neurosis, obsessional symptoms are often intrusive and disruptive and may produce intense suffering for the individual; with a neurotic subject, the analysis of obsessional symptoms and lifting of repression may lead to symptom removal or a modulation of disruptive effects. In contrast, the “defensive function” of obsessional symptoms in psychosis may provide the subject with a “buffer” against the onset of psychotic phenomena (Laplanche and Pontalis, 1973; McWilliams, 1994). Thus, obsessional symptoms in psychosis may have a stabilising function for the subject in certain cases. In film, this dynamic between obsessive symptomatology and invasive psychotic phenomena was shown in The Aviator (Scorsese, 2004) which was based on the life of aviation entrepreneur Howard Hughes; his psychosis emerges in the context of obsessional symptomatology. Thus, because symptoms in neurosis and psychosis function in contrasting ways, they need to be theorised differently in terms of their structure, purpose, and how they are handled in the transference.
In the Lacanian field, the real and the symbolic are fundamental to the aim of constructing a symptom in the treatment of psychosis. If symptom construction stabilises the psychotic subject, then it is important to examine how this movement of jouissance from the real to the symbolic occurs. I claim that the transition of jouissance from the real to the symbolic presupposes a link, made by signifiers, between these registers. Moreover, I contend that the schizophrenia / paranoia dichotomy remains important, as it is here that the failure and success of symptom formation is evident. As I have established, in paranoia the emergence of elementary phenomena is the basis for the construction of a delusion. Elementary phenomena provide what Lacan refers to as “elements of structure” that, although “pre-signifying”, may affect the composition, theme, and motivation underlying the formation of the delusion. That is, elementary phenomena and delusions are characterised, in one sense, by continuity. As Lacan says,

elementary phenomena are no more elementary than what underlies the entire construction of a delusion. They are as elementary as a leaf in relation to the plant, in which a certain detail can be seen of the way in which the veins overlap and insert into one another- there is something common to the whole plant that is reproduced in certain of the forms that make it up. Similarly, analogous structures can be found in at the level of the composition, motivation, and thematisation of a delusion and at the level of the elementary phenomenon… it’s always the same structuring force, at work in a delusion, whether it’s the whole or one of its parts that is under consideration (1993, p. 21).

A delusion epitomises a structural element, namely, a signifier in the real; a delusion

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32 Miller’s “invitation” to integrate classical psychiatric ideas with Lacan’s theory of psychosis is an important dimension in the field of ordinary psychosis; he suggests that,

once you’ve said that it’s ordinary psychosis, it means, it’s a psychosis, and if it’s a psychosis, it may be subjected to classical organisational concepts… Ordinary psychosis must not be a permission to ignore the clinic. It’s an invitation to go further than this term (2009, pp. 155-156).
is then a discursive elaboration of a signifier in the real. In paranoia, elementary phenomena, "pre-signifying" signifiers in the real, constitute the link between the real and the symbolic that, in turn, are the basis for the construction of a delusion. In contrast, in classical schizophrenia the more general problem concerns the absence of a symptom.

Lacan (1953; 1972) made several important contributions to understanding schizophrenia, which remain central to contemporary research (Laurent, 2007; Miller, 2002). Three ideas are important to emphasise: invasive body jouissance is a key factor in schizophrenia; the symbolic and the real are equivalent; and the schizophrenic is not connected to a social discourse. I claim that these ideas are connected to one another, and more specifically, that the equivalence between the symbolic and the real will help account for the absence of a discursive link and the invasive nature of body jouissance in schizophrenia. Lacan’s claim that the symbolic is equivalent to the real denotes a difference between schizophrenia and paranoia (Miller, 2002), and in so doing, foregrounds the problem of symptom formation in schizophrenia:

In the symbolic order, the empty spaces are as signifying as the full ones… the first step of the whole of this dialectical movement is constituted by the gap of an empuiness [la béance d'un vide]. This is what seems to explain the insistence with which the schizophrenic reiterates this step. In vain, however, since for him all of the symbolic is real. He is very different in this respect from the paranoidiac whose predominant imaginary structures … the anamnesis of his elementary phenomena which are merely presignifying after a discursive organization that is long and painful to establish and constitute (1953, p. 327 emphasis added).

On the one hand, I claim that in schizophrenia the absence of a systematised delusion

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33 Lacan makes this point throughout his teachings; for example, in L'Étourdit he states that the schizophrenics' "body is not without other organs, and that their function for each, is a problem for it -- by which the so-called schizophrenic is specified as being taken beyond the help of any established discourse" (1972, p. 18).
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occurs, in part, because of this equivalence between the symbolic and the real. On the other, as the schizophrenia / paranoia dichotomy shows that a link can be made between the symbolic and the real, the question of whether a body symptom can fulfill the stabilising function of the delusional metaphor is particularly important to both schizophrenia and theorists in the field of ordinary psychosis.

4.2: Onset, triggering events, and body disturbances in ordinary psychosis

In the field of ordinary psychosis, the hypothesis that certain body symptoms function to stabilise the subject has specific relevance for schizophrenia. Certain body phenomena in psychosis, irreducible to conversion symptoms in hysterical neurosis (Porcheret et al., 2008) and classical hypochondriacal complaints in psychosis (Laurent, 2006), appear to have a stabilising function. As Gault states,

the subjects’ efforts to defend themselves against the real had brought them to elect a part of their body as painful and to attempt to raise this pain to the status of a symptom addressed to an analyst. Although these were phenomena related purely to the signifier’s effect on the body as a living organism, these “neo-conversions” do not, in our opinion, belong to the register of the hysterical structure (2008, pg. 2).

These body phenomena emerge from electing part of the body, experienced as painful, to the status of a symptom. The issues raised here are fundamental to understanding stabilisation and psychosis: the defense against the real takes the form of body phenomena that can be traced to the signifier’s effect on the body. My research is about how painful, invasive, and disorganising body phenomena are transformed into a body symptom that has a stabilising function in psychosis. It is important to observe that these body phenomena are linked to the subject’s encounter with the real, and hence, an experience of discontinuity suggestive of the onset of psychosis or a triggering event.

In the field of ordinary psychosis, the investigation of body phenomena is closely linked to the onset of psychosis. The term “neo-triggering” (Castañet and De Georges, 2008; Laurent, 2006; Morel, 2008a) is used for discussing the onset of
psychosis, irreducible to both Lacan’s classical theory of psychosis, and post-onset delusional phenomena. Rather, neo-triggering is a more complex and nuanced approach to the onset of psychosis as it engages the often subtle “small clues of foreclosure” (Miller, 2009) that characterise ordinary psychosis. Laurent states:

The neo-triggering was about seeing how to conserve at the same time clear triggering phenomena and a more lax phenomenon. It was related to a certain continuity in which the triggering seems more difficult to identify, with the perspective that it seems that it always was like that. How to conciliate these two perspectives at the same time, as there were phenomena, which were much more about changes that cannot exactly be named triggering? That is, it is not a phenomenon of collapse and almost immediately a delusion as in the acute psychosis…It is about an unplugging phenomenon that can at the same time maintain and make compatible a perspective of discontinuity and a certain perspective of continuity (2006, pp. 4-5).

The key problems raised here concerning both the onset of psychosis and subsequent triggering events are central to my research; specifically, the focus on discontinuity and continuity is particularly important to certain intrusive body phenomena that achieve the status of a symptom. Thus, I maintain that certain body phenomena in cases of psychosis provide a focal point for deepening the current understanding of the onset of psychosis, triggering events and stabilisation.

I now discuss a series of clinical vignettes to demonstrate cases of psychosis where body phenomena are central to the subject’s attempt at symptomatisation and stabilisation. The cases highlight, in different ways, the connection between invasive body phenomena and the emergence of body symptoms that stabilise the psychotic subject. They provide an overview of clinical phenomena that are not easily theorised using Lacan’s classical approach to psychosis. The aim of evaluating this literature is to show psychotic phenomena where the onset of psychosis does not seem to invoke the subject’s encounter with the foreclosed signifier, the Name-of-the-Father. Thus, these cases highlight attempts (Cassin, 2008; Gault, 2004; Porcheret, 2008) to utilise the imaginary register when theorising the onset of psychosis and triggering events.
Moreover, the emergence of body phenomena that appear to have the status of a symptom, not reducible to a delusional metaphor, demonstrates that further inquiry into the connection between the onset of psychosis, triggering events and symptom formation is required.

4.3: Clinical vignettes

Case 1: The man with one hundred thousand hairs

This case has been selected as it illustrates the primacy of body phenomena in psychosis subsequent to the onset of psychosis. In this case, the onset of psychosis correlates with enigmatic experience, the onset of unusual body phenomena, and the absence of delusional activity. The emergence of body phenomena, in the form of unusual cranial sensations that result from muscle contractions on the scalp, becomes the basis for a symptom. Although the body phenomenon is traced to an involuntary physiological reaction, the subsequent elaboration in the analysis of this body event underlies symptomatisation. That is, symptomatisation of the unusual body sensations emerges from signifiers immanent to the analysand’s speech.

An analysand traces his hair loss to a series of episodes where he feels that he has been passive during interpersonal conflicts, which he equates to compromising over his desire in his social relationships (Gault, 2004). Hair loss ensues when feelings of self-betrayal and a lack of being whole emerge after participating in activities that he does not want to engage in. His hair loss began after he moved in with his girlfriend; this cohabitation changed their relationship dynamic, as he was now the only lover in her life. Prior to this, they were involved in an affair and he was not the primary lover in the love triangle. After moving in together, he began to experience diffuse anxiety, which coincided with the onset of hair loss. He concluded that she was a danger to him and he left her. Despite this action, his hair loss continued; he now attributed this to the difficulties he encountered in his new band. Following a conflict with one of the band members, he did not follow his inclination to quit the band, and instead acted against his desire by remaining in the group (Gault, 2004). Again, hair loss ensued subsequent to his decision - only this time in greater volume. Upon investigating the physiology of hair loss, the analysand was able to determine that the hair had not died but that it had fallen out due to the repeated contraction of scalp arrectal muscles.
Dead hair did not explain the loss of hair as it remains in the scalp for approximately three months; in contrast, the analysand attributed the rapid hair loss to the repeated contraction of approximately one hundred and fifty thousand arrectal muscles (a hypothesis supported by his acupuncturist).

The analysand connected the strange and painful sensations on his scalp – the contraction of one hundred and fifty thousand hairs – to the moments when he compromised his desire and followed the demands of others, as when he experienced weeks of painful muscular contractions on his scalp that resulted in significant hair loss after the confrontation with his band members. The analysand concludes that,

he loses his hair when he is no longer himself, that is to say when he does something that is not in keeping with his veritable desire. To use one of his formulas, it is when he is not “whole” or “genuine” that his hair falls out (Gault, 2004, p. 94).

The painful sensations on his scalp and the hair loss ceased after leaving the band. Gault argues that the case indicates how a body phenomenon is involved in a symptomatisation of the body that stabilises the subject when confronted by the enigma of the Other’s desire. As Gault states,

this subject symptomatised the real in his own way. He responded to the terror he felt in face of the enigma of the Other’s desire and the determination of its jouissance by having his body express this anxiety. He used his pilous system that possesses a hundred thousand arrectal muscles as an apparatus to localise the pain on the surface of his skull. He thus elaborated what we can call a hair complex: when his hair stands on end, he is the figure of man horrified in face of the gulf opened up by the foreclosure of phallic signification. The pilous organ stands erect then like a stop signal and becomes the gnomon that designates to him at every moment the point of truth of his desire (2004, p. 96).

Gault argues that the localisation of jouissance in the body and the emergence of a body symptom are inextricably bound up with the analysand’s speech. Here, the
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emergence of a painful body phenomenon that emerges at points of crisis for the subject is symptomatised in the analytic work. He contends that the analysand’s speech could be traced to the construction of the symptom. The expressions “se faire des cheveux” or “se faire des cheveux blancs” that translate into English as to “worry oneself grey”, led the analysand to the discovery of arrectal scalp muscles. Gault suggests that

he read that there was an expression “make your hair stand on end”. This is provoked by fright and it is precisely what he feels. He also found another expression. “À tous crins”. For example “un homme à tous crins”, is an uncompromising, genuine man. He did not wish to diverge from his goal in life because he wished to remain genuine, whole. On the contrary, when he lost his hair, it was because he was not genuine, because he was doing something that he did not really want to do (2004, p. 95).

In French, the term “crins” refers to a horse’s mane while “à tous crins” can also be translated as “out and out”. For the analysand, this series of signifiers referring to hair falling out as a stress response provided the basis through which he was able to construct a symptom from painful and invasive body jouissance. Prior to the analysis, the body phenomena were intrusive and painful. For this analysand, the truth of his desire was indexed by a body phenomenon that, as Gault says, functioned as a gnomon (the part of a sundial that casts a shadow to indicate the time) which indicated via painful muscular contractions on the scalp, when he was conforming to someone else’s desire. Gault (2004) describes scalp contractions and the signifiers connected to this body phenomenon as a symptomatisation of the real. He suggests that the clinical phenomenon in this case constitutes body symptoms that are linked to intrusive body events.

In this case, Gault claims that there is a connection between triggering events, the emergence of body phenomena, and the construction of a symptom. He contends that the stabilisation of psychotic structure occurs when a painful body event is transformed into the status of a symptom. Moreover, he states that this triggering event is not reducible to the subject’s encounter with the A-father, and as such, is a
form of causality not addressed in Lacan’s classical theory of psychosis. Rather, it is asserted that the body phenomenon is a response to the Other’s jouissance: triggering events are closely followed by a body phenomenon that is then symptomatised in the analysis. Moreover, the body phenomenon is symptomatised via a series of signifiers that allude to losing hair and not being “whole”. Thus, the signifier influences the construction of a symptom that emerges from an invasive body event. Although Gault (2004) refers to this symptom as stabilising psychotic structure, it remains unclear what mechanism is involved in symptom formation and how disturbances to phallic signification can be linked to triggering events.

Case 2: The man with the cracking thumbs
This case highlights a range of body phenomena that emerged over the course of treatment that did not acquire the status of a symptom. Porcheret (2008) argues that body disturbances emerge in the context of triggering events involving the subject’s encounter with the enigma of unregulated feminine jouissance. I have chosen to discuss this for several reasons. First, like the previous case, Porcheret links triggering events to the phallic function rather than the paternal function. However, the case shows the emergence of body disturbances in schizophrenia that fail to create a stabilising symptom; hence, these events are important in examining the difficulty of symptom formation in schizophrenia. The case also highlights the importance of imaginary identification in stabilising psychotic structure in schizophrenia, a topic that I discuss in this chapter, and in Chapters 5 and 6.

M is middle aged and has been in and out of consultation with an analyst since the age of eighteen. M’s thumb cracking was a body phenomenon that emerged in the context of a triggering event; Porcheret’s case discussion focused on the emergence of thumb cracking subsequent to a violent encounter with his partner (2008). M had refused to have sex with her and had punched her in the back during this conflict; his refusal was associated with the fear that his penis would stay inside the women’s vagina after the completion of the sexual act. Following the break-up of this relationship several days later, M describes the onset of a cracking sound that emerged whenever he used his thumb: when cutting meat, lighting a cigarette, blowing his nose, combing hair, and signing his name. Compulsive repetition featuring the sound of one thumb cracking
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ensues: M continuously reignites a cigarette lighter until the fuel is exhausted and he writes pages of signatures. M worries that his thumb will fall off and is also concerned that “they” will cut the thumb off; furthermore, he has concerns for what they will do to the other thumb. Other body phenomena such as leg pains, back and neck stiffness, and preoccupations with having his arm amputated soon followed.

From a diagnostic perspective, this case provides a clinical example of ordinary psychosis due to the absence of severe disorganising psychotic phenomena that would be expected in classical schizophrenia. Porcheret (2008) suggest that the absence of delusional phenomena entails that M is not a paranoiac. Instead, he contends that M is a case of mild schizophrenia with a hypochondriacal quality: the body phenomena are intrusive, persecutory and painful, and they do not provide a stabilising symptom. Although the body phenomena are traceable to the signifier – the thumb cracking and fear that he will have to have this appendage removed appears to be a displacement of the fantasy concerning the loss of his penis during coitus with a women - the symptomatisation of intrusive body phenomena does not constitute or produce a stable localisation of jouissance. In commenting on the intrusive body phenomena that emerge during triggering events Porcheret suggests:

There is no subversion of the function of the organ by the phallic organ as there is in the hysterical conversion symptom. Being schizophrenic, he has to deal with $\phi$, and his corporeal phenomena with their hypochondriacal appearance are accompanied by intense anguish. He attempts to localise his jouissance in an organ, but his verification and ciphering practices do not have a limiting effect. He is trying to construct a symptom. At the moment, there is a risk of self-mutilation or suicide (2008, p. 3 emphasis added).\textsuperscript{34}

Porcheret (2008) argues that the body jouissance remains invasive and painful due to the failure to produce a symptom that functions to modulate jouissance. The failure of

\textsuperscript{34} In Lacanian theory, the symbol capital phi subscript zero ($\Phi_0$) refers to the foreclosure of the Name-of-the-Father: the lower case phi subscript zero ($\phi_0$) refers to the absence of phallic signification in the imaginary.
symptom formation and the problem of the equivalency between the symbolic and the real are both important issues here. I return to this topic using other cases in this chapter, and then develop the theoretical consequences of this issue in Chapters 5 and 6.

The construction of a symptom fails to localise jouissance in the body; instead, M relies on the imaginary axis for stabilisation. Porcheret suggests that imaginary identification, developed in the transference, provides M with the primary mechanism of stabilisation. He suggests,

The phallic thematic has a non dialectic character, which is not correlated to the paternal function. During the eighteen years of interviews, he has rarely made any associations, there have been no dreams, no slips of the tongue, nor even any moments of forgetting. There are no language disorders and he does not have a delusional theory. A conserved imaginary axis has allowed him to work and tolerate a therapeutic relation, which is rather friendly. In the interval between two women, he takes me as a witness of their unregulated forms of jouissance, of their power to take him or reject him and of his intolerable corporeal phenomena. He leaves it at that. He finds some support in this imaginary double that I incarnate, and that he leaves as soon as he renews it in a woman, which is sure to take a different turn once the experience of sexuality with her confronts him with the unbearable, whereupon violence dominates (Porcheret, 2008, p. 2 emphasis added).

M’s capacity to use imaginary identification functions as the primary mechanism for stabilising psychotic structure. Porcheret (2008) also contends that imaginary identification is evident in his affairs with women; however, at some point in time, M’s unbearable confrontation with feminine sexuality precipitates the collapse of the relationship. When this confrontation occurs there appears to be a triggering event: violence ensues, the relationship ends, invasive body phenomena emerge and M returns to analysis where stabilisation can again be restored via the imaginary axis under transference. This cycle has continued over the course of eighteen years. The case illustrates how body phenomena emerge as a response to triggering events and
are attempts at symptomatising the real. However, when the construction of a symptom fails to stabilise the subject, M has recourse to other methods of suppletion, principally imaginary identification, which provides the primary means of stabilisation that emerge from his relationship with women and in the transference. Consequently, the capacity of the imaginary to provide a relatively successful form of stabilisation in cases of schizophrenia where body disturbances are evident is an important feature in cases of ordinary psychosis. I return to a discussion of this issue in Chapters 5 and 6.

Case 3: Victor

The case of Victor was selected as it highlights the onset of psychosis and the emergence of body phenomena that do not appear reducible to Lacan’s classical theory of the onset of psychosis. Both the onset of psychosis and the emergence of body phenomena appear to occur on the imaginary plane. Hence, in this case, the onset does not seem to correlate with the subject’s confrontation with absence of the Name-of-the-Father in the symbolic; rather, as Cassin (2008) claims, the onset of psychosis can be localised to the imaginary. Moreover, the case highlights how the body is used by the subject to produce a symptom that provides a fairly effective form of stabilisation; here, the effects of the signifier and of speech are essential to understanding the formation of Victor’s body symptom.

Victor is a nineteen-year-old male who walks in a very unusual and particular way; his posture and motility are an attempt to construct a symptom that defends against feminisation. Victor walks like a robot: his posture is excessively upright and the forehead is inclined with his head angled to the side (Cassin, 2008). His walk is jerky and rigid: his arms are ungainly, and his feet barely leave the ground as he scarcely bends his knees. His childhood and adolescent history are characterised by several unusual events: Victor reported that he had violent outbursts directed at objects, experienced mutism and refused to attend school. Persecutory ideation first emerged at the age of 14 and again at 18; the paranoia concerned students at school mocking him. During these times and thereafter no persecutory delusion is formed. From Cassin’s case description, Victor’s father is paranoid, a point that Victor echoes in his statement, “Persecution is the family business, but me, I’m trying to correct myself”
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(Cassin, 2008, p. 4). This case provides an example of body phenomena that emerge to stabilise the subject over a protracted time period. When Victor’s psychosis emerges, he is riddled with invasive, delocalised body pains; over time, these body pains become more localised into a specific postural phenomenon involving ambulation. As Cassin states,

a complaint he suffered in his legs after a long family walk allowed me to ask about his difficulties in walking. He reassured me: his therapist (behavioural) had helped him a lot by making him do exercises, “walking around the hospital and obliging me to bend my knees”. Before, he walked “with my legs completely stiff”. As a result, he actually bends them slightly. He had started to hold himself up like this around his fourteenth year, and after a few months his way of walking had softened, but in his final school year, he had once again become “a lot more stiff”. I pointed out to him that this walking difficulty came about when he wasn’t very well and he acknowledged this: “It’s when I was persecuted” (2008, p. 4).

Although the body phenomenon emerged in response to the onset of psychosis, evident in his paranoid ideation, the symptomatisation of the real through the body had an important stabilising function that lasted years. Again, as Cassin reports,

It was at the age when the body is transformed by puberty that Victor had started to have this automated way of walking. We can suppose that in response to sexual excitation, instead of a phallic signification, which the absence of Oedipal knotting of his infantile psychosis, \( P_0 \), does not permit, the stiffening of his body was an attempt to give a limit to the disintegration of the Imaginary before the abyss of \( P_0 \). Victor struggles against the push-to-the-woman. He fears that he will be taken for a homosexual. It is through erecting his whole body, maintained by his exhausting attention, that he holds himself up in order to oppose himself to feminisation (2008, p. 4).

According to Cassin, this body phenomenon provided one form of symptomatisation of the real; the translation of Victor’s speech into a body symptom functioned as a
defense against the absence of phallic signification in the imaginary ($F_0$). Victor’s unusual gait is a way of defending against the push-to-the-women, which in Lacan’s theory of psychosis, is a possibility for psychotic men due to the absence of the phallic signifier. The signifier linking homosexuality and walking was uttered by Victor when he proclaimed, “I walked like that because I was frightened that I would be called a queer [pêdê]” (Cassin, 2008, p. 4). However, during the course of analysis, Victor’s speech concerning his unusual gait leads to the cessation of the “painful phallic show”. The alteration of this symptom is simultaneously accompanied by a shift in Victor’s position in the family. He was able to assume a position of authority in the family due to the exacerbation of his father’s delusional thinking after becoming unemployed. For Victor, being the only “rational” individual in the house entails that he is able to assume a position of authority in the family system, a position that is reinforced by the emergence of a specialisation in his university studies. Consequently, through a shift in the family structure and Victor’s work in the transference, he was able abandon his virile walk and “he is no longer assailed by invasions of delocalised jouissance” (Cassin, 2008, p. 5) to his body. In summary, the onset of psychosis, which was mediated by the symptomatic response in the form of the unusual gait, was precipitated by the subject’s encounter with sexuality. In this case, the onset does not appear localised to the confrontation with A-father. Cassin argues that the change to the imaginary body and the relation with jouissance during puberty produce the onset of psychosis: the absence of phallic signification in the imaginary ($F_0$) - a consequence of symbolic foreclosure ($P_0$) - is the locus for the onset (2008).

Case 4: Murielle
This case provides insight into how invasive and painful body phenomena become transformed into a localised symptom that effectively stabilises the subject. An important feature of the case concerns the connection between body phenomena,

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35 Lacan states that in psychosis, feminisation of the male subject may occur due to the foreclosure of the signifier the Name-of-the-Father. More specifically, the subject’s feminine identification is attributed by assuming a passive position with an imaginary father: this relation is characterised by aggression, rivalry and erotic tension (Fink, 1997). Moreover, feminine identification occurs due to the absence of a phallic signifier. Sexual difference is not inscribed in the phallic function, as such, sexual identity is not assumed via the “normative” neurotic pathway.
symptoms and the subject’s unique history: specifically, Murielle’s medical history concerning scoliosis can be traced to both invasive psychotic phenomena and the emergence of a body symptom. This case demonstrates the connection between psychotic body phenomena and its subsequent association to parts of the body that have become libidinally invested by the Other. In addition, Deffieux’s analysis of the case, where he suggests that the localisation of jouissance in a body symptom occurs via metonymy, raises questions concerning the structure of symptom formations in psychosis.

In “The use of metonymy in a case of psychosis”, Deffieux (2000) offers a theory of metonymy as the framework for conceptualising the symptomatisation of the real. Murielle initially presents in the clinic with severe body pains: wrist and ankle pain and body inflammations that traverse her body. Medical evaluations do not show any organic basis for the phenomena. Although Deffieux considers the diagnosis of hysterical neurosis and conversion disorder, both he and the treatment team arrive at the diagnosis of paraaut with hypochondriasis due to the invasive nature of jouissance upon the body and paranoid traits. Deffieux states that “it is interesting to note the transition of this mobility of jouissance which moves from the body fitted up with its train of suffering, to the delusional interpretation of the Other’s gaze and then returning in the body in the oblique way of hypochondria” (2000, p. 153).

Murielle’s symptoms began as a teenager shortly after encountering her ill father in hospital; she was shocked and overwhelmed to find her father very weak, in pain and barely conscious when receiving prostate treatment. Murielle was hospitalised for severe body pains a few days after visiting her father. Deffieux (2000) suggests that the influx of invasive body jouissance correlates with the breakdown of her image of the father, and can therefore be theorised in the context of an “undialectised” imaginary identification between father and daughter. Murielle’s body pains have a complex aetiology. At age eleven, she was diagnosed with scoliosis and as part of the treatment she wore a corset to bed every evening until the age of eighteen. Murielle experienced psychological difficulties subsequent to the removal of the corset: persecutory elementary phenomena, in the form of “hearing” thoughts and whispers of other students, emerged when she was faced with an alleged plagiarism incident.
At this point, Defieux suggests that “jouissance, no longer circumscribed by the corset, found a new localisation in the Other, more precisely in the gaze of the Other” (2000, p. 153). Here, a clear transition from body phenomena to a nascent delusional structure that is expected in paranoia occurs. However, at the beginning of the treatment, the invasive jouissance moves from the gaze of the Other back to the body. As the invasive jouissance returned to her four limbs not supported by the corset, Defieux suggests the aim of treatment is to reduce the intensity of “pain from her body and of finding substitutes for the previous corset” (2000, p. 154).

Although Defieux assumed a diagnosis of psychosis with a paranoid structure, Murielle’s mode of stabilisation was not through the production of a delusional metaphor. Instead, invasive body jouissance was mobilised into the elaboration of a body symptom via a metonymic series. This case is significant, as Defieux’s analysis of symptom formation in psychosis emphasises the function of metonymy with no reference to the potential role of metaphor in the construction of a symptom in psychosis. Here Defieux states:

The theoretical guide in this case was fairly simple: we noted, then followed and accompanied the subject’s metonymic thread, giving it all its therapeutic value, which was to delimit the invasive jouissance. What was the metonymical series in this case? One must begin with the ritual of the water basin from when she was a child, recognise the value of the corset when she was an adolescent, and from that follow the ritual of washing her feet and hands and which moved on, always following through this series, to delimiting herself little by little to wetting her feet and then to wrapping her hands in a damp flannel and her toes in cotton bandages. The last in the chain came to her following a conversation, through the advice to use a “hydrating cream”. This last minimal link was nonetheless enough for her. The pain completely disappeared, but she retained a peculiar, precautionary way of walking, as if she were stepping on egg shells (2000, p. 156 emphasis added).

According to Defieux, symptomatisation can be tracked via how the signifier, water, is displaced into other signifiers that extract and localise body jouissance. The
movement from water cleansing rituals through to the use of hydrating cream shows a mobility of jouissance and its gradual localisation, which in turn, correlates with the disappearance of the invasive body pains. The symptomatisation of the real is theorised using metonymy, which raises important questions concerning the link between the symbolic and the real made in psychosis. These issues will be addressed in more detail in Chapter 5 and 6.

Case 5: Virginie

Lacadée’s (2006) discussion of body phenomena in “The singularity of psychic reality: psychoanalysis applied to a case of ordinary psychosis” provides an example of body phenomena and symptomatisation that is theorised as being a case of ordinary psychosis in the schizophrenia spectrum. The case is significant because it attempts to conceptualise how a body disturbance can be transformed into a symptom oriented by a signifier in the real. Lacadée’s (2006) focus on a neologism in connection with an intrusive body phenomenon demonstrates the pertinence of Lacan’s theory of the sinthome in psychosis; that is, this case shows how a symptom that emphasises the function of the letter can take on a supplementary function of the Name-of-the-Father in psychosis. Consequently, the case provides the foundation for examining how an invasive body phenomenon is articulated in the form of a symptom that emerges without the Name-of-the-Father.

Virginie’s case provides an example of ordinary psychosis where the body is an important component of the treatment: in Lacadée’s discussion, the concept of suppletion is central to how he theorises the emergence of a stabilising body symptom (2006). Lacadée suggests that the absence of the paternal function necessitated that Virginie construct a completely original way of stabilising psychotic structure. He argues that Virginie presents with schizophrenia as there is no delusional construction and her body is central in the process of symptomatisation. He also describes triggering events that destabilise the subject and compensatory acts that regulate invasive jouissance and function to stabilise the subject.

Lacadée (2006) argues that the absence of phallic signification in the imaginary leads to the emergence of the real that threatens to overwhelm the subject, which may in
turn lead to a psychotic decompensation. He asserts that Virginie modulates triggering episodes that emerge in the form of anxiety and overwhelming body jouissance, by utilising a practice that maintains consistency of the imaginary body. The onset of psychosis is avoided through the practice of using a hair dryer on her abdomen. The unique use of a hairdryer is central to how Virginie is able to modulate her anxiety during periods of personal crisis: she has used a hairdryer to blow hot air onto her abdomen when under acute stress since the age of twelve. The emergence of acute anxiety, which threatens an eruption of invasive jouissance, is mitigated by the hairdryer’s function. Lacadée states,

*the hair dryer takes the place of the delusional metaphor, shores up her psychic reality and her place in the world. At the same time it is a signifier by itself, without sense, which fixes a particular trait, and which regulates her jouissance; a means of defence against anxiety producing encounters. It is also that which sustains her imaginary appearance by giving her a certain idea about her body* (2006, p. 173 emphasis added).

Lacadée claims that her psychosis has not been fully triggered primarily because of how she mitigated intrusive jouissance via a hairdryer; the invention of this sinthome, used two to three times per day, compensates for the foreclosure of the Name-of-the-Father by functioning to knot the RSI. He argues that the sinthome, articulated as the fourth element that functions to knot the RSI, is central to her stabilisation. Lacadée states that

the case of Virginie...illustrates in an exemplary fashion how she uses the “sinthome” as a psychic reality. That which we call her “sinthome” is the symptomatic jouissance in her use of the hairdryer. Unable to inscribe the Name-of-the-father in her structure and with good reasons to reject the imposture, *Virginie invented a solution in order to knot the circles which constitute the personality of the subject: RSI* (2006, p. 172 emphasis added).

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36 In this paper, Lacadée implies that there has been no clear onset of psychosis. He maintain that the emergence of invasive anxiety and the subsequent modulation of this experience via the hairdryer functions to deter the onset of psychosis.
The hairdryer is a signifier that takes on the status of an S1, that is, a signifier outside of the discourse of the Other, that regulates jouissance; the signifier, *frigore*, uttered in the context of her analysis, produces perplexity, which becomes the pathway for symptomatisation. Here Lacadée states,

> it is this word which will orient the cure. This neologism condenses the mark of a bodily event, a narcissistic phenomenon petrifying her being, reducing her to an organism “frigore” outside of meaning, which is the signature of psychotic discourse and the singular linking her devitalised body experienced as dead and cold, to the living of the hairdryer (2006, p. 178 emphasis added).

For Virginie, the sound and warmth of the hairdryer is connected with her absent mother: when she was a child anxiety emerged with the prolonged absence of mother. The mother’s lack of warmth became symbolised via the hairdryer as the mother’s absence was linked to the sound of her mother drying her hair. The sound of the hairdryer, the mother’s absence, and need for warmth are displaced as the “hairdryer, which is itself a metonymical object taken from her mother, and which bring her the sounds and the heat of the Other” (Lacadée, 2006, p. 179) functions as a sintheme. Lacadée (2006) argues that it is a signifier that functions in conjunction with the hairdryer to tie together the imaginary and the real. Thus, the signifier *frigore* functions as an S1, outside of the signifying chain, that localises and fixes jouissance in the body. Moreover, the signifier in the real - the fixation of jouissance in the context of S1 – is the basis for regulating jouissance in a narcissistic relation where libido is invested in the body, rather than being directed out into the world and in relation with others. Here the hairdryer “finds its place as the equivalent of a neolanguage outside her body, which allows her to sustain her lalanguer” (2006, p. 181). Therefore, the direction of the cure, the stabilisation of the psychosis, emerges

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37 As the “*Trésor de la langue française*” indicates, the term *frigore* is not, strictly speaking, a neologism; rather, it is a Latin medical term designating, amongst others things, forms of facial paralysis that may be caused by the common cold virus (“*Frigore: Définition,*” n.d.); however, despite this, the emergence of perplexity that accompanied its verbalisation supports the notion that this signifier appeared in the real, as opposed to the symbolic. In addition, for Virginie, the signifier’s *facial paralysis* and *cold* are significant as she discovered the dead body of her infant brother; her description of this event is centered on stillness on the deceased’s face (Lacadée, 2006).
Chapter 4: Case studies: the onset of psychosis, body phenomena and stabilisation

primarily by supporting the lalangue, which is the singular ways in which the knotting of RSI occurs in the context of social relations.

Case 6: Adam

Adam is a twenty-six-year-old male with a history of psychiatric treatment beginning in his early twenties. From his case, a series of conceptual problems arises concerning triggering events, body phenomena, the stabilisation of psychosis, and the concept of suppletion. Adam’s symptomatology provides a complex presentation of psychosis: there was an absence of systematised delusions, the presence of discrete auditory hallucination, and at times, the prominence of schizophrenic disorganisation, in the form of negativism. However, acute psychotic episodes were brief and transitory. Body disturbances were also evident during periods of stability and decompensation: when stable, Adam exhibited an array of body disturbances including an involuntary “watery” eye unaccompanied by affect, leg cramps, dissociative states and dysmorphophobia. Conversely, during psychotic episodes, he experienced severe dissociation and depersonalisation, mentism (flight of ideas), body fragmentation and vegetative states. For Adam, triggering events were not clearly associated with a confrontation with the A-father in the symbolic register and appear instead, linked to F0, and the collapse of imaginary identification that incurred after an encounter with the other’s enigmatic and threatening jouissance.

Adam began treatment in an outpatient setting in 2004 complaining of depression, anxiety, suicidal ideation and episodes of rage. He engaged in sporadic psychotherapy for 2 years and was prescribed an array of anti-depressant medications, which he also took sporadically. During the course of treatment, he exhibited depression, vegetative states, excessive sleep, anxiety, panic attacks, substance abuse, self-mutilation, interpersonal conflicts, avoidant behavior, fights, episodes of rage, destruction of objects, dissociative episodes and disorientation, isolative behavior, distorted body-image, cenesthesias, agitation, racing thoughts, suicidal ideation, paranoia, transient auditory hallucinations, binge eating, and long-term unemployment. Depressive affect was prominent. Adam had a “poor opinion of himself” (Redmond, 2008). He had

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38 In this case, although there was no unequivocal evidence of the onset of psychosis it is highly probable that if occurred in Adam’s history prior to engaging in psychotherapy.
failed in obtaining academic and career goals and was still living at his mother’s home. Although he had successfully completed some training in different sectors of emergency services, his certifications were incomplete and he was not interested in working in this field. In addition, he had failed university due to absenteeism. He indicated that he was “not proud of things done in the past” and that he continued to feel guilty about several events. Adam provided a series of incidents: daily marijuana use and several childhood incidents - stealing from his friend’s parents, and masturbating a dog. In the context of his depression, these and other incidents were primarily experienced as persecutory ideas, inasmuch as they were a testament to his poor character and his conception of himself as a failure.

As an adult, Adam continued to live with his mother, unable to live and work independently, and received state welfare due to being diagnosed with a “severe and persistent mental illness”. He indicated that he had experienced depression and anxiety since early childhood. He experienced his first panic attack at age seven when watching television with his family; this was triggered upon witnessing a graphic image of a boy chopping into his foot with an axe. The intense anxiety triggered by witnessing a body injury was not by chance; Adam had a mild congenital foot deformity that required corrective attention during toddlerhood - the application of a leg brace when asleep. His right leg was significant during the course of treatment: his leg was involved in both triggering events and attempts at symptomatisation. Another significant body disturbance concerned self-mutilation.

He began biting his arms at age nine and this continued into his twenties. The biting would often draw blood and leave lacerations and bruising on his skin. He indicated that biting would occur when he was distressed, overwhelmed and agitated. He would bite his arms to mitigate intense states of agitation and this would produce a feeling of relief and sleep would follow. Adam initially showed me the bite marks on his arms through his choice of attire: his short sleeve shirt revealed red welts and teeth marks on his forearms. After learning of this recent incident and the long history of this behaviour, I recommended that he increase therapy to twice per week. From this point in therapy the biting behavior ceased. The cessation of this behavior over the course of therapy was the first time since the age of nine that he had not engaged in self-
mutilation: after first showing me the welts and briefly discussing the biting event in the aforementioned session, no reference was made to biting in the therapy again. This form of self-mutilation had been practiced since childhood and provided one consistent way of regulating disorganising psychotic episodes. The monolithic and massive form of the anxiety and the recourse to biting as an attempt to reduce the anxiety provide data supporting the diagnosis of psychosis (Sauvagnat, 2005).

Moreover, “the reduction of tension” following the biting highlights how the subject is able to remain anchored to his body. Miller (2009) states that in ordinary psychosis:

The inmost disturbance is a gap where the body is un-wedged, where the subject needs some tricks to re-appropriate his own body, where the subject is led to invent some artificial bond to re-appropriate his body, to tie his body to itself. To case it in mechanical terminology, there needs a joint brace to connect with the body (2009, p. 156)

One factor that can be traced in the transformation of this behavior concerns his binge eating and weight gain; although neither of these issues was new - there was a history of binge eating in his case prior to my involvement in the treatment - Adam had gained weight during our consultations and he indicated that he did binge on occasions. Adam said, “I find that I have been gorging myself at night, though when no-one is around to regulate me. I will eat and eat even when I am no longer hungry. I will be gorging myself and then realise after that fact that I have eaten a lot – much more than I normally would” (Redmond, 2008). Reference to eating food was a consistent topic as he would usually report what he had eaten prior to coming into our appointment. The displacement of the self-mutilation into episodes of binge eating and a general preoccupation with eating, including sentiments about training to become a chef, suggests a metonymic displacement of the oral drive via the transformation of self-mutilation to the act of eating.

Adam exhibited another unusual body phenomenon during the course of his treatment. For example, during therapy his right eye would involuntarily water. This phenomenon was unusual for several reasons. First, there was an absence of associations and affect accompanying this body disturbance. This is of interest
because in neurosis, the change of associations linked to a body complaint usually provides rich material for analytic constructions and interpretation. Although there was an absence of signifiers connected to this disturbance, the eye was significant for other reasons. The eye socket had been fractured in a fight several years earlier; although there was no sign of the injury, he insisted that that there was facial dissymmetry connected to the prior assault. 39 Few associations could be linked with the watery eye. When pressed, he was dismissive and defensive, or he attributed the irritation to unclean contact lenses. The right eye in particular, and eyes in general, were significant for several reasons. Adam indicated that he "had a thing for eyes"—this comment was interesting as his next association was the concern about whether his nipples were overly feminine in appearance due to their size. This isomorphism between the eyes and the nipples coincides with anxiety that emerges with a feminine identification, and perhaps, a "push to femininity". Moreover, when Adam’s mother visited the clinic on his behalf during a period of decompensation, the receiving clinician reported that his mother wore an unusual amount of black eye make-up. For Adam, the significance of eyes may be traced to this particular trait exhibited by his mother. In addition, Adam stated that eyes were also significant during fights; he described “finishing off” his opponents by eye gouging them and that he knew how to remove an eye with his hands (Redmond, 2008). For example, during the course of treatment, Adam had a particularly violent fight at a party when under the influence of alcohol and marijuana. He indicated having an “out-of-body experience” during the altercation; he was watching himself fight in third person as if in slow motion. This incident, coupled with the self-mutilation, highlights profound body image disturbances that can be linked to disturbances to F0.

Adam showed an unusual form of identification with his grandmother that appears connected to triggering events on the imaginary plane. This was evident in the

39 The history of a head injury raises the question concerning the existence of a traumatic brain injury; unfortunately, Adam refused to seek any additional medical treatment, despite repeated encouragement to do so, concerning this issue. This issue of organic brain injury is, of course, an important consideration as there may be an organic basis to his "psychiatric" signs and symptoms. However, despite the absence of medical assessments, as all of his signs and symptoms existed prior to the head trauma - except for the involuntary watery eye - the assumption of a non-organic psychosis remains plausible.
unusual mimicry and mirroring - Adam would quite literally become his grandmother. He would assume her traits in a very peculiar manner. For example, Adam’s descriptions of grandmother became the context for situating various clinical phenomena suggestive of imaginary identification: wheezing and labored breathing, binge eating, states of confusion, xenophobic speech, and speech inhibition - all traits or descriptions used by Adam in describing grandmother - were assumed in the course of treatment. In addition, the majority of Adam’s brief psychotic episodes correlate with events involving a threat to grandmother’s body integrity and health; psychotic decompensation occurred when grandmother suffered illness, underwent surgery, or, was perceived to be neglected by Adam’s mother. Adam experienced a triggering event when he and mother visited grandmother to investigate her compliant of a leg problem. Although mother observed that grandmother’s leg was severely swollen and that she was experiencing pain and discomfort, she left without attending to the leg. Later that day, grandmother was hospitalised: she was diagnosed with a systemic blood infection and her sore leg was in danger of amputation due to gangrene. Adam became highly agitated upon learning of the situation: he became depressed, withdrawn and slept excessively for several days. Thus, for Adam, many of his triggering events were characterised by negativism and self-neglect, features commonly encountered in schizophrenia (Sauvagnat, 2000; World Health Organisation, 1992). I suggest that Adam’s decompensation and triggering event emerged with an encounter with the Other’s jouissance: his mother’s neglect of grandmother led to an escalation of symptoms that could have been avoided. Another, more severe triggering episode occurred during the illness and subsequent death of his grandmother.

During the course of his treatment, Adam’s grandmother became seriously ill: on two occasions, she fell into a coma and the medical opinion was that she would not regain consciousness. Although she regained consciousness for several weeks after the first coma, life support was turned off on the second occasion. During both hospitalisations, Adam exhibited psychotic phenomena. During the first coma, Adam deteriorated rapidly in parallel with his grandmother: he became severely depressed, agitated and experienced racing thoughts – he said that he was going crazy and “wanted to be put out of his misery” (Redmond, 2008). He reported fantasies of a drill
going into his head and said he felt like a *machine* that was “out of order” (2008), a reference to the life support machine that was sustaining grandmother at the time. A triggering event produced negativism, racing thoughts, and extreme agitation. Adam recovered from these invasive phenomena shortly after grandmother regained consciousness. Several months later, grandmother fell into a second coma; her prognosis had deteriorated due to the discovery of systemic bone cancer and other complicating health factors relating to diabetes. Again, Adam experienced a triggering event; however, on this occasion hallucinatory elementary phenomena were evident, which suggested an escalation of psychosis. The emergence of an elementary phenomenon occurred at an important juncture - the family had decided to turn off life support and the burden of this difficult decision rested primarily with Adam’s mother. As the family gathered around to turn off the life support machine, Adam “heard” his grandmother say that “she was scared and that she did not want to die” (2008). In subsequent weeks, an *enigmatic experience connected to these hallucinatory elementary phenomena developed*: Adam reported that his grandmother’s talking pet bird, which he had inherited after her death, was trying to express new words to him. Here, the hallucinatory event that emerged at grandmother’s death was displaced into the deciphering of the bird’s vocalisations. However, no subsequent delusion or hallucinatory symptoms developed. For Adam, triggering events occurred in the context of mother’s decision to end or prolong grandmother’s life – these events appear to have triggered psychosis due to a confrontation with the Other’s jouissance and the rupture of identification along the imaginary axis between Adam and grandmother.

Subsequent to grandmother’s death, Adam *developed a new body disturbance*: the occurrence of leg cramps during night as he lay in bed. After grandmother’s death, he reported being unable to get comfortable at night and having cramps in his bad leg. The leg cramps would emerge during sleep and were significant due to the history of congenital deformity and subsequent correctional treatment that Adam received on his leg as a toddler. Adam’s bad leg was the result of a congenital abnormality to the left ankle – his foot was angled inward, which caused him to have difficulty walking and running throughout childhood, and to a lesser degree, in adult life. Adam’s “leg defect” became an important focal point in the treatment as the emergence of leg
cramps may have functioned as a localisation of jouissance, an attempt at symptomatisation, following his *encounter with the Other’s jouissance*. This “defect” - a term Adam used as a global reference to his body - was caused directly by mother, allegedly as a result of the position of his body in-utero: “My mum did it to me” was his explanation about the cause of his leg problems (Redmond, 2008). Here the persecutory relation with his mother is evident; moreover, the notion that he experienced his body as being a defect raises the issue of paranoia due to jouissance being harboured in the persecutory gaze of the Other. In order to correct the angle of his foot, Adam wore leg braces during sleep as a toddler. Memories of the discomfort were vividly recollected and reported. Moreover, Adam’s name for the braces were “shackles”, a signifier that had important resonance in his feelings of being “controlled” (by mother) and that he was “bad” (2008).

This clinical phenomenon provides an important context for showing how a body event emerges in response to an encounter with his mother: Adam’s leg cramps seem like an attempt at symptomatisation, that is, an attempt to localise jouissance in the body. The timing of these cramps is very significant as they emerge soon after grandmother’s death and Adam’s decompensation. The hypothesis here is that the leg cramps function as a symptom that stabilise him from more disorganising psychotic phenomena. Here, the libidinal investment produced through marking the body with braces provides a pathway for symptomatisation; the emergence of symptoms from significant body regions raises questions concerning how symptoms transpire in psychosis, issues that will be addressed in Chapters 5 and 6.
In this chapter, I have argued that body phenomena in cases of ordinary psychosis foreground debate concerning the onset of psychosis, triggering events, symptom formation and stabilisation. The cases demonstrate how the onset of psychosis and triggering events do not necessarily lead to the emergence of disorganising psychotic phenomena or the emergence of a delusion. Rather, these cases highlight that the onset of psychosis and triggering events may take the form of subtle body disturbances linked to effects of foreclosure. The cases provided an illustration of how the regulation of jouissance in the form of body symptoms is a dynamic process; in some cases, very successful forms of body symptomatisation occurred while in others, invasive body jouissance was not effectively modulated. In case 2 (the man with the cracking thumbs), body phenomena were linked with invasive jouissance, the failure of symptomatisation and stabilisation via imaginary identification. In contrast, in the remaining cases, body symptoms appear to stabilise psychotic structure by modulating invasive jouissance. Although the body was implicated in different ways in these cases, the function of the signifier and the analysand’s speech was pivotal in tracking the construction of a symptom. The diverging theoretical explanations evident across these cases highlight a conceptual problem in the Lacanian field concerning how the structure of symptoms should be theorised for cases of ordinary psychosis. What remains to be developed is how symptom formation should be theorised when the Name-of-the-Father does not operate. I have demonstrated how a new theory of the onset of psychosis and triggering has been introduced in the field of ordinary psychosis in an attempt to explain body phenomena in certain cases of psychosis; and, although theorists claim that the onset of psychosis and triggering is connected to disturbances to the phallic signification in the imaginary, this hypothesis requires further development and clarification. I explore the theoretical issues raised in these case vignettes – triggering events, imaginary identification and symptom formation – in Chapters 5 and 6. In the next chapter, I assess the distinction between the onset of psychosis and triggering events by evaluating the idea of triggering on the imaginary plane and the idea of untriggered psychosis.
Chapter 5: The onset of psychosis, body phenomena and the imaginary in ordinary psychosis

The vignettes in Chapter 4 provided clinical examples to demonstrate the complexity of psychotic onset and triggering events. In these examples, onset and subsequent triggering are connected to a diverse array of events including the subject’s experience of sexuality, the Other’s desire and body jouissance. To examine cases such as these, theorists draw on Lacan’s classical theory of the onset of psychosis characterised by the subject’s encounter with the hole in the Other, wrought by foreclosure of the Name-of-the-Father. However, a new theory has been put forth which claims that the onset of psychosis can occur without the subject’s link to the paternal function being called into question. Thus in certain cases another mechanism may be linked to the onset of psychosis: disturbances to the phallic function on the imaginary plane (Castanet and De Georges, 2008; Morel, 2008b). These theorists argue that the onset of psychosis needs to be broadened to include events associated with the failure of the phallic function to regulate jouissance (Castanet and De Georges, 2008; Gault, 2004; Morel, 2008a; Porcheret, 2008). Consequently, there may be at least two separate mechanisms underlying the onset of psychosis: through disturbances to the phallic function and the imaginary, and via the paternal function and the symbolic order. Theorists also contend that specific psychotic phenomena will emerge from these discrete pathways; this idea is pertinent to ordinary psychosis as it may elucidate how the onset of psychosis remains localised to the body without the onset of hallucinations and other language disturbances.

Therefore, the aim of this chapter is to critically evaluate these recent developments by examining the theory of foreclosure and its connection to the onset of psychosis and triggering events. In doing so, I provide clarification of the mechanisms that underlie the onset of psychosis and investigate their connection to specific psychotic phenomena. I do this by scrutinising the multiple intersecting points between Lacan’s theory of foreclosure and the field of ordinary psychosis. In the first section, I review the similarity and differences between ordinary psychosis and untriggered psychosis. Through exploring notions of imaginary identification and the supplementary device, I conclude that the idea of ordinary psychosis offers a more complex response, with
greater clinical utility, than the theory of untriggered psychosis. I also assess the claim that the onset of psychosis can be linked to the imaginary register. I contend that although the onset of psychosis may appear linked to the phallic function, I maintain that this position is conceptually unclear, and that onset should remain connected to the symbolic dimension. I claim that connecting the onset of psychosis to a disturbance to the phallic function has emerged, in part, from using a narrow conception of Lacan’s idea of the A-father.

5.1: Imaginary identification, ordinary psychosis and untriggered psychosis

An important distinction needs to be made between ordinary psychosis and untriggered psychosis. In Chapter 1, I stated that ordinary psychosis constitutes a “generalised theory” of psychosis due to the focus on triggering events and stabilisation. However this approach to ordinary psychosis needs to be separated into two categories: in post-onset cases, triggering events and the stabilisation of psychic structure occur repeatedly throughout the subject’s history; conversely, in pre-onset cases, the psychotic structure remains untriggered and there are no overt signs and symptoms of psychosis. An untriggered psychosis refers to a psychotic structure without onset and where there are no obvious psychotic phenomena (Lacan, 1993). Lacan’s idea of un triggered psychosis was originally theorised in terms of imaginary identification but more recently it has been conceptualised using the idea of the sinthome (Stevens, 2002). At least two important debates have emerged from the field of ordinary psychosis that engages the idea of untriggered psychosis. The first concerns the role of imaginary identification in the stabilisation of the subject, subsequent to the onset of psychosis; the second, concerns how to maintain the distinction between the onset of psychosis and subsequent triggering events.

In Lacan’s classical theory of psychosis, the idea of an untriggered psychosis highlights the stabilising function of the imaginary in psychotic structure. An untriggered psychosis, as the name suggests, refers to a psychotic structure without onset. Lacan claimed that in certain cases, imaginary identification may prevent the onset of psychosis: identification with another person provides the psychotic subject
Chapter 5: The onset of psychosis, body phenomena and the imaginary in ordinary psychosis

with a mechanism of imaginary compensation that may, for a time, cover the hole—the point of foreclosure—in the Other (Lacan, 1993). He states that narcissistic relations between individuals who share similar traits on the imaginary axis constitute a “mechanism of imaginary compensation...for the absent Oedipus complex, which would have given him virility in the form, not of the paternal image, but of the signifier, the Name-Of-The-Father” (Lacan, 1993, pg. 192). Imaginary identification in psychosis constitutes a mechanism of stabilisation that operates in certain forms of psychosis, particularly schizophrenia. Lacan’s theory of imaginary identification in cases of untriggered psychosis was derived, in part, from Deutsch’s (1942) theory of the “as if” phenomena observed in schizophrenia.

Lacan (1993) states that the pathological personality type that Deutsch describes in mild cases of schizophrenia, referred to as “as-if” personalities, demonstrate imaginary identification as a mechanism of stabilisation in psychosis. For Deutsch, the “as if” personality refers to an individual whose “whole relationship to life has something about it which is lacking in genuineness and yet outwardly runs along ‘as if’ it were complete” (1942, p. 302). She claims that the individual appears well adjusted to social demands and that common features associated with psychosis, such as positive and negative symptoms, are not evident. However, the “as-if” phenomenon is a feature of schizophrenia: she contends that “as if” personality organisation is not psychically structured by repression indicating instead an absence of object cathexis. This absence of libidinal ties to others indexes the narcissistic dimension of psychosis and is an issue Freud (1911) had identified in his earlier writings on psychosis, and schizophrenia in particular. Deutsch (1942) claims that in “as-if” personalities, the decathexis of libidinal ties with objects manifests in numerous forms including: a superficial emotional range, an inauthentic identity due to the propensity to imitate others, and extreme passivity that functions to mask aggression. According to Lacan (1993), these “as if” variants of schizophrenia are to be understood as untriggered forms of psychosis that remain stable through imaginary identification. An important component of the “as if” phenomenon is the tendency for imitation in relationships: identification on the plane of the imaginary ego, between the other and the other, a-a’, constitutes a mechanism of stabilisation in schizophrenia. Lacan’s integration of the
“as-if” phenomena into this theory of psychosis and the idea of imaginary identification is important to emphasise because other psychoanalytic and psychiatric schools have used Deutsch’s theory to develop the notion “identity diffusion” (Akhtar, 1984). Identity diffusion is a key diagnostic feature of borderline personality disorder in Anglo-American psychiatry and psychoanalysis (American Psychiatric Association, 2000; Gabbard, 2000; Kernberg, 1967; PDM Task Force, 2006). However, in Lacan’s classical theory of psychosis, imaginary identification connotes cases of untriggered psychosis, which contrasts with how it is currently deployed by theorists in the field of ordinary psychosis.

In the field of ordinary psychosis, it has become clear that imaginary identification can stabilise psychotic structure subsequent to the onset of psychosis and triggering events. For example, in case 2 featuring the “man with the cracking thumbs”, imaginary identification is an important stabilising mechanism functioning to reorder the subject’s being-in-the world subsequent to the onset of psychosis and after additional triggering events. Moreover, what makes this case particularly interesting is that Porcheret claims that M. is unable to form a symptom; consequently, imaginary identification, which operates in the transferential relation, and, in his relations with women outside of the analysis, functions to stabilise psychotic structure (2008). The case of M. shows how imaginary identification is pivotal in stabilising psychotic structure after the onset of psychosis and subsequent to additional triggering events. This contrasts with Lacan’s classical theory where imaginary identification appears synonymous with untriggered psychosis.

Differentiating the onset of psychosis from subsequent triggering events is another important issue in the field of ordinary psychosis. Clearly identifying the onset of psychosis, the first triggering event, calls into question the utility of retaining the idea of untriggered psychosis. Although the ideas of an untriggered psychosis and ordinary psychosis both relate to cases of mild psychosis, there is a significant difference.

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40 Akhtar’s (1984) paper on identity diffusion provides a contemporary reading of “as-if” personality types, though his account is more expansive in addressing six core features of identity disturbance - incompatible identity traits, temporal discontinuity in the self, the lack of authenticity, feelings of emptiness, gender dysphoria, and ethnic/moral relativism.
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between these positions. The idea of untriggered psychosis assumes that the onset of psychosis has not occurred. In contrast, although a case of ordinary psychosis may “look the same” as an untriggered psychosis, the essential difference is that ordinary psychosis may be post-onset. For example, an ordinary psychosis case characterised by acute psychosis and subsequent stabilisation presented by Ragland demonstrated that despite the history of severe psychotic disturbances, periods of stability were protracted and during these times the subject appeared rather “normal”. The point here is that this case was considered an example of ordinary psychosis (Miller, 2009). Thus, in order to preserve the idea of untriggered psychosis, Drousse (2009) contends that an ordinary psychosis should be considered post-onset, and, as such, the distinction between untriggered and post-onset psychosis is maintained.

Consequently, despite some “phenomenological” similarity between cases of untriggered psychosis and ordinary psychosis, whether psychosis is pre- or post-onset remains a critical point of distinction. I now discuss problems with retaining the idea of untriggered psychosis.

In Miller’s (2009) theory of ordinary psychosis, both the onset of psychosis and triggering events are linked with destabilisation of the CMB Name-of-the-Father. The CMB Name-of-the-Father is central to his notion of ordinary psychosis: it is ostensibly a supplementary device functioning to cover the hole in the Other, which stabilises psychic structure. Here Miller states:

For the first time, from a CMB situation to the opening of a hole, and it goes on and on, you have a triggering. “Multiple breaks” is when you have a repetitive pattern, and it’s compensated again and again. We don’t say triggering. We say “triggered” when it happens once (2009, p. 166 emphasis added).

The CMB Name-of-the-Father is important as it emphasises the continuity between triggering events and stabilisation in psychosis. Although the CMB Name-of-the-Father is also applicable to the onset of psychosis and hence cases of untriggered psychosis, its application is broader because it encompasses triggering events and
stabilisation in psychosis, as well. Thus, I claim that it has greater clinical and theoretical utility than that of untriggered psychosis.

The CMB Name-of-the-Father presents a theory of a supplementary device that is not reducible to the idea of an untriggered psychosis. This contrasts with how others use notion of suppletion. For example, Stevens (2002) claims that the idea of suppletion is identical to an untriggered psychosis. She states:

Suppleance is something that covers up a hole, which corrects it, repairs an error in the Borromean knot. It concerns something that comes, not as an after-effect to repair a default rendered apparent by the triggering off, but a function which has the effect of covering the default in such a way that the triggering-off doesn't take place (Stevens, 2002, pp. 3-4 emphasis added).

In this view, the suppletion is not a device that repeatedly compensates the subject subsequent to the onset of psychosis. This clearly differs from Miller’s (2009) description of the CMB Name-of-the-Father. She claims that a suppletion is characterised entirely by its prophylactic function, consequently, untriggered psychosis is reframed as the supplementary device. She makes this point by examining Lacan’s discussion of the sinthome and its connection with Joyce. Here she states “Joyce, would be rather a case of self-prevention of the illness. Joyce is thus a case of untriggered psychosis. But this time, if one follows strictly the articulation of Lacan, in the strongest sense of untriggered!” (Stevens, 2002, p. 4 emphasis added).

Stevens is unequivocal about the function of a suppletion: a suppletion is an untriggered psychosis that covers that hole in the Other, which in turn, prevents the onset of psychosis. Thus, there is clear disagreement between how Stevens uses the term suppletion, in continuity with the notion of untriggered psychosis, and Miller’s discussion of the CMB Name-of-the-Father, which is far more flexible. I contend that her use of suppletion is too restrictive, and, that the CMB Name-of-the-Father has greater clinical utility as it emphasises triggering and stabilisation as opposed to only the onset of psychosis.
Another problem with the idea of untriggered psychosis concerns the uncertainty in clearly identifying the onset. The investigation of the onset of ordinary psychosis supports the idea that the effects of foreclosure are subtle, difficult to detect, and will vary considerably between cases. As the cases in Chapter 4 demonstrated, the onset of psychosis can be discreet, without schizophrenic disorganisation or a delusion. Thus, one of the problems associated with the idea of an untriggered psychosis is that it produces a propensity to focus on the “first time” that a psychotic episode occurs.

While the onset of psychosis is important clinically and attempts should be made to clarify the genesis of psychosis, the onset is often unverifiable. Thus, if the onset of psychosis is not always discernible and the effects of the “small clues of foreclosure” (Miller, 2009) are sometimes difficult to detect, then “untriggered” psychosis becomes an unreliable theory. For instance, in certain cases it is possible that there has been an onset of psychosis, which has been stabilised, and yet neither the individual nor the therapist will have a clear sense of whether this has occurred. Consequently, this subjective discontinuity could be missed due to the capacity of the subject to use the imaginary register - or some other mechanism - for stabilisation.

For example, Stevens (2008) raises the issue of whether there has been a clear onset of psychosis in a case featuring a man with fibromyalgia. Stevens claims that the man was psychotic and that the fibromyalgia constituted a symptom, as it had several important functions for the subject: the illness provided a proper name, a point of imaginary identification, and a way of localising invasive body jouissance (2008). Although Stevens states that the patient has an imaginary identification with Christ constituting a “delusion that doesn’t make too much noise” (2008, p. 65), he is circumspect on whether there has been an onset of psychosis. He asks, “Is the psychosis in this case triggered or not?” And his answer is that “it is an academic question” (2008, p. 65 emphasis added). This response provides a good example of the shift in emphasis evident in the approach to cases of ordinary psychosis. Again, this shift corresponds with an emphasis on stabilisation, rather than on the idea of untriggered psychosis and the onset; the key difference is that clinicians are now more

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41 Although this is not Stevens’ case, he provides a detailed description of the patient’s history and symptomatology centered on the fibromyalgia.
42 I address the functions of the Name-of-the-Father in psychosis in Chapter 6.
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interested in identifying traits, small effects of foreclosure and triggering events indicative of psychotic structure, as well as the symptomatic responses that may be stabilising psychotic structure.

Consequently, a key feature of theorising ordinary psychosis is to integrate “new” clinical phenomena into the field of psychosis and to be able to account for, or describe at some level, the mechanisms of triggering and stabilisation. Sauvagnat surmises this problem stating that ordinary psychosis “designates above all a clinical issue: the difference between what we know about psychoses and the quasi infinite variety of mental mechanisms a psychotic person can exert” (2009, p. 9 emphasis added). Hence, the clinical problem of how psychosis can be stabilised through mental mechanisms, specifically via the formation of symptom, is in part connected to triggering events. I claim that although the onset of psychosis remains an important logical category, identifying the onset of psychosis is often complex due to the subtle nature of this event. Consequently, in proposing that ordinary psychosis should include the idea of untriggered psychosis, I claim that focusing on triggering events as opposed to the onset of psychosis, provides a more useful theoretical approach, particularly when triggering events are linked with the idea of stabilisation. I address this topic in Chapter 6. I now evaluate debates concerning the onset of psychosis and triggering events that have been linked to the imaginary order and the phallic function.

5.2: The mechanism of triggering and disturbances to phallic signification

In the field of ordinary psychosis, there has been renewed theoretical interest in examining the mechanisms underlying the onset of psychosis and triggering events. The term “neo-triggering” has been elaborated (Castanet and De Georges, 2008; Laurent, 2006; Morel, 2008a) in an attempt to revise Lacan’s classical description of the onset of psychosis. Neo-triggering addresses the phenomenology of onset; that is, in cases of ordinary psychosis, the onset of psychosis is often subtle as there is no schizophrenic disorganisation or delusional construction. However, neo-triggering also pertains to the mechanism underlying the onset of psychosis; here, the symbols P0 and F0, referring to the effects of the foreclosure of the Name-of-the-Father in the
symbolic and the imaginary respectively, are employed to theorise the onset of psychosis (Morel, 2008b). The inclusion of F0 (disturbances to phallic signification in the imaginary) as a mechanism connected to the onset of psychosis constitutes a relatively new development in the Lacanian field.

In Lacan’s classical theory of psychosis the hole in the symbolic, P0, is considered to be a consequence of the foreclosure of the Name-of-the-Father. His theory of the hole is central to the investigation of the onset of psychosis; as such, theorists utilise the symbol, P0, to designate the hole as an effect of foreclosure (Miller, 2010a, 2010b). The hole is real: it is characterised as the radical absence of meaning and signification due to the nonexistence of language effects. Throughout “On a question prior to any possible treatment of psychosis” (1958) Lacan links P0 to the effects of the foreclosure of the Name-of-the-Father in the field of the Other. Here Lacan states:

I will thus take Verwerfung to be “foreclosure” of the signifier. At the point at which the Name-of-the-Father is summoned - and we shall see how – a pure and simple hole may thus answer in the Other; due to the lack of the metaphoric effect, this hole will give rise to a corresponding hole in the place of phallic signification (1958, pp. 465-466 emphasis added).

Importantly, Lacan states that disturbances to phallic signification in the field of the imaginary, F0, are a consequence of symbolic foreclosure – a point I return to later in this chapter. To summarise, in psychosis the subject’s encounter with hole in the Other produces disturbances to the imaginary and symbolic, and as such, the mechanism of foreclosure remains pivotal to theorising the onset of psychosis and triggering events.

Lacan (1958) contends that the onset of psychosis occurs when there is a “dramatic conjunction” between a series of elements that destabilise the psychotic structure. He

43 These symbols are derived from Lacan’s I schema in “On a question prior to any possible treatment of psychosis” (1958). F0 refers to the absence of phallic signification in the imaginary and is usually referred to as a consequence of symbolic foreclosure (P0).
claims that onset occurs when the subject attempts to identify with a signifier that is radically absent from the *symbolic order*. Here Lacan states:

> For psychosis to be triggered, the Name-of-the-Father – *verworfen*, foreclosed, that is, never having come to the place of the Other – must be summoned to that place in *symbolic opposition to the subject*... But how can the Name-of-the-Father be summoned by the subject to the only place from which it could have come into being for him and in which is has never been? By *nothing other than a real father, not necessarily by the subject’s own father, but by the One-father [Un père]*. Yet this One-father must still come to that place to which the subject could not summon him before. For this, the One-father need but situate himself in a tertiary position in any relationship that has as its base the imaginary couple a-â – that is, ego-object or ideal-reality – involving the subject in the field of the eroticised aggression that it induces (1958, p. 481 emphasis added).

The *ternary position of the subject* is an important idea underlying the onset of psychosis; the subject’s appeal to the absent signifier in the symbolic places him in a ternary position, and due to the absence of meaning, an eruptive jouissance destabilises imaginary identifications, a-a’, leading to the onset of psychosis. Thus, the subject’s encounter with a hole in the symbolic will often produce destabilising effects precisely because of the absence of the metaphorical effect and the production of meaning. Theorists (Morel, 2008a; Wachsmutger, 2008) refer to the effects of symbolic foreclosure, P0, as an *unchaining of the subject from the symbolic register*.

The subject’s unchaining from the symbolic is distinct from disturbances to phallic signification in the imaginary. *Unchaining* refers to both the “accidental cause” that acts as a catalyst for the onset of psychosis, and the ensuing language disturbances and hallucinatory phenomena resulting from this event.\(^{44}\) For Lacan, unchaining is linked to the subject’s confrontation with the A-father, an encounter undermining

\(^{44}\) Although Wachsmutger contends that there is no theory of unchaining prior to Lacan’s introduction on the term, the focus on the “accidental cause” triggering psychosis is evident in the works of Kraepelin, Bleuler and others in the modern psychiatric tradition.
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the identifications stabilising psychotic structure. This in turn results in the emergence of delusional phenomena and other disturbances (Wachsberger, 2008). Thus, P0 provides a locus for theorising the onset of psychosis (symbolic foreclosure and the A-father) and for attributing psychotic phenomena – such as language disturbances and hallucinations – to the symbolic order. In contrast, F0, characterised as phallic disturbances to the imaginary, will designate a different set of psychotic phenomena, such as body disturbances and problems with sexual identity.

However, in the field of ordinary psychosis, Miller’s reading of the Wolf Man case resulted in the claim that F0 can be linked to the onset of psychosis and triggering. In Miller’s (2010a, 2010b) seminar on psychosis in 1986-87, he asserts that a triggering event in psychosis can occur on the imaginary register. Importantly, his early views on the Wolf Man differ to those presented in the paper on ordinary psychosis (Miller, 2009). In the earlier seminar on psychosis, Miller intentionally suspends making a diagnostic impression of the Wolf Man case; rather, he focuses on how psychotic phenomena can be linked to the imaginary. Moreover, it is significant that his discussion is oriented to “minor” triggering events; his claim that the Wolf Man never undergoes a complete triggering event (i.e. the onset of psychosis). However, Miller’s recent paper on ordinary psychosis, where only a cursory mention is made of the Wolf Man, his diagnostic impression is unequivocal: the Wolf Man is a case of ordinary psychosis (2009). As this assessment is derived from MacK Brunswick’s (1928) case study, rather than Freud’s, I will discuss this text in order to provide context for the broader issue concerning triggering events, the onset of psychosis, and the imaginary.

The Wolf Man was one of Freud’s (1918) original case studies and was published to shed light on obsessional neurosis. The Wolf Man underwent psychoanalytic treatment with Freud from 1910 - 1914: he was initially diagnosed as obsessional neurotic; however, in Freud’s case history, the problem of castration governed his investigation, as the presence of a radical rejection, which appeared irreducible to repression, was an important component of the Wolf Man’s psycho-sexual
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development. Consequently, Freud never considered the Wolf Man a “typical” neurotic and as such, the diagnostic uncertainty surrounding this case – the first modern case in the history of psychoanalysis – remains today (Miller, 2010a). The Wolf Man has received enormous critical attention due to the complexity of Freud’s original case history and the documentation of subsequent psychoanalytic treatment with other analysts (Gardiner, 1991). His analysis with Ruth Mack Brunswick provides important new clinical material indicating that a psychotic structure might provide a more accurate diagnostic impression than obsessional neurosis (1928). The Wolf Man undertook psychoanalytic treatment with Mack Brunswick in 1926 for five months due to a period of destabilisation and personal crisis. The primary motivation for analysis concerned the emergence of painful and invasive body phenomena (Mack Brunswick, 1928). Anxious preoccupation with his nose, which eventually became an object of hypochondriacal preoccupation, emerged from a series of complaints, infections, and medical procedures that preceded, and in fact, prompted his return to analysis (Grigg, 2011). The minor medical problems with his nose consisted of pimples, vascular distension, and, an infected sebaceous gland (1928). Various medical professionals treated the Wolf Man for these minor nose infections: his perception of their failure, and indeed, their harmful scarring effects were pivotal to his subsequent nose preoccupation as each procedure evoked intense anxiety and the removal of an infected gland was the primary factor in the onset of a delusional fixation (1928). The diagnostic impression that Mack Brunswick makes over the course of the analysis is worth highlighting as it provides the necessary context for situating Miller’s commentary on the Wolf Man.

Mack Brunswick (1928) contends that the Wolf Man is a case of paranoid psychosis of the hypochondriacal type. Here the exclusive preoccupation with one body organ, in this case the nose, is evident in his belief that the organ is injured or diseased. She states:

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45 Of course, Lacan leverages this point of difference when developing his theory of foreclosure, as opposed to repression and disavowal (Lacan, 1993, 2006a).
46 Ruth Mack Brunswick was a psychiatrist and psychoanalyst who underwent training with Freud, and who remained a confidant and colleague until Freud’s death.
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The diagnosis of paranoia seems to me to require little more evidence than that supplied by the history of the case itself. The picture is typical for those cases known as the hypochondriacal type of paranoia. True hypochondria is not a neurosis; it belongs more nearly to the psychoses. The term in this sense is not used to cover those cases where anxiety concerning the general health is the chief symptom, as in the anxiety neuroses; nor does it coincide with neurasthenia. It presents a characteristic picture, in which there is an exclusive preoccupation with one organ (or sometimes several organs), in the belief that that organ is injured or diseased. The head symptoms so common in early schizophrenia are an example of this type of hypochondria. Occasionally a slight illness affords the apparent basis for the idea of illness, which, however, is ordinarily present without any foundation whatsoever in reality. It thus comes under the heading of a delusion...It will be observed that while the present case undoubtedly belongs to this category, nevertheless the hypochondriacal idea merely serves to cloak those of a persecutory nature behind it. Thus though the form is hypochondriacal, the entire content of the psychosis is persecutory. The patient maintained that his nose had been intentionally ruined by an individual who bore him a grudge (Mack Brunswick, 1928, p. 468 emphasis added).

She states that his attitude toward the nose is an idée fixe - a delusional kernel characterised by a fixed belief because his nose injury, scarring, had no basis in reality. Furthermore, she claims that the hypochondriacal ideas function to mask the underlying persecutory nature of the illness. This combination of factors led her to move away from Freud’s initial diagnostic impression of obsessional neurosis. Subsequent to the Wolf Man’s analysis with Mack Brunswick, the diagnosis of psychosis becomes more tenable, an issue central to Miller’s discussion.

Miller’s (2010a) commentary on the Wolf Man case develops the idea that disturbances to the imaginary constitute a discrete triggering mechanism. Throughout, Miller states that the triggering events do not constitute the onset of psychosis. He claims that the Wolf Man case demonstrates the triggering of psychosis
on the imaginary plane, and, that *damage to the imaginary phallus* characterises the triggering mechanism. Miller states that the “triggering circumstance, such as it is located by Freud, seems to me to be confirmed by what follows. The triggering circumstance takes place on the F0 side rather than on the P side” (2010a, p. 25). Thus, this theory is distinct from the idea that there are *imaginary consequences to triggering events on the symbolic plane, even if these consequences are limited to imaginary phenomena*. Thus, there is no conversion from the symbolic to the imaginary as triggering occurs according to the operation of the phallic function, as opposed to the paternal function. Miller contends that the mechanism of triggering in the Wolf Man needs to focus on the *absence of phallic signification in the imaginary and narcissistic injury*: disturbances to phallic signification primarily affect the imaginary phallus and the body (Miller, 2010a). When triggering occurs on the imaginary plane, *the triggering conjuncture correlates with narcissistic injury to the imaginary phallus*; this contrasts with Lacan’s theory of the onset of psychosis that is theorised as the dramatic conjuncture between the A-Father and symbolic foreclosure.

In the Wolf Man case, injury to the imaginary body in the time period preceding his analysis with Mack Brunswick appears to constitute a triggering event. Miller claims that triggering events can be linked to disturbances in phallic signification and that this is evident by observing the effects of damage to the imaginary phallus and the body. He states:

*When the instance of the triggering occurs – his gonorrhea at eighteen and later on the problem with his nose – it occurs every time that his narcissism is affected. This is by no means enough – we are at the start of enquiry – but if we were to seek there a triggering conjuncture, it is quite clear that we would not find it in the One-Father (Un-père). Regarding the encounters with fathers, it has been proven that it poses no problem for the Wolf Man... On the other hand, we do have a triggering conjuncture that, we may say, brings into relief not the paternal function but the phallic function... We can point out that we have here a model of a triggering conjuncture which has a phallic rather than a paternal bias... of what can be called a damage to narcissism* (Miller, 2010a, p. 50 emphasis added).
Psychotic phenomena first emerged when the *Wolf Man encountered Freud’s facial disfigurement following mouth surgery* (Grigg, 2011; Mack Brunswick, 1928; Miller, 2010a). This triggering event was further exacerbated by the Wolf Man’s series of minor nose operations: the emergence of the delusional kernel, in the form a hypochondriacal delusion involving the nose, indicates invasive body jouissance (1928) and suggests damage to the imaginary phallus. Mack Brunswick also contends that the narcissistic investment in the nose is a displacement of the genitals, and hence the phallus. Miller states that it “is as if the imaginary phallus had a Name-of-the-Father function. Every time this function is damaged, there is a destabilisation of the subject, even if it does not lead to a complete triggering” (2010a, pp. 50-51). In summary, he claims that triggering events and body disturbances are central to the Wolf Man case; specifically, damage to the imaginary phallus can be linked to disturbances in phallic signification manifesting in the imaginary register. If one accepts that triggering events occur on the imaginary plane, then the question arises as to whether the onset of psychosis can be linked with the imaginary. While Miller’s early reading of the Wolf Man focuses on triggering events, the body, and phallic signification, theorists in the field of ordinary psychosis claim that the imaginary is involved in the onset of psychosis. If the onset of psychosis emerges from the imaginary register then a new series of problems require consideration.

In the field of ordinary psychosis, theorists contend that the onset of psychosis can be linked to the imaginary plane, F0 (Castañet and De Georges, 2008; Laurent, 2006; Morel, 2008a). Disturbances to phallic signification in the imaginary register may provide the basis for linking the onset of psychosis to the subject’s relation with the *phallic function, F0*, in addition to, the *paternal function*. In psychosis, the absence of the paternal metaphor means that the subject’s relation with the Other is not organised by the phallic signifier, and, as such, it is situated beyond forms of phallic regulation encountered in neurosis (Chiesa, 2007). Consequently, triggering events connected to F0 may vary considerably because the phallic function has wide ranging effects in
human affairs.\textsuperscript{47} I now evaluate how theorists in the field of ordinary psychosis approach the onset of psychosis via F0 and P0 and critique these ideas when discussing several case vignettes.

The use of the symbols F0 and P0 has been motivated by cases of ordinary psychosis where body phenomena emerge without language disturbances and the “unchaining” of the subject from the symbolic. Morel claims “P0 and F0 designate here, as well as in Lacan’s own text, the “gulfs” that can emerge, in the symbolic and imaginary respectively, by this foreclosure and this lack. It concerns, then, “gulfs” that are \textit{clinically localised by the emergence of precise phenomena}” (2008b, p. 1 emphasis added). Hence, the aim of using F0 and P0 is to have greater precision in localising \textit{invasive psychotic phenomena to the imaginary} and symbolic registers. Morel describes psychotic phenomena connected to P0, an unchaining of the subject from the symbolic, in the following way:

The phenomena that we designate with a P0 are hallucinations and disturbances of language. The latter are described in Seminar 3 and 4, and run from the echo of thought to fundamental language, passing through the diverse forms of the mental automatism. We are including here, then, the disturbances of the word and of enunciation, the verbal hallucinations, and the phenomena of imposed thought (2008a, p. 1).

For Morel, “unchaining” is a key difference between how psychotic disturbances manifest in P0 and F0. As P0 is linked to an unchaining event, this disturbance to the signifying chain may consist of the full range of language disturbance phenomena and hallucinations. In contrast, because F0 is not directly connected to the hole in the Other, the psychotic phenomena will be linked to phallic disturbances in the imaginary. Morel describes phenomena linked to F0 as follows:

\footnote{The structuring effects of the phallic function effects “the subject’s sexuality, relations with others, the integrity or fragmentation of the body and its image, the relationship to jouissance, and enjoyment, and last but not least, the relationship to language” (Grigg, 2009, p. 34).}
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The “image of the creature” for Lacan surrounds the “hole” F0. The phallus is the signifier of the sexes; as such, the delusional ideas connected to sexuality and the body signal the presence of F0, as are certain passages to the act (self-mutilation) and certain types of corporal dysfunctions. Since the phallus is the mediator between the sexes, delusional ideas concerning love and sexual relations must equally refer to F0. The phallus is the signifier of life or of the activity of jouissance. The enigmatic loss for the feeling of life, which at times leads even to suicide, as well as the mortification of jouissance, also result from F0… The phenomena we have just described, as well as the visual hallucinations and cenesthesias carry a status often difficult to determine in clinical practice. In the absence of language disturbances psychosis must be proven in a different way, namely, through a study of the clinical picture from the standpoint of a detailed articulation of its elements (2008a, p. 2).

Thus, psychotic phenomena connected to F0 include delusions with a somatic reference\textsuperscript{48}, cenesthesias, sexuality and the relation between the sexes, and enigmatic and traumatic encounters with jouissance; all of these phenomena are indicative of a disturbance to phallic signification that would not be expected in a neurotic structure (Morel, 2008b). There are two important points that need to be emphasised. First, she claims that phenomena linked to F0 may present without the presence of language disturbances, as would be expected to occur when P0 is operative. This claim is important as it provides a basis for further investigation of cases of ordinary psychosis where body disturbances may be the only obvious presenting symptom.

Morel (2008b) claims that the onset of psychosis can be isolated to both P0 and F0. When the onset is linked to the symbolic, the subject’s encounter with the A-father will precipitate psychosis, and an unchaining event may ensue. In contrast, onset on

\textsuperscript{48} Morel attributes certain delusional phenomena to F0, for example, those concerning the body. In contrast, the delusional phenomena linked to P0 are connected to language disturbance phenomena and the unchaining of the subject. Moreover, although she invokes de Clerambault’s (Hriso, 2002c) distinction between athematic and thematic automatisms in terms of how delusions can be situated vis-à-vis F0 (athematic) and P0 (thematic), this point is not sufficiently developed and therefore remains unclear.
the imaginary plane, although postulated by Morel and other theorists in the field of ordinary psychosis (Castañet and De Georges, 2008; Gault, 2004) will be connected to the phallic function. Thus, isolating the onset of psychosis to P0 and F0 increases the complexity in theorising psychosis. One reason for this is that isolating the onset of psychosis to P0 and F0 is distinct from the issue concerning the emergence of psychotic phenomena; that is to say, these theorists claim that there is no necessary connection between triggering events and the emergence of psychotic phenomena. How psychotic phenomena manifest in the imaginary and the symbolic will vary and depend on the specifics of each case.

Morel claims that unchaining events linked to P0 will emerge in a variety of ways. She contends that in the Schreber case, which is characterised by the appeal to the A-father, the onset of psychosis occurs first in the imaginary, and then in the symbolic. Schreber’s invasive hypochondriacal complaints, which emerge in the course of his first hospitalisation, are followed by an unchaining event several years later (Morel, 2008a). She argues that the onset of psychosis linked to the A-father can result in the emergence of psychotic phenomena that are restricted to disturbances in phallic signification in the imaginary. Thus, in certain cases, there is no unchaining of the subject from the symbolic as disturbances remain localised to the imaginary. In these cases, there is a conversion from the symbolic to the imaginary; that is, the onset of psychosis manifests as a disturbance to phallic signification despite being triggered on the symbolic plane. Hence, if the onset of psychosis that linked to the symbolic A father is restricted to imaginary disturbances, then one might wonder whether it is actually an onset of psychosis or, a “minor” triggering event. I return to this issue later in this chapter.

In contrast, other theorists allege that the onset of psychosis emerges from F0. As discussed, several of the vignettes in Chapter 4 demonstrate this. Gault (2004) claims, in case 2 featuring The man with one hundred thousand hairs, that the onset of psychosis is connected to the subject’s encounter with feminine jouissance, and that the effects of foreclosure emerge as disturbances to phallic signification. That is, the hair loss, which emerges from the repetitious muscle contractions, was a response “to
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the terror he felt in face of the *enigma of the Other's desire and the determination of its jouissance by having his body express this anxiety*” (Gault, 2004, p. 96) a phenomena linked to the foreclosure of phallic signification. The hypothesis is that the subject is, in certain situations, confronted by the impossibility of producing “phallicised” meaning due to the elision of the Name-of-the-Father. *Here, the absence of meaning, although based on the foreclosure of the Name-of-the-Father, occurs due to the failure of phallic signification to structure the subject’s encounter with the desire and demand of others.* Moreover, the onset of psychosis does not emerge due to the subject’s encounter with the A-father and there is no unchaining of the subject from the symbolic. Similarly in case 3, the vignette featuring Victor illustrates how the onset of psychosis can be linked to the foreclosure of phallic signification. Cassin (2008) contends that the onset of psychosis and the effects of foreclosure can be linked to F0, as the triggering events concern sexuality. For example, Cassin claims that it was the onset of puberty and the encounter with body jouissance that lead to the onset of psychosis; here, disturbances to phallic signification were evident in the threat of body disintegration. What is interesting here is that Victor’s assumption of an unusual body posture and gait was a “symptomatic response” to the threat of corporeal disintegration, and as such, had a stabilising function. Moreover, Cassin asserts that the demonstration of a phallic body was an attempt to deflect the “push toward femininity”, a phenomena linked to F0 (Morel, 2008a). Again, throughout this vignette the onset of psychosis was not linked to the subject’s confrontation of the A-father, but rather, an encounter with traumatic and enigmatic jouissance connected to sexuality and the body.

In a thematically similar vignette, Castanet and De Georges (2008) contend that the onset of psychosis can be linked to F0 when the subject’s experience of sexuality results in an encounter with traumatic jouissance. The central claim is that the onset of psychosis is not attributed to an encounter with the A-father, but rather, is linked to the phallic function. However, unlike the two previous examples, the onset of psychosis linked to F0 produces an unchaining of the subject, P0. This supports Morel’s (2008a) assertion that the onset linked to the *phallic function and F0*, can in
certain cases, result in a full unchaining of the subject from the symbolic. Castanet and De Georges state:

The psychotic episode began following a first sexual encounter. She describes an invasion of her body by a strange sensation. The orgasm being described here was not recognised as such. It seems that this mode of triggering does not fall within the conventional configuration of an encounter with A-father...It seems instead to be about an encounter with an enigmatic jouissance by default of phallic signification. Which means that here it is more of an encounter with F0 than with P0. It is certainly possible to refer F0 to P0, the foreclosure of the Name-of-the-Father is indeed the precondition for the absence of phallic signification. Nevertheless, here it is the encounter with jouissance that constitutes the mode of triggering (2008, p. 10 emphasis added).

In this case, the onset of psychosis resulted in the formation of a delusion of influence, a belief that the subject was being physically manipulated by neighbours at her university campus; although the onset is linked to F0, the delusional phenomena are linked to the symbolic. Again, this seems to confirm Morel’s (2008a) idea that the onset of psychosis on the imaginary plane can have “cascading effects” insomuch as the emergent disturbance to phallic signification can result in a full unchaining from the symbolic.

5.3: The onset of psychosis, triggering events and the Name-of-the-Father

The claim that the onset of psychosis occurs on the imaginary plane evokes several problems. For example, although Castanet and De Georges (2008) affirm the use of F0 when theorising discrete forms of onset, they also contend that there are limitations to this idea. They argue that localising the onset of psychosis to P0 or F0 is often impossible, although they do not develop this point.\(^{49}\) One of the problems with

\(^{49}\) Castanet and De Georges (2008) also contend that Lacan’s focus on topology and knots provides an alternative model that addresses this impasse in localising triggering events to either P0 or F0; they claim that a focus on the symptomatic knotting and rupture on the RSI addresses this impasse. However, the utility of this position remains to be seen, as this point is not developed in detail. Moreover, although other theorists (Skriabine, 2004a) also claim that an unknotting of the RSI
affirming F0 is that there is often no clear mechanism involved in the onset of psychosis. Consequently, in the literature surveyed, linking the onset of psychosis to F0 remains underdeveloped: as such, disturbances to phallic signification seem more like an effect of foreclosure than a locus for the onset of psychosis. In contrast, the onset of psychosis linked to P0 occurs on the symbolic plane, yet the effects of foreclosure emerge primarily in the domain of phallic signification. Here, the subject’s appeal to A-father precipitates psychosis, and, the onset of psychosis is then localised to the imaginary as opposed to the symbolic. I claim that it is this second idea that remains the most convincing. However, the issue of “somatic compliance” of the onset of psychosis from the symbolic, which has effects in the field of the imaginary, remains to be addressed; I return to this in Chapter 6. The crucial point concerning the onset of psychosis linked to F0 concerns the idea of the A-father.

In discussions of onset linked to F0, the ternary position of the subject remains to be adequately addressed. In Lacan’s (1958) classical theory of onset, it is clear that the ternary position of the subject is a key factor in psychosis; that is, the idea of the A-father, is in essence, a third element interposed in a dyadic narcissistic identification, a-a’, that functions as a catalyst in the onset of psychosis. In the case vignettes in Chapter 4, several theorists claim that the onset of psychosis was not connected with the A-father, yet there was not a strong alternative idea developed. In addition, when De Georges and Castanet claim that “an encounter with an enigmatic jouissance by default of phallic signification” (2008, p. 9) is responsible for the onset of psychosis, the idea of enigmatic jouissance appears to fulfill the role of a third element. That is, enigmatic jouissance appears to be an element that the subject may encounter, rather than being an effect induced as a consequence of a failure in phallic signification. In Lacan’s classical theory, although the ternary position of the subject is essential to the onset of psychosis, the ternary position of the subject may not be applicable to the onset linked to F0. Since no explicit mention is made of this point, it remains unclear how this idea should be viewed.
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Miller also indicates that the \textit{ternary position of the subject is a necessary condition for the onset of psychosis to occur}. However, he claims that damage to the imaginary phallus produces a triggering event linked to F0 and that this is \textit{not connected} with the full onset of psychosis. This position is demonstrated in his discussion of the Wolf Man and in his later paper on ordinary psychosis where the subject’s experience of damage to the imaginary phallus, like A-father, is situated in a ternary position. Thus, his description of psychotic phenomena linked to F0 contrasts with other theorists that connect disturbances to the phallic function with the onset of psychosis. Miller states that the ternary position of the subject remains essential for theorising the onset in ordinary psychosis:

When we speak of CMB, it’s a compensation for the foreclosure of the Name-of-the-Father. So, supposedly, \textit{to trigger this psychosis, you must have an element that comes in a third position like A-Father}. If we suppose that you have a foreclosure of the Name-of-the-Father, \textit{I suppose that you don’t necessarily have A-father, but something that comes to a ternary position in relation to the subject} (2009, p. 167 emphasis added).

If an element, functioning to place the subject in a ternary position remains essential for the onset of psychosis, then theorists in the field of ordinary psychosis do not explicitly address this problem. Moreover, Miller’s \textit{tentative suggestion}, that another element, irreducible to the A father, can occupy a ternary position and precipitate psychosis is not developed. Although he advanced a theory of triggering in the Wolf Man papers focused around damage to the imaginary phallus, this hypothesis has not been furthered in his more recent reflections on ordinary psychosis. On the one hand, although the imaginary phallus does involve a triadic structure - mother, child, phallus – this third element does not position the subject in \textit{symbolic opposition} to the Name-of-the-Father. However, if the onset of psychosis is reliant on a third element that places the subject in a ternary position, I contend that the idea of the A-father remains the most plausible explanation when theorising \textit{both triggering events and the onset of psychosis}. 

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I contend that theorists in the field of ordinary psychosis are reliant on a restricted idea of the A-father, which limits the understanding of triggering events and the onset of psychosis. The key problem is that theorists tend to minimise the symbolic dimension of the A-father in their discussion of ordinary psychosis. This point can be clarified by returning to Lacan’s description of the subject’s encounter with A-father and the onset of psychosis. Here, it is clear that the ternary position of the subject is induced through the logic of the signifier, and as such, the *symbolic dimension of the event, rather than their literal arrangement, is a decisive factor in the onset of psychosis*. Lacan states:

We should try to detect this dramatic conjuncture at the beginning of each case of psychosis. Whether the conjuncture presents itself to a woman who has just given birth, in her husband's face, to a penitent confessing her sins in the person of her confessor, or to a girl in love in her encounter with "the young man's father," it will always be found, and it will be found more easily if one allows oneself to be guided by "situations" in the novelistic sense of the term. It should be noted in passing that these situations are the novelist's true resource—namely, the resource that brings out the "depth psychology" to which no psychological perspective can give him access. To move on now to the principle of foreclosure (*Verwerfung*) of the Name-of-the-Father, it must be admitted that the Name-of-the-Father redoubles in the Other's place the very signifier of the symbolic ternary, insofar as it constitutes the law of the signifier (1958, p. 181).

Although triangulation is encountered in these scenarios, with the exception of the confessor, the key point concerns the subject's attempt to use the signifier, *the Name-of-the-Father*, to produce signification and meaning. Moreover, Lacan's footnote at the end of this passage is quite revealing in terms of how the A-father should be read in terms of its signifying dimension; here he states, “I wish the best of luck to the student of mine who followed up this remark, wherein literary criticism can rest assured it holds a thread that will not lead it astray” (1958, pp. 487-488). The

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50 This refers specifically to Laplanche's (1961) study *Hölderlin and the question of the father.*
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Reference to literary criticism highlights the import of the symbolic dimension underlying the onset of psychosis, that is, that the subject’s encounter with the A-father is not an event reducible to an empirical triangulation, but rather, occurs on a symbolic signifying plane. Consequently, the subject’s confrontation with the A-father will occur whenever the Name-of-the-Father is utilised; as the discussion of the phallic function has demonstrated, the subject will use the Name-of-the-Father across innumerable situations that implicitly invoke the Name-of-the-Father. Vanheule’s (2011a) description of how the Name-of-the-Father is linked to signification and the production of meaning, makes it clear that the Name-of-the-Father is invoked across a wide variety of situations. He claims that the Name-of-the-Father,

results in the acquisition or incorporation of ideas on fundamentally existential questions like the issues of what life means in the light of death, the question of how people should relate, or the point of what man and woman are exactly like. The normative ideas with which the “Name-of-the-Father” provides us make the fundamental uncertainty associated with these points tolerable, and, in a next stage, enable the subject as a desiring being to make his own judgements and choices. Since in psychosis the “Name-of-the-Father” is foreclosed, the psychotic subject not only lacks a basic repertoire of answers to these existential issues, but more fundamentally has a different relation to the symbolic and to the Other, which the hallucination expresses (Vanheule, 2011a, p. 96).

As the passage indicates, the subject draws on the Name-of-the-Father across situations that are not connected to a particular individual or obvious ternary situation. Consequently, I claim that theorists in the field of ordinary psychosis do not adequately address this broad application of the Name-of-the-Father as signifier. For example, the subject’s encounter with sexuality that results in the onset of psychosis can, I contend, be considered in terms of placing the subject in symbolic opposition to the foreclosed signifier, the Name-of-the-Father. Here, the subject’s experience of enigmatic jouissance occurs because sexuality has not been regulated by the phallic function and this can be linked to an appeal to the Name-of-the-Father. If there is no
signifier, the Name-of-the-Father, to regulate jouissance in pivotal areas such as sexuality, then it is easy to imagine how the onset of psychosis can be connected to sexuality. Thus, even though the onset of psychosis seems to be linked to phallic signification, it is more accurate to assume that this occurred, as the subject was unable to regulate jouissance because of an appeal to a foreclosed signifier, the Name-of-the-Father.
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In conclusion, the onset of psychosis and subsequent triggering events are at times difficult to differentiate. However, the field of ordinary psychosis provides new approaches to theorising triggering events, the onset of psychosis, and stabilisation. I claimed that emphasising triggering and stabilisation in the field of ordinary psychosis has greater clinical utility than the idea of untriggered psychosis. I argued that the idea of untriggered psychosis has several practical limitations: the onset of psychosis can be subtle and difficult to detect, and it does not adequately address stabilisation in post-onset cases. Although the onset of psychosis remains an important clinical issue that should be confirmed whenever possible, the idea of untriggered psychosis has less clinical utility than the more general ideas of triggering events and stabilisation.

In contrast, as the CMB Name-of-the-Father is oriented to triggering and stabilisation, rather than the onset of psychosis, this approach provides a more useful framework for engaging psychosis. I also assessed debates in the field of ordinary psychosis concerning the *limitations* to Lacan’s classical theory of the onset of psychosis. I argued that the inclusion of disturbances to phallic signification in the imaginary as a new mechanism in the onset of psychosis is conceptually unclear, and that the theory of the A-father remains the simplest and most convincing idea of triggering events and the onset of psychosis. In the final chapter, I assess the stabilising function of body symptoms in cases of ordinary psychosis through examining how a link can be made between the real and the symbolic despite the foreclosure of the Name-of-the-Father.
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The cases of ordinary psychosis discussed in Chapter 4 demonstrate how a symptom could emerge to stabilise psychotic structure. The cases show how different kinds of body phenomena could take on the status of a symptom and thus function to localise jouissance in a manageable form. Thus, in Lacanian approaches to the treatment of psychosis, if the aim is to help the analysand construct a symptom, which functions to better orientate themself to the world, then understanding how this occurs is an important clinical endeavour. I begin this chapter by examining how theorists in the field of ordinary psychosis use the term, generalised foreclosure. I claim that the concept of generalised foreclosure emerges due to changes in Lacan’s theory of the Name-of-the-Father and the Other in his later teachings; these changes alter how the neurosis / psychosis distinction is viewed; however, I maintain that the underlying thesis concerning psychotic structure remains consistent. I then develop Miller’s theory of the CMB Name-of-the-Father to underscore how a symptom may emerge despite the absence of the Name-of-the-Father. The CMB Name-of-the-Father is fundamental in examining the schizophrenia / paranoia dichotomy as the emergence of a symptom demonstrates that a link between the real and the symbolic can be made despite the absence of the Name-of-the-Father. I examine the CMB Name-of-the-Father with reference to the three functions of the Name-of-the-Father - castration, social identification, and naming - and claim that symptomatisation in psychosis occurs when the latter two operations unfold.

I develop the theory of the CMB Name-of-the-Father by illustrating how different functions of the Name-of-the-Father can be appropriated by the psychotic subject. I argue that while the psychotic subject categorically does not have access to castration, the other two functions of the Name-of-the-Father (the affirmation of desire and identifications, and naming) can be utilised, which helps stabilise psychosis. My discussion of the CMB Name-of-the-Father sheds light on the function of naming and therefore, symptomatisation and body phenomena in psychosis. I establish the relevance of Lacan’s engagement with Joyce, vis-à-vis the naming and the sinthome to the CMB Name-of-the-Father and symptomatisation. I then affirm that the term “signifier in the real” can be used in at least two specific
ways to describe the emergence of symptoms connected with the body in psychosis. The first concerns the sinthome and focuses on the emergence of the signifier in the real and the master signifier. The second examines Miller’s (2009) theory of body-events: in my view, this idea of symptomatisation needs to be articulated in terms of the production of knowledge derived from a signifier in the real. I show that Lacan’s classical thesis on psychosis and his later teachings on the sinthome are both essential for theorising cases of ordinary psychosis. Finally, I make some suggestions concerning how schizophrenia can be differentiated from paranoia, while preserving the idea of unitary psychosis, by focusing on the link between the real and the symbolic.

6.1: Generalised foreclosure and the neurosis / psychosis distinction

Although generalised foreclosure is not specific to ordinary psychosis, it is important to this field, because it provides a context for current debates concerning triggering and stabilisation. In Lacan’s later teachings, the idea of foreclosure was extended in use, beyond the theory of psychotic structure developed in the 1950’s, to better integrate the order of the real in psychic structure. Here Grigg states:

In this context the return to a discussion of psychosis and foreclosure in the seminar on Joyce is quite important, with the real taking on a new and more ramified role in the overall explanation of psychosis. What is of particular interest in the discussion of Joyce is that it presents a new theory according to which foreclosure is the universal condition of the symptom (2008, pp. 24-25 emphasis added).

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51 For example Harari (2002) uses this term in his monograph on Joyce:

Verwerfung (foreclosure) becomes the mechanism of an unavoidable dimension of the psyche, that of the constitution of the subject…Something is lacking in an inevitable, irreparable way…this indicates that what we find at the place of the signifier is what is absent by definition. We can thus say that the signifier is foreclosed. Here, we are dealing with a “normal” foreclosure, so to speak, a foreclosure that is constitutive, irreducible, bearing on the very condition of the being a speaker (2002 pg. 144-5).
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If foreclosure is the universal condition of the symptom, then it bears directly on the function of the Name-of-the-Father in both neurosis and psychosis. Significant questions concern what element is foreclosed, and whether this necessitates revising Lacan’s classical theory of psychosis. These problems can be clarified through examining the theory of the Name-of-the-Father and the Other in Lacan’s later teachings.

Lacan’s evolving idea of the Name-of-the-Father is also essential for understanding “the incompleteness of the Other”. In the 1950’s, the Name-of-the-Father can be viewed as a transcendental signifier; the social law, installed via the paternal function, entails that the Name-of-the-Father, as law, has existence or “being”. Here Chiesa states:

The fact that there is a (symbolic) Other of the (symbolic) Other indicates that the Other as the order of signifiers is guaranteed by another transcendent Other, namely the paternal Law. The Other as Law, the Other of the Other, corresponds to the Name-of-the-Father: this is precisely what allows the resolution of the Oedipus complex, and consequently the detachment of the subject from the disquieting relation he entertained with the mother (2007, p. 107).

However, by the 1960’s, the metamorphosis of Lacan’s theory of the Other - that the Other is incomplete - entails a modification to the Name-of-the-Father. The incompleteness of the Other bears directly on the status of the Name-of-the-Father: it refers to the fundamental absence of the signifier, the Name-of-the-Father, in the Other.52

The absence of the signifier in the Other is linked with the idea that there is no transcendental guarantor for the Name-of-the-Father. For Lacan the aphorism, there is no Other of the Other, refers to the absence of a signifier to “complete” the Other. The consequences of this notion permeate his later teachings, and are central to the field of ordinary psychosis (Brousse, 2009; Miller, 2009; Skriabine, 2009). Lacan states:

52 S1, the master signifier, and the Name-of-the-Father are central to Lacan’s later teaching; ostensibly, the S1 takes on the function of the Name-of-the-Father.
Let us begin with the conception of the Other as the locus of the signifier. No authoritative statement has any other guarantee here than its very enunciation, since it would be pointless for the statement to seek...another signifier, which could in no way appear outside that locus. I formulate this by saying that there is no metalanguage that can be spoken, or, more aphoristically, that there is no Other of the Other. And when the legislator (he who claims to lay down the law) comes forward to make up for this, he does so as an imposter (1966b, p. 688).

The absence of a metalanguage necessitates that speech has no other guarantee than its own articulation; a metalanguage would imply that statements could be given extra weight via reference to anything outside of language. In contrast, Lacan states that “there is no such thing as a metalanguage...no language being able to say the truth about truth, since truth is grounded in the fact that truth speaks, and that it has no other means by which to become grounded” (1966b, p. 737 emphasis added).

Incompleteness bears directly on a signifier; although Lacan’s idea of the Name-of-the-Father functioned as an Other of the Other in his earlier work, this position is no longer held. Chiesa summarises the changes to Lacan’s ideas in the following manner:

Things will change as soon as Lacan arrives at the conclusion that “there is no Other of the Other”: this simply means that there is no transcendent Law, and that the Symbolic is thus *per se* - independently of psychotic and perverse pathologies - an order that is structurally lacking...The Name-of-the-Father will no longer “encircle” the Other; it will simply suture it by “veiling” its lack (2007, pp. 101-102).

Importantly, the theory of *generalised foreclosure*, an idea central to ordinary psychosis - is derived from the idea that the Other is incomplete.

*Generalised foreclosure* refers to the absence of the signifier in the Other and, as such, *incompleteness is a universal condition of the subject’s relation to the Other*. An important point to emphasise is that the role of the Name-of-the-Father is crucial to both incompleteness of the Other and the idea of generalised foreclosure. On the one hand, the Name-of-the-Father no longer has a transcendental function
Chapter 6: The symptomatisation of the body and stabilisation in ordinary psychosis guaranteeing the Other; on the other, this signifier remains essential for theorising the subject’s relation to the Other in both neurosis and psychosis. However, what changes here is that the hole in the Other is manifest, rather than a specific feature of psychotic structure. According to Skriabine,

that its own signifier should lack in the Other, be foreclosed, is a fact of structure. This amounts to a generalised foreclosure as something structurally lacking. In this respect, the Name-of-the-Father appears an addition [en plus], a complement. And should it fail, a supplementation [supplément], can come to remedy this fault (2004a, p. 251 emphasis added).

The Name-of-the-Father as an “add-on”, a supplementary device that functions to cover the hole in the Other, indicates a significant change to the function of this signifier in psychic structure. Lacan’s contention that the Name-of-the-Father is a supplementary device (1974-75, 1975-1976) emerges, in part, from the thesis concerning the incompleteness of the Other; hence, extending the usage of foreclosure from the specific mechanism involved in psychosis to a general principle concerning the structural incompleteness of the Other, has implications for the neurosis / psychosis distinction.

If the Name-of-the-Father is a supplementary device then the neurosis / psychosis distinction needs to be theorised with an emphasis on psychosis. Thus, if foreclosure is invariant to the Other, then the Name-of-the-Father is an “add-on”, becoming one possible form of suppletion that may cover the hole in the Other (Lacan, 1974-75). This notion of the Name-of-the-Father vis-à-vis the hole is quite different to Lacan’s classical theory of psychosis where the foreclosure of the Name-of-the-Father produces or creates the hole in the Other. Therefore, each subject, regardless of whether they are neurotic, psychotic, or perverse, must find a way to “cover” over the hole in the Other (Gueguen, 2011). On the one hand, although neurosis remains theorised in terms of the repression of the Name-of-the-Father, neurosis and psychosis are both posed in terms of the hole in the Other and the mechanism of suppletion a
position contrasting with Lacan’s theory of psychosis in the 1950’s.\textsuperscript{53} On the other, the generalisation of foreclosure and the Name-of-the-Father as a supplementary device does not alter the thesis that psychosis is characterised by the foreclosure of the Name-of-the-Father. Hence, if the subject has \textit{not acquired the Name-of-the-Father as the supplementary “add-on” to psychic structure}, then a psychotic structure will emerge. Consequently, I claim, the idea of generalised foreclosure underlines the mechanism of foreclosure and the hole in the Other in contemporary Lacanian theory. Moreover, in the field of ordinary psychosis, these topics are central to debates concerning the mechanism of symptom formation in psychosis.

\section*{6.2: The functions of the Name-of-the-Father and the compensatory make-believe Name-of-the-Father}

In the field of ordinary psychosis, the existence of catatonic states provides a noteworthy reference point for investigating stabilisation in psychosis. The contrast between the severity of catatonic states and cases of ordinary psychosis highlights the variability of symptoms in psychotic structure: cases of ordinary psychosis demonstrate that \textit{sustaining psychic reality} is possible in a psychotic structure even though the Name-of-the-Father is foreclosed. Catatonia is considered to be the \textit{most severe manifestation} of psychosis (Cottet, 2000; Declercq, 2004) as it is characterised by radical social withdrawal, body disorganisation, and the loss of cognitive functions: in short catatonia indicates the collapse of \textit{psychic reality}.\textsuperscript{54} Miller, when

\textsuperscript{53} One speculative consequence of this is that neurosis is “closer” to psychosis than previously thought. Here Miller states:

\begin{quote}
The generalisation of psychosis means that you don’t have the true Name-of-the-Father. It doesn’t exist. The Name-of-the-Father is predicate, is always a predicate, it is always one special element amongst others which for a special subject functions as a Name-of-the-Father. So if you say that, you bury the difference between neurosis and psychosis. It’s a perspective in accordance with ‘everyone is mad’, with ‘everyone is delusional in their own way’, and Lacan wrote this in 1978...It’s not the only point of view, but some level of the clinic is like this (2009, p. 151).
\end{quote}

\textsuperscript{54} For example, in the DSM, catatonic schizophrenia is characterized by at least two of the following:

1. motoric immobility as evidenced by catalepsy (including waxy flexibility) or stupor
2. excessive motor activity (that is apparently purposeless and not influenced by external stimuli)
3. extreme negativism (an apparently motiveless resistance to all instructions or maintenance of a rigid posture against attempts to be moved) or mutism
4. peculiarities of voluntary movement as evidenced by posturing (voluntary assumption of inappropriate or bizarre postures), stereotyped movements, prominent mannerisms, or prominent grimacing
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discussing cases of ordinary psychosis, reasons that in a psychotic structure *if there is not catatonia then a supplementary device of some kind must be assumed to be functioning* (2009). On the one hand, *symptom severity* is utilised in viewing catatonia as the most severe manifestation of schizophrenia; on the other, this “phenomenological” perspective is augmented by the claim that catatonia is characterised by the collapse of psychic reality due to the opening of the hole. The subject’s encounter with the hole and the absence of a supplementary device is catastrophic, as the real remains unmediated by either the imaginary or the symbolic.55

Miller’s reference to symptom severity in catatonia constitutes a position from which the supplementary functions of the Name-of-the-Father may be developed: the compensatory make-believe (CMB) Name-of-the-Father aims to show how the *psychotic subject has access to the functions of the Name-of-the-Father* even when this signifier is foreclosed (Table 1).

Table 1: Functions of the Name-of-the-Father in neurosis, ordinary psychosis and acute psychosis

<table>
<thead>
<tr>
<th>Neurosis</th>
<th>Ordinary Psychology</th>
<th>Acute Psychology</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF</td>
<td>CMB NF</td>
<td>NF Absent</td>
</tr>
<tr>
<td>Hole</td>
<td>Hole</td>
<td>Opening of the hole</td>
</tr>
</tbody>
</table>

In order to understand ordinary psychosis, the functions of the Name-of-the-Father, *as elaborated in neurosis*, remain an important reference for theorising stabilisation in psychosis. Throughout Lacan’s teachings, the theory of the Name-of-the-Father became increasingly complex as more functions were attributed to it. Stevens’ description of the *functions of the Name-of-the-Father* in a neurotic structure provides a useful starting point for exploring this issue:

5. echolalia or echopraxia (2000).

55 Although some theorists refer to catatonia in terms of the *unravelling of the RSI* (Sauvagnat, 2000), I focus on Miller’s (2009) lexicon concerning the hole in the Other and the supplementary function of the signifier as this corresponds with his line of inquiry in the field of ordinary psychosis.
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One needs “the Father who says no” as in “no smoking” i.e., the interdictor. This is the father who enforces a prohibition. This is the symbolic dimension of the father. However, if the father limits himself to this capacity…then it is primarily the imaginary aspect of the father that is present. The primacy of the imaginary register yields a specific aspect of enjoyment. It is jouissance of the body. One also needs “the Father who says yes”. This enabling dimension makes it possible for the subject to affirm his singularity and subsequently find his own way in the world. This is the father who makes it possible for the child to choose his own ideals. Finally, one also needs the inscription of a name, a unique name appropriate to the singularity of the subject. Thus, the Name-of-the-Father is also the transmission of the name. It is the symbolic inscription of the generations (2007, p. 11).

These three functions of the Name-of-the-Father - castration, social identification, and naming – lead to the tempering of anxiety and jouissance. For the neurotic subject the Name-of-the-Father is deduced, in part, by observing its pacification effects. As Miller states:

It is deduced precisely from the fact that this anxiety is tempered, signifierised, that is to say reduced. The Name-of-the-Father is thus the father of peace. It is as such that Lacan takes him. That this father, later on, is said to be a sinthome takes nothing away from the pacification effect (2010a, pp. 53-54 emphasis added).

The Name-of-the-Father as agent of castration in neurosis is one clear distinction between neurosis and psychosis. In neurosis, castration is associated with repression and limits the subject’s access to jouissance through prohibition. Lacan’s theory of the paternal metaphor demonstrates how prohibition and repression are articulated in the structure of language in neurosis. Here, the father who says “No” metaphorises the mother’s desire by substituting it with a signifier, the Name-of-the-Father (Miller, 2006): the mother’s desire, synonymous with the presence of a potential invasive and overwhelming jouissance, is mitigated by the structuring effects of language on the subject. Consequently, the neurotic subject’s access to jouissance is limited by the cut of castration: in one sense, then, desire is a defense against jouissance. Lacan’s
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statement that “Castration means that jouissance has to be refused in order to be attained on the inverse scale of the Law of desire” (1966b, p. 700) can be read in this light. In contrast, in psychosis, this limit to jouissance is not evident; therefore, without these pacification effects of castration, jouissance may be invasive, delocalised and overwhelming. If “psychosis is essentially a disorder in the field of jouissance” (Declercq, 2002, p. 102) then this occurs because there is no bar marking a limit to the subject’s access to jouissance. Yet, despite the psychotic subject not having access to castration, pacification effects linked to the Name-of-the-Father can be observed. The fact that pacifying effects are evident in cases of ordinary psychosis prompts the question of how stabilisation occurs without the mechanism of castration.

Because cases of ordinary psychosis demonstrate that psychic reality can be sustained without the Name-of-the-Father, the notion of symptom is extended in use to include the sinthome (Lacan, 1975-1976). Miller’s CMB Name-of-the-Father is ostensibly an attempt to explain suppletion and its stabilising function in psychosis. Throughout Lacan’s later seminars, the term sinthome is used in a variety of ways; he uses sinthome interchangeably with the word symptom (Miller, 2007b), and refers to the Name-of-the-Father as a sinthome (Brousse, 2009). Lacan also refers to Joyce as incarnating the sinthome and, suggests that he was able to maintain his bearings in the world primarily through being the artist, despite not having access to the Name-of-the-Father (1975-1976).

I advocate reserving the term “sinthome” to denote the signifier in the real, which takes on a supplementary function in psychic structure: the sinthome is “a piece of the real” linking jouissance to a signifier that is able to take on a supplementary function of the Name-of-the-Father. What characterises the sinthome is that it is essentially a signifier in the real with a unique status; it is disconnected from the Other, and takes on a supplementary function by covering the hole in the Other. Moreover, following Miller (2007b), the sinthome as a signifier in the real is clearly linked with symbolic identification and the theory of the “unary trait”. Lacan’s theory of the unary trait, developed, in part, from Freud’s (1921) discussion of identification in “Group psychology and the analysis of the ego” refers to the subject’s identification and libidinal investment with the signifier. Although Lacan refers to the unary trait in conjunction with the ego-ideal, it constitutes a signifying locus that also has a direct
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bearing on his later theory of the sinthome.\(^{56}\) For Miller, the theory of the sinthome draws on the theory of the unary trait and the object \(a\); he states that "what Lacan introduces with the renovation of the concept of the symptom, which he sometimes signals with a new writing, sinthome, is the effort to write both signifier and jouissance in one sole trait" (2007b, p. 60). The sinthome is a libidinally invested signifier that constitutes a point of symbolic identification; as the unary trait constitutes a form of symbolic identification (as opposed to imaginary identification) it therefore provides the foundation for examining the link between the real and the symbolic, and hence, of approaching how symptomatisation is achieved in psychosis. Thus, Lacan’s seminar on Joyce is important because it augments the field of psychosis by examining functions of the Name-of-the-Father such as the letter as the apparatus of the symptom. Although there is no simple movement from what Joyce did as an artist to the mechanisms of stabilisation in psychosis, the seminar does, however, provide a basis for discerning psychosis beyond the mere presence / absence of the Name-of-the-Father due to the focus on the functions of the Name-of-the-Father, particularly, naming.

Lacan’s seminar on Joyce provides an entry point for considering the supplementary function of a symptom in psychosis. The status of Joyce remains controversial, due in part to Lacan’s circumspect approach to the question of diagnosis: although is it clear that Lacan never explicitly refers to Joyce as psychotic, he was also unequivocal in stating that Joyce did not have access to the Name-of-the-Father, which is, of course, suggestive of a psychotic structure. Although commentators (Harari, 2002; Stevens, 2002) remain divided as to whether Joyce was psychotic, if one assumes that he was psychotic then Lacan’s claims concerning the supplementary function of the sinthome are pertinent to the question of stabilisation in psychosis.\(^{57}\) I claim that his engagement with Joyce is pivotal to understanding cases of ordinary psychosis as it

\(^{56}\) Here Lacan states:

Take just one signifier as an insignia of this omnipotence, that is, of this wholly potential power, of this birth of possibility, and you have the unary trait which - filling in the invisible mark the subject receives from the signifier - alienates this subject in the first identification that forms the ego-ideal (1966b, p. 684).

\(^{57}\) See Harari (2002) for an exposition of Joyce that critiques the notion of stabilised psychosis and that he was psychotic.

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highlights the two features of the Name-of-the-Father that underlie the CMB Name-of-the-Father and that can sustain psychic structure beyond castration: social identification and naming.

The question how Joyce was able to function without the Name-of-the-Father needs to be situated in terms of the social identification obtained through being “the artist”. If, as we have established, a function of the Name-of-the-Father concerns social identification, then Joyce’s position as the artist in the social field constitutes a significant identification. Here, it is important to highlight another aspect of the sinthome, namely, its function for the subject in forging a social link. Theorists state that “the sinthome is nothing other than the social bond for the subject...in its most general form, the sinthome establishes the social bond” (Svolos, 2009, p. 3). This claim is pertinent to the treatment of psychosis as one of the primary characteristics of psychosis, particularly evident in schizophrenia, is the absence of the social bond; if the sinthome establishes the social bond, then this has key implications for the treatment of psychosis. The point is that Joyce’s identification as “the artist” can be regarded as a feature of his sinthome because this facilitated a connection to the social realm. For example, his preoccupation with installing his name in the canon (so it could be studied for centuries by university specialists) supports the idea that his aim of making a name for himself was intimately connected to his identification as the artist (Miller, 1997). Additionally, while his capacity to install his name in the social order is connected to this social identification, it is also profoundly connected to his writing. For Lacan, the latter point is especially pertinent, as the writing in Finnegans wake (1939) demonstrates - vis-à-vis the letter - how the naming function of the symptom emerges from the most essential component of the symptom: a fixation of jouissance connected to a signifier in the real.

A key feature to develop in the theory of the sinthome is that a symptom can take on the naming function of the Name-of-the-Father. Lacan’s theory of the Name-of-the-Father is linked to the proper name (Gueguen, 2005; Miller, 2006), as such, it is important to isolate how features of the proper name (one of the functions of the Name-of-the-Father) is pertinent to understanding the naming function of the sinthome. The link between the symptom and the proper name can be explored by examining Kripke’s (1972) theory of the rigid designator and the proper name.

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Kripke developed the notion of rigid designators in his theory of the proper name to move away from descriptivist theories of naming. He argues that a proper name has the status of a rigid designator "if in every possible world it designates the same object" (Kripke, 1972, p. 48 emphasis added). The proper name itself has the status of a rigid designator because it is not dependent on descriptions and properties linked with the name; as such, it refers to the same object in every possible world. Thus, a rigid designator is not dependent on descriptions or properties of the object; descriptions of a person cannot be used as a substitute for the proper name as they do not fix the reference. For example, the description of Barack Obama as “the first African American president of the United States of America” is not a rigid designator because in another possible world, a different African American politician may have been the first US president, which contradicts this description of Barack Obama. Consequently, Kripke claims that while descriptions of the referent will not always rigidly designate the object, this is not the case with the proper name, as in every possible world a proper name designates the same object. Moreover, Kripke maintains that a name is linked to a referent through an initial baptism. The theory of baptism concerns how a signifier becomes fixed to a referent in a community of language users. The term “baptism” refers to the original act of naming when a specific signifier is fixed to a referent. For example, the fixing of a proper name to an individual occurs when language users, usually the parents, declare that this particular baby will be called “Barack Obama”. From here, others will henceforth refer to the individual as Barack Obama as a casual chain is established between language users stemming from the initial act of naming, the baptism. Kripke states:

A rough statement of a theory might be the following: An initial “baptism” takes place. Here the object may be named by ostension, or the reference of the name may be fixed by a description. When the name is “passed from link to link”, the receiver of the name must, I think, intend when he learns it to use it with the same reference as the man from whom he heard it (1972, p. 96).

The baptism constitutes an original act whereby a name is fixed, rigidly, to a referent. Moreover, once a proper name is installed, it is the name itself, rather than the descriptions of the person, that function as a rigid designator. Kripke’s theory of
naming is relevant to understanding the naming function of the symptom due to the kernel of the signifier constituting the real of the symptom.

The kernel of the real in the symptom refers to a signifier in the real that is disconnected from the diacritical structure of the signifier. A symptom can take on the naming function usually associated with the Name-of-the-Father, as the kernel of the real that subtends every symptom can be likened to the rigid designator. The real of the symptom is connected to the claim that the unconscious is real - a notion distinct from the formations of the unconscious. Miller states:

In this sense, the word "unconscious" in Lacan's later teaching has a double meaning. From time to time he can criticise it as a Freudian lucubration and he can say elsewhere that the unconscious is real. Two distinct levels are designated according to whether one refers to the unconscious in the real outside meaning or to the Freudian lucubration of knowledge (2003, p. 38).

The rigid designator is not linked to the signifier in the symbolic but it has a similar function to the letter in the real of the symptom. The unconscious as real is, in part, identified with the letter; this focus contrasts with the classical Freudian theory of symptoms - as formations of the unconscious -, which operate according to the metaphorical and substitutive logic of the signifier (Lacan, 1957). Formations of the unconscious are, arguably, the network of signifiers associated with the emergence of meaning, which constitute the formal envelope of the symptom. However, Lacan revises this notion of the symptom as a formation of the unconscious, and instead, refers to the unconscious as real, whereby the letter is a point of fixation designating the minimal element of the symptom. The letter is the invariant element of the symptom that exists in the order of the real; importantly, this concept of the symptom diverges from the meaning generated from the imaginary and the symbolic because in the letter "we take account of something that is no longer ciphered / deciphered in the unconscious, that something that precisely escapes ciphering / deciphering, and rather emerges in the Real" (Brousse, 2007, pg. 85). The letter is a signifier in the real, a fixation and localisation of jouissance; moreover, the focus of the unconscious "outside of meaning" is central to Miller’s (2004) description of the “objective” quality of the symptom.
Miller (2004) claims that the symptom is objective, since the kernel of jouissance linked with a signifier in the real has an enduring quality. He argues that symptoms endure, as opposed to being transient like other formations of the unconscious such as slips of the tongue, because the element of the real in the symptom is “incurable” (2004). Importantly, it is this incurable element of the symptom (a signifier in the real) that occupies the position similar to that of the rigid designator. For example, I argued that the discursive structure evident in the delusional metaphor emerges from elementary phenomena, also understood as signifiers that have emerged from the real. If the delusion consists in a lucubration of knowledge on elementary phenomena, then the signifiers constituting the delusions theme and content are akin to the descriptions of the referent outlined in Kripke’s (1972) theory of the proper name. That is, the “formal envelope” of the delusion is essentially contingent signifiers that emerge from a symbolic lucubration of a signifier in the real, the elementary phenomena. Conversely, the fixation of jouissance to signifiers in the real outside of the symbolic signifying chain are akin to a rigid designator since a meaningless signifier, a letter, functions to localise jouissance. Thus, Joyce’s writing, particularly in *Finnegans Wake* (1939) is important as it demonstrates how the naming function of the symptom, akin to the rigid designator, is achieved through writing.

For Lacan, the formal quality of Joyce’s writing produced in *Finnegans Wake* (1939) constitutes an avenue for developing the concept of the sinthome. His theorisation of Joyce’s writing is significant because it is here that the link between the proper name and the symptom is developed most cogently. In “Joyce the symptom” (1982) Lacan postulates that a symptom can take on a naming function. He states, “I wish, were he here, that I could convince him that he wanted to be Joyce the symptom, insofar as he gives the symptom its apparatus, its essence, its abstraction” (Lacan, 1982, p. 3). The question as to what the essence of the symptom might be is, for Lacan, most evident in *Finnegans Wake*; this text provides the focal point for positing the symptom in terms of the letter and jouissance, as opposed to the diacritical structure of signifiers and the generation of meaning. According to Lacan, as Joyce is unsubscribed from the unconscious, his symptom (sinthome) has some unique features. He states:

it is not the same thing to say Joyce the sinthome and Joyce the symbol. I say,
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“Joyce the symptom”: the symptom abolishes the symbol, if I can continue in this vein. And not only Joyce the symptom: Joyce insofar as, if I may say so, he is unsubscribed from the unconscious. Read *Finnegans Wake*. You will realise something plays, not with each line, but with each word: a very peculiar pun (Lacan, 1982 pg. 2-3).

The peculiar form of punning in *Finnegans wake*, which Lacan indicates may be likened to Carroll’s use of portmanteau words, such as in the poem *The Jabberwocky* (1998), constitutes “an apparatus of jouissance”, a symptom that is unsubscribed from the unconscious. What does this mean? Punning in *Finnegans wake* is peculiar in the sense that signification (i.e. meaning) is not produced. *Finnegans wake* is characterised by the absence of signification. Joyce writes the symptom as his prose is exemplified by meaningless signifiers that, nevertheless, function to localise jouissance. Hence, when Lacan states that Joyce is unsubscribed from the unconscious, he is referring, in part, to the letter of the text, because *Finnegans wake* is not comparable to an unconscious formation: a signifying system structured by metaphor and metonymy. The peculiar form of punning - evident in every word which makes Joyce distinct in the literary canon – seems closer to the structure of elementary phenomena and the signifier in isolation, S1.

Joyce is “unsubscribed” from the unconscious as the writing in *Finnegans wake* abolishes semantics and the production of meaning. The writing, a form of composition characterised by idiosyncratic games and word plays that are derived from the morphemes and phonemes of an assortment of natural languages mixed together, inhibits the emergence of semantic meaning, such as an overarching metatheme or clear narrative. Joyce’s writing, his “rhetorical” style, is highly suggestive of the isolation of signifiers outside of the signifying chain as outlined in the theory of elementary phenomena: both illustrate the failure of signification and the absence of meaning as signifiers do not unfold according to the normal substitutive mechanisms of language (Gault, 2007; Miller, 2007a). Miller states that *Finnegans wake* is a form of writing that shows the experience of elementary phenomena to the reader – the feeling of perplexity engendered through “reading” the text is due to the lack of signification generated from the writing:
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Lacan appeals to *Finnegans Wake*, namely to a text which unceasingly plays on the relations between speech and writing, sound and sense, a text, woven of condensations, equivocations, homophonies, which nevertheless has nothing to do with the old unconscious. In it every *quilting point is made obsolete*. This is why, despite heroic efforts, this text lends itself to neither interpretation nor translation. For it is not itself an interpretation, and enchantingly brings the subject back from reading to *perplexity as the elementary phenomenon* of the subject in *lalangue* (2007a, p. 8 emphasis added).

The continuity between the theory of elementary phenomena and the sinthome can be traced to Lacan’s comments on Joyce. According to Lacan, Joyce’s writing demonstrates the most essential structural feature of the symptom: the sinthome. The sinthome takes it orientation from the letter and the real as opposed to the signifier in the symbolic register. These signifiers in isolation are a coalescence of jouissance; hence, the phrase “Joyce the symptom” refers to the way in which Joyce, through writing, is able to produce something essential about the structure of the symptom. Lacan claims that in Joyce the reparatory function of the sinthome is achieved through the “*enigma raised to the power of writing*” (1975-1976, p. XI 15 emphasis added). For Joyce, enigmas generated by verbal fragments, phrases, and his capacity for “telepathy” were experiences central to his creative process – especially the production of *Finnegans wake*. The letter, as opposed to the signifier in the symbolic, is a signifier in the real that is not connected to the diachronic structure of the signifying chain; thus there is clear continuity between the theory of elementary phenomena and the sinthome. As Gault states,

The formidable creative power of Joyce stems from the fact that he is not held back by any of the connections that the letter has with the symbolic and the imaginary. He is in relation with a letter that has severed all its identifications, which is not attached to any stable signification. His work pays the price of this extraordinary freedom by being, for the most part, unreadable. Joyce described the process of his literary creation. He collects words from shops and posters, from the crowd that walks past him. He repeats them to himself over and over so that in the end they lose their signification for him. *These words read, heard, present themselves in the dimension of the elementary signifier, detached from*
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any signification. The word becomes the thing that it is. Joyce raises the mutation of letter into litter to the dignity of an epiphany. It is not really a hallucination, unless we reconsider the sense of hallucination. Lacan defines the epiphany as a direct knotting of the unconscious to the real. This formulation is to be compared with “the irruption of a symbol into the real,” which is how he defines the hallucination “sow” in 1958 (2007, pp. 75-76 emphasis added).

I contend that Lacan’s (1975-1976) notion of sinthome, as a knotting of the unconscious to the real, parallels his reformulation of the symptom in terms of the letter as opposed to the signifier. Consequently, the naming function of the sinthome is essentially connected to meaningless letters that constitute a “symptomatisation of the real” in the absence of the Name-of-the-Father. As such, his earlier theory of elementary phenomena as the return of signifier in the real, and the later notion of sinthome as a supplementary device, is central to our understanding of stabilisation in psychosis. I now develop this mechanism of symptomatisation by focusing on how the symbols, S0 and S1, can be used to theorise elementary phenomena and symptomatisation.

6.3: The hole in the Other: elementary phenomena and the sinthome

In the treatment of psychosis, the construction of a symptom aims to modify what would otherwise be invasive and destabilising jouissance: symptomatisation entails the movement from the real to the symbolic, a procedure involving the instantiation of a signifying chain and the regulation of jouissance. In psychosis, the construction of a symptom is intimately connected with the subject’s relation to the Other and revolves around the mechanism of foreclosure and the signifier. Three symbols - S0, S1, and S1-S2, derived from the Lacanian theory of elementary phenomena (Wachsberger, 2007) – are fundamental in one approach to symptomatisation in psychosis, and, to schizophrenia in particular. As proposed in Chapter 2 and 4, a key feature of elementary phenomena is that signifiers tend to emerge in the real subsequent to the subject’s encounter with the hole in the Other. Signifiers in the real underlie various psychotic phenomena: ideas of reference and auditory hallucinations are characterised by verbal fragments appearing in the real, cut off and isolated from the diachronic structure of the signifying chain. Moreover, the theory of elementary phenomena
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provides an approach to the phenomenology of enigmatic states in psychosis.

Enigmatic states emerge when a signifier appears in the real, rather than the symbolic; the subject’s experience of perplexity is derived from the absence of meaning that occurs when the signifier is disconnected from the signifying chain. The emergence of a signifier in the real, S1, is characterised by the absence of meaning as it is a signifier that remains disconnected from linguistic mechanisms of metaphor and metonymy. Lacan’s theory of enigmatic states demonstrates how the affirmation of a signifier, other than the Name-of-the-Father, occurs in psychosis. Lacan states:

At the heart of the psychoses there is a dead end, perplexity concerning the signifier. Everything takes places as if the subject were reacting to this by an attempt at restitution, at compensation. Fundamentally the crisis is undoubtedly unleashed by some question or other...I suppose the subject reacts to the signifier’s absence by all the more emphatically affirming another one that is essentially enigmatic (1993, p. 194 emphasis added).

It is the affirmation of a signifier subsequent to a crisis (triggering event), a signifier that takes the place of the Name-of-the-Father, which constitutes an attempt at compensation. I claim that in certain cases of ordinary psychosis, symptomatisation occurs via the emergence of a signifier in the real, S1, which takes on the function of a sinthome. Consequently, the Lacanian concept of elementary phenomena remains pivotal to theorising stabilisation in psychosis.

In psychosis, the emergence of a signifier in the real that takes on the function of the sinthome can be understood with reference to the symbols S0 and S1. These symbols provide different points for conceptualising the link between triggering events and symptomatisation which, in turn, connects the real and the symbolic in psychosis. In psychosis, the subject’s encounter with the hole in the Other may be followed by the affirmation of a signifier – this is the first moment of restitution. I contend that two important issues regarding the moment of triggering can be developed: the failure of a symptom to emerge (as exemplified in case 2) and symptomatisation. The symbol S0 designates moments of rupture and disorganisation - this is because the subject’s encounter with the hole in the Other (S0) places him in a position where the link between the symbolic and the real, that is, the subject’s instantiation in the signifying
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chain, has been severed (Miller, 2007a, 2008; Wachsberger, 2007). However, this moment of rupture coincides with the possibility of recovery if another signifier can be affirmed to compensate for the hole in the Other. In neurosis, the Name-of-the-Father functions as the point-de-capiton creating a minimal link between signifier and signified, which means that the hole in the Other is covered (Gueguen, 2011; Lacan, 1993). In contrast, in psychosis, a new signifier that takes on a naming function may emerge to take the place of the Name-of-the-Father, which is absent. Consequently, the emergence of a link between S0 and S1 is seemingly about the regulation of invasive jouissance; the subject’s encounter with the hole in the Other is dangerous as he is vulnerable to the disorganising and traumatic effects of the real. However, the emergence of a signifier, S1, tempers this jouissance by reinstating the signifying chain.

Another important question concerns how jouissance is related to the hole in the Other because the regulation of jouissance is dependant upon the psychotic subject’s capacity to cover the hole with a signifier. Miller (2003) claims that, in Lacan’s later teaching, the hole in the Other radically excludes sense (the signifier) but also, the point from which the problem of jouissance is to be posed. Hence, jouissance is understood as the irreducible gap in the Other which remains uncovered due to the foreclosure of the Name-of-the-Father. Thus, the symbols S0 and S1 are imperative as they designate a logical moment in psychosis where the hole becomes named: S0 designates the moment of triggering, when the subject encounters the hole in the Other, and, S1 refers to the emergence of a signifier in the real and designates an attempt at symptomatisation. Thus, the emergence of a signifier in the real indexes the subject’s encounter with the hole in the Other.

These symbols are fundamental for surmising symptomatisation in psychosis as a clear distinction is maintained between the effects of symbolic foreclosure and any attempt at restitution. Moreover, Wachsberger suggests that in the context of triggering events, signifiers in the real emerge after the subject’s encounter with the hole in the Other:

*It is less the presence of the signifier in the real, its “high tension,” that is experienced first, than its absence in the Other. And the enigmatic feeling no*
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longer depends on the realisation of a signifier outside the chain but on the
decompletion of a chain that the encounter with the signifying absence in the
Other provokes: an effect of signifying equivocation that obviates common
meanings. This absence initiates an intransitive “it means” [ça veut dire],
an unaccomplished signification—enigmatic emptiness, s0, degree zero of
signification—soon to be doubled by an “it means something” [ça veut dire
quelque chose]—signification of signification, s(s0)—where the certainty of the
subject that it is implicated in its being through this phenomenon is anchored.
Delusional interpretation, which calls for a figure of the Other to detach itself
from the darkness, finds its very condition in the psychotic structure (2007, p.
111 emphasis added).

Wachsberger uses two examples of elementary phenomena from Lacan’s
commentaries to develop his thesis concerning enigmatic states, the hole in the Other
and the signifier in the real. The first example pertains to Lacan’s comments in
Seminar III on an auditory hallucination featuring the signifier “sow”, which was
evident in a case involving a psychotic woman. She experienced the onset of
psychotic phenomena in the context of sexuality due to the absence of the Name-of
the-Father; the woman was unable to signify the jouissance connected with her
neighbour’s desire (Vanheule, 2011a). Here Wachsberger states:

The insult “sow,” likewise, localises and identifies a non-inaugural phenomenon,
evidently secondary to the primitive experience in which the subject experienced
the unspeakable effects of the phallic elision and of the subjective catastrophe
that it prefigured. The said insult is an attenuated reedition of it (2007, p. 112
emphasis added).

In Lacan’s commentary, the signifier “sow” is an auditory hallucination, a signifier
In psychosis, message phenomena are linguistic events characterised by a
disturbance to the signifying chain: they are “unfinished sentences…indicative of
interruptions in the process of generating meaning” (Vanheule, 2011a, p. 96) that
“bear witness to disrupted interjunction and to a fundamental inability to signify
one’s own life and being” (2011a, p. 102). The signifier sow is an example of
message phenomena as the signifier emerges from an allusive and incomplete utterance linked to the women’s encounter with sexuality. Thus, the absence of the Name-of-the-Father is countered by the emergence of a signifier in the real as the subject was unable to signify her existence vis-à-vis male desire. The second example, this time taken from the Schreber case, concerns the neologism Seelemmord, a signifier that emerged during the onset of Schreber’s psychosis. As Wachsberger states:

The delusional belief in the “perplexing soul murder,” this fact that Schreber did not understand and yet to which he referred with certainty the outbreak of his psychosis; the neologistic term, Seelemmord, with which he had indexed this onset in order to formulate the unformulable moment of his fall into psychosis, became, retrospectively, the index of his inaugural encounter with the effects of foreclosure, namely, this hole in phallic signification (2007, pp. 111-112 emphasis added).

The signifier, Seelemmord, is an example of what Lacan refers to as code phenomena. In psychosis, code phenomena are linguistic events engendering a new signifier, not shared by others in the socio-linguistic community, that takes on the function of a “highly private naming that does signify one’s own life and being” (Vanheule, 2011a, p. 102 emphasis added). For Schreber, the neologism Seelemmord, or soul murder, is a term that appears connected to the onset of psychosis insomuch as it aroused perplexity and was associated with subsequent delusional content. The main point that Wachsberger makes is that the emergence of a signifier in the real, regardless of whether it is a code phenomenon or message phenomenon indexes something impossible to inscribe, and therefore represents the subject’s encounter with the hole, albeit, in a reduced, weakened and diminished form (Wachsberger, 2007). However, the emergence of a new signifier, particularly code phenomenon, is not actually a “representation” of the subject’s encounter with the hole; rather, it is a new signifier

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58 This point is discussed in some detail by Vanheule (2011).
59 Here Lacan states:

A central phenomenon in Schreber's delusion, we may even say an initial phenomenon in the conception he formed of the transformation of the world that constitutes his delusion, is what he calls Seelemmord, soul murder. Now, he himself presents this as being totally enigmatic (1993, p. 76).
that does not substitute for another signifier. These new signifiers have a naming function that covers over the hole in the Other, and therefore allows the subject to reorient himself in the world. If the subject’s encounter with the hole in the Other precedes the emergence of a signifier in the real then the emergence of an S1 can be viewed as the first step of symptomatisation. For example, Cases 2 and 5, featuring the Man with the cracking thumbs (M.) and Virginie respectively, provide insight into this mechanism: M. connotes a failure in symptomatisation, while Virginie demonstrates how “code phenomena” can function as a sinthome.

Symptomatisation fails due to the difficulty in establishing a signifier to cover the hole in the Other. For M., invasive body disturbances emerge subsequent to triggering events and attempts at symptomatisation, which correlate with his encounter with the hole in the Other (Porcheret, 2008). M.’s repetitive hand rituals only emerge subsequent to the triggering event, also understood as the encounter with the hole in the Other (S0). I contend that the attempt at symptomatisation, which we see in the form of compulsive repetition, emerges as an elaboration of the “attenuated representation” of the subject’s encounter with S0. As the vignette shows, M. tries to symptomatise hypochondriacal pains in an organ of the body via compulsive repetition. The compulsive phenomena are an attempt to localise jouissance in a body organ through installing a signifying chain: the sudden emergence of a signifying series after a triggering event is an attempt to localise his anguish by the translation of jouissance into signifiers. In contrast, in the Virginie vignette, the emergence of a signifier in the real can be traced to a specific signifier that appears to have a stabilising function in a psychotic structure.

Lacadée (2006) claims that Virginie was able to mitigate the invasive body jouissance in the analysis and that the emergence of a key signifier, frigore, was pivotal in knotting the imaginary register to the real. The emergence of perplexity that accompanied the verbalisation of frigore and the subsequent stabilisation of invasive body phenomena support the notion that this signifier functioned to localise jouissance and stabilise psychotic structure. The case is of interest because the modulation and localisation of jouissance correlate with the emergence of a signifier in the real, frigore, without the onset of delusional phenomena. Lacadée (2006) argues that this signifier marked a body event, described in terms of the unlinking of the
imaginary to both the real and the symbolic registers. In his discussion, he suggests that the invasive body jouissance and anxiety that threaten to overwhelm the subject are linked to the precarious status of the imaginary in psychic structure. The emergence of a signifier in the real is a compensatory mechanism that functioned to reconnect the imaginary to the real. Although this theory is difficult to verify, the main point is that therapeutic effects correlate with the emergence of a signifier in the real. Moreover, the designation of a signifier in the real as a pivotal event in symptomatisation shifts emphasis from Lacan’s earlier focus on the elementary phenomena, i.e. code / message phenomena, to the sinthome.

In one sense, the emergence of signifiers in the real, which in Lacan’s work in the 1950’s was always linked to loss and restitution, becomes an exemplar of the sinthome in psychosis in his later work. It is clear that the theory of the sinthome is consistent with his earlier notion of elementary phenomena. However, an important difference between these two theories concerns how they relate to untriggered psychosis and the clinic of suppletion. In the 1950’s, Lacan develops his theory of psychotic structure in conjunction with the notion of untriggered psychosis, which, essentially, invokes the idea of a psychotic structure pre-onset. In this context, the theory of elementary phenomena is used to describe an array of minimal psychotic phenomena, particularly language disturbances (Lacan, 1993), that clinicians may use to assist in determining whether the subject is neurotic or psychotic. In the classical theory of psychosis, elementary phenomena are clearly linked to detecting triggering events and other effects of symbolic foreclosure; thus, the notion of elementary phenomena is connected to that of untriggered psychosis as it provides a way of utilising psychotic structure when a neurotic structure is unjustified. In contrast, in the theory of suppletion, the emphasis is on stabilisation (on how psychic structure is maintained despite the absence of the Name-of-the-Father), which shifts focus to the primacy of compensatory mechanisms. Thus, when theorists (Stevens, 2002) claim that the opposition between untriggered and triggered psychosis disappears in Lacan’s later seminars, this is because the compensatory mechanism has come to the forefront.

Vanheule (2011a) describes this transition in his reading of Seminar XXIII, a seminar where Lacan refers to auditory hallucinations as constituting a sinthome. Vanheule demonstrates the continuity between Lacan’s earlier notion of message phenomena
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and his description of the sinthome. His main point is that, since an auditory hallucination evidences the emergence of a signifier in the real, this event averts the collapse of the signifying chain and testifies to an attempt at restitution through reinstating the subject in the signifying series. As Vanheule states:

Lacan says that...imposed speech has the status of a sinthome, suggesting that it has an integrative function and helps to acquire mental stability. By making this claim he opens a new perspective on hallucinations, namely that these can help to create structure and consistency at the moment that these get lost. A radical disappearance of order and an experience of disintegration or emptiness are often central to the first moments of psychosis...The idea of the sinthomatic status of hallucinations suggests that they might counter these initial experiences. I believe that this is the case because they bring about scansion in a world of chaos. Moreover, as they are experienced as clearly addressed to the perciptiens, they revive the subject. This does not mean to say that, as a universal principle, hallucinations always and in each case have an alleviating effect. Rather, hallucinations are not by definition disintegrating, and that in particular cases and situations they might lead to pacification (2011a, p. 101).

Moreover, Sauvagnat (2000) claims that Lacan’s emphasis on supplementation and stabilisation in psychosis emerges, in part, from the severe and disintegrative symptomatology encountered in schizophrenia. The hypothesis of unitary psychosis, that the foreclosure of the Name-of-the-Father is the invariant condition of psychotic structure, means that the very different clinical pictures encountered in severe versus stabilised schizophrenia should be differentiated by the presence of a supplementary mechanism. It is an important assumption that severe and disintegrative schizophrenia is a logical possibility of psychotic structure; in accepting this claim, then it follows that when a psychotic structure is stabilised, a supplementary device must be functioning. Hence, I contend that Lacan’s claim concerning the sinthomatic status of auditory hallucinations governs Miller’s approach to the CMB Name-of-the-Father: if there is not complete catatonia, then we must assume the presence of a supplementary device (Miller, 2009). I now discuss another form of symptomatisation in psychosis concerning body phenomena and the signifier in the real, which is also significant in cases of ordinary psychosis.
6.4: Body events and body phenomena in psychosis

In certain instances of psychosis, symptomatisation emerges from the traumatic
effects that signifiers have on the body; case vignettes 4 and 6, featuring Murielle
and Adam, demonstrate symptomatisation where traces of the signifier on the body
are associated with the sinhome. These two cases indicate that a new link between
the real and the symbolic has pacifying effects on painful body jouissance. These
cases are of particular interest because the manifestation of body phenomena
subsequent to triggering events correlates with significant events in their respective
developmental histories.\textsuperscript{60} For Adam, a leg brace was worn during sleep throughout
toddlerhood to correct a muscular-skeletal ankle irregularity; this is important, as
disturbances to this same leg occurred subsequent to a triggering event during his
treatment. In contrast, Murielle wore a corset throughout adolescence to redress
spinal curvature resulting from scoliosis; again, body phenomena and
symptomatisation emerged around the contours of this prosthetic device.
Consequently, these cases present an opportunity to theorise how the body is
incorporated into symptomatisation by exploring a theory of body events that
differs from the emergence of a signifier in the real.

In the vignette featuring Adam, the events surrounding the death of his grandmother
precipitated a triggering event and it was soon after this that he complained of leg
cramps in his “bad leg”. The cramps occurred on the same leg that had undergone
corrective medical treatment during toddlerhood, which at the time, had created
considerable anguish and insomnia. Adam’s body disturbances experienced as an
adult are significant for examining how body symptoms may have a stabilising
function in psychosis. First, it is important to note that the cramps emerged
subsequent to a triggering event; the death of his grandmother, which appears to have

\textsuperscript{60} Schatzman’s (1973) analysis of the Schreber case focused extensively on trauma, body discipline and
psychotic symptomatology through examining the sadism shown by the father toward the son.
Schatzman uses the term transform to theorise how the father’s pathology and harsh disciplinary
methods, especially those involving the body, are transmitted to the son and in particular, how this
manifests in psychotic phenomena. Although his analysis does not constitute a primary focal point in
this discussion, the important point to make here is that Schatzman’s discussion of the Schreber case
highlights how the subject’s “corpooreal history” figures in psychotic symptomatology.
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destabilised the mechanism of imaginary identification. Second, this destabilisation lingered for several months and during this time enigmatic states were evident surrounding her death. After her death, he was preoccupied with deciphering the utterances of a talking parrot, a pet that he had inherited from his grandmother; he was convinced that the bird was trying to enunciate new words but he was unable to decipher what it was trying to tell him and this induced an enigmatic experience. This is consistent with the auditory hallucinations he reported at the time of her death where she had tried to communicate how scared she was. I claim that the emergence of a new phenomenon, the leg cramps, is a progression of this prior triggering event: the common thread concerns his place relative to the Other – he was in a persecutory position and was attempting to come to terms with the enigmatic and persecutory jouissance connected to his mother’s desire.

It is interesting to note that Adam’s leg cramps occurred when he was trying to sleep lying posterior in his bed as this position replicates both the status of his comatose grandmother and his description of wearing the braces as a child. When speaking about the leg cramps, he alluded to his experience as a toddler – of having to wear the brace to bed. He described this as being “shackled” and that it had created considerable anguish for him as a child; moreover, as an adult, the persecutory nature of the experience was evident in his reference to his leg. He referred to it as his “bad leg” that was “defective”; moreover, he said it was like that because of what “his mother had done to him in utero” (Redmond, 2008). His anguish in this period was palpable and constituted an important feature of this treatment due to the themes of persecution and control: his description of the braces as “shackles” highlights his position of being persecuted by the Other. The key issue here is how to situate the leg cramps in the context of psychotic phenomena. I contend that Adam’s attempt to construct a symptom from traces of the signifier on the body can be viewed as an attempt to localise invasive jouissance and situate himself as subject in relation to the persecutory and enigmatic encounters he has with his mother’s desire. I will develop this theory in more detail in reference to

61 In addition, Adam’s conversations with his mother centered on whether his grandmother’s life needed to be ended when it was; although he did not accuse his mother of thoughtlessly making this end of life decision, he was preoccupied and anxious about this topic, which highlights the persecutory relation between them.
Miller's theory of body events and the signifier in the real. However, before doing so, I will first discuss the case vignette featuring Murielle.

In “The use of metonymy in a case of psychosis”, Deffieux (2000) uses metonymy as the framework for conceptualising the symptomatisation of painful and intrusive body jouissance. His case provides insight into how invasive and painful body phenomena can become transformed into a localised symptom that effectively stabilises the subject. Murielle’s medical history is significant in understanding the onset of psychosis and the subsequent emergence of a symptom connected to the body. After being diagnosed with scoliosis at age eleven she wore a corset to bed until the age of eighteen. After finishing treatment with the corset there was an outbreak of psychotic phenomena: persecutory elementary phenomena, in the form of auditory hallucinations, emerged at this time (2000). At the commencement of the treatment, the invasive jouissance had moved from the gaze of the Other back to the body, and more specifically, the painful jouissance returned to her four limbs not supported by the corset (2000).

Murielle initially presented in the clinic with severe wrist and ankle pain, and body inflammations that traversed her body. Deffieux contends that it is a case of paranoia despite the switch between the jouissance of the Other and body jouissance. He states that “it is interesting to note the transition of this mobility of jouissance which moves from the body fitted up with its train of suffering, to the delusional interpretation of the Other’s gaze and then returning in the body in the oblique way of hypochondria” (Deffieux, 2000, p. 153). Important here is that the hypochondriacal phenomena do not randomly affect the body, but instead occur in the appendages that were unsupported by the corset. Murielle's symptomatisation of painful and invasive body jouissance is successful; she does not utilise the imaginary register, but instead uses the signifier to symptomatise the real. According to Deffieux, symptomatisation can

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62 Medical evaluations do not show any organic basis for the phenomena. Although Deffieux considers the diagnosis of hysterical neurosis and conversion disorder, both he and the treatment team arrive at the diagnosis of paranoia with hypochondriasis due to the invasive nature of jouissance on the body and the existence of paranoid traits. He concludes that it is a case of hypochondriasis in the paranoid spectrum an observation that correlates with Freud’s description of actual neurosis in psychosis (Freud, 1914) and Verhaeghe’s (2004) theory of actual pathology in psychosis. However, unlike these approaches, which emphasise the delusion as a form of recovery in the stabilisation of psychosis, another form of symptomatisation emerges to localise jouissance.
be tracked to how the signifier, *water*, is displaced in a process that extracts *body jouissance* to a signifying *locus*. He states:

Faced with this suffering that to her was enigmatic, she elaborated a whole strategy to separate body from *jouissance* which we followed and facilitated. First, she established a ritual to circumscribe, to contain, to measure out, to give a rhythm to this suffering, which worked through a sophisticated method of soaking her limbs (Deffieux, 2000, p. 155).

The key issue is orientated around symptomatisation and how the jouissance of the real is transformed into a form of signifying articulation. The transition from a state of invasive *body jouissance*, structured by traces of the signifier on the body, culminates in symptomatisation. Deffieux describes this in the following manner:

The ritual of soaking [herself] had its origin in her childhood. During the summer, when it was hot, her mother would prepare a basin of water for her in which she used to soak her legs up to her knees. This was very probably the first form of this physical constraint, before the corset. We understood that what was at stake for her, in these exercises that were grueling to keep up, for her and for us, was the treatment of *jouissance*. She did her best to construct a new corset. She insisted on our help, always in pursuit of this constraint. For example, when she was helped to move from place to place, she asked: “Hold me tightly, grip me, I’d rather be gripped more strongly.” She asked for wet flannels to wrap her hands in. She walked bent double, extremely slowly, leaning on anything she could find to support her. Over the course of weeks her pains varied in intensity, their localisation, their quality and their rhythm, leading finally to their complete disappearance (2000, p. 155).

The construction of a symptom here indicates a transition from the real to the symbolic; the *water cleansing rituals* correlate with a gradual localisation of jouissance and the modulation of body pains. As he states:

we noted, then followed and accompanied the subject’s metonymic thread, giving it all its therapeutic value, which was to delimit the invasive jouissance. What
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was the metonymical series in this case? One must begin with the ritual of the water basin from when she was a child, recognise the value of the corset when she was an adolescent, and from that follow the ritual of washing her feet and hands and which moved on, always following through this series, to delimiting herself little by little to wetting her feet and then to wrapping her hands in a damp flannel and her toes in cotton bandages. The last in the chain came to her following a conversation, through the advice to use a “hydrating cream”. This last minimal link was nonetheless enough for her. The pain completely disappeared, but she retained a peculiar, precautionary way of walking, as if she were stepping on egg shells (2000, p. 156).

Despite the absence of the Name-of-the-Father, pacification effects are achieved by symptomatisation and an identification that reconstitutes the social link. Deffieux claims that her engagement with group activities in the institutional setting, a means for reinvesting in the social bond, was the final component of the treatment. While the emergence of a symptom localised invasive body jouissance, the creation of a social link was established via her involvement with a patient-run newsletter and her engagement in gymnastics.

The case is of interest because symptomatisation appears to be structured around the traces of the signifier on the body that are clearly associated with the corset. He contends that as a teenager the corset functioned to contain the body via a mechanical prosthesis; as an adult, the corset marks a locus around which symptomatisation is organised. The striking transformation of invasive body jouissance into a symptom articulated around the signifiers connected with the corset shows that a unique link between the real and the symbolic was achieved during the course of treatment. I claim that these vignettes featuring Adam and Murielle provide an opportunity to theorise symptomatisation in psychosis that is focused on the effects of language on the body; and this then provides a framework for conceptualising the emergence of a link between the real and the symbolic, which is different from the discussion centered on the emergence of a signifier in the real.
Miller’s (2001) discussion of the body and the Other establishes a foundation for examining symptomatisation and the effects of the signifier on the body in psychosis. His discussion outlines the traumatic effect of the signifier on the body:

The essential attachment is the tracing of language on the body. The principle of the fundamental event, tracer of affect, is not seduction, not the menace of castration, not the loss of love, not the observation of parental coitus, not Oedipus, but the relation to language (Miller, 2001, p. 27).

The thesis that body events are an effect of discourse underscores the notion that jouissance is embedded in language; he develops this argument by expanding Lacan’s analogy between the germ and the letter vis-à-vis the subject and the Other.

In Seminar XX Lacan contends that the letter is a like a germ in so far as a germ is transmitted from body to body beyond the life and death of the particular organism (1998). Similarly, as language is a transpersonal structure, the transmission of the letter, and thus, of jouissance, will occur via subjection to language. If, as Lacan states, “the unconscious is the sum of the effects of speech on a subject, at the level at which the subject constitutes himself out of the effects of the signifier” (1979, p. 126) then the subject is situated in terms of the letter and jouissance. Miller contends that if the transmission of jouissance via the letter emerges through language and discourse – if “the signifier is the cause of jouissance” (2001, p. 27) - then it is possible to consider symptomatisation in cases of psychosis where traces of the signifier on the body can be verified in the subject’s history. Thus, his theory of body events aims to link traces of the signifier on the body with the subsequent “lucubration of knowledge” that occurs if these signifiers in the real are symptomatised.

There are two significant points to emphasise here: first, subjection to language is traumatic, and second, traces of jouissance on the body take the form of a letter.63

As Miller states,

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63 Freud’s case history of hysteria, featuring Elizabeth von. R., is of interest here: she experienced leg pain at the spot where he father rested his foot when she was nursing him through his recovery (Freud and Breuer, 1893-95). In this vignette, the body phenomena was considered a conversion symptom due to operation of repression and displacement: Freud argues that a psychical conflict derived from
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The general definition of the event producing traces of affect is what Freud calls trauma. Traumatism, insofar as it is produced by the failure effects of the pleasure principle, is a factor that cannot be liquidate according to the norm of the pleasure principle. That is to say, trauma causes the regulation of the pleasure principle to fail. The foundational event of the trace of affect is one...which maintains in the body, in the psyche, an excess of excitation which can’t be reabsorbed. We have there the general definition of the traumatic event, which will leave traces in the subsequent life of the parlêtre (2001, p. 27 emphasis added).

For the “parlêtre”, subjection to language is traumatic and signifiers have the effect of linking jouissance to the body. That is, the traces carrying affect constitute a fixation of libido in the real and a localisation of jouissance to the body. Miller states:

This implies that the signifier not only has the effect of signifying, but also the effect of affect in a body. We have to give the term “affect” all of its generality. It’s what comes to disturb, to make a trace in the body. The effect of affect also includes the effect of the symptom, the effect of jouissance, and even the effect of subject, but the effect of subject situated in a body, not as the pure effect of logic. When it’s a durable effect, a permanent effect, one can justifiably speak of traces (2001, p. 25 emphasis added).

These marks of jouissance on the body can emerge in the form of knowledge. If the Freudian unconscious is understood as a lucubration of knowledge, then this knowledge is produced from signifiers in the real. Hence, if one accepts Miller’s (2003) claim that there is a correlation between the unconscious as real and the unconscious as a production of knowledge, then it is possible to view these cases in terms of a lucubration of signifiers in the real.

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forbidden sexual wishes were the key factors underlying this formation of the unconscious. Moreover, Miller's notion of body events contrasts with Verhaeghe's (2004) theory of body phenomena in psychosis – the later stresses the endogenous excitation of the body and the failure of signifiers coming from the Other to regulate the internal drive tension, rather than the jouissance riddled effects that language has on the subject.

64 See Harari (2002, p. 228) for a discussion of the term parlêtre.
It is evident from the vignettes featuring Adam and Murielle that subjects can construct a symptom from these traces. In each case, the foreclosure of the Name-of-the-Father is compensated by symptomatisation: these manifest body phenomena are not “signs and symptoms” of classical psychotic symptomatology but emerge via the singularity of the analysand’s speech. Moreover, Miller’s reference to the *parlêtre*, a pun referring to “being”, “the letter”, and “speech”, shows that the opposition between the letter and the signifier (speech) is significant in theorising the transposition between traces of the signifier on the body and the formation of a symptom.

For Adam and Murielle, invasive jouissance is evident in the signifying traces marking the body; in both cases, the experience of medical interventions at an early age became prominent clinical features. I claim that in these cases symptomatisation occurs because a *new link* was established between the real and symbolic. In this view, language is essential to understanding symptomatisation since the body events are localised to specific areas of the body that bear a testimony to the Other. Here, marks on the body, which constitute signifiers in the real, are connected with the subsequent lucubration of knowledge; that is, the development of a symptom. This theory is central to Miller’s claim pertaining to the status of the body and the subject’s capacity to construct a symptom:

> In fact, it’s *always a matter of events of discourse which leave traces in the body.* And these traces disturb the body. *They make a symptom, but only if the subject in question is able to read these traces, to decipher them.* They have a tendency to lead finally to what the subject can manage to retrieve from the events the symptoms trace (2001, p. 22 emphasis added)

These traces on the body have the potential to coalesce into symptoms *but only if the subject is able to decipher them.* Through speech, the marks on the body and traces of jouissance may form a symptom; the mark on the body, which is also understood as the master signifier and the letter, only emerges in a symptom if the
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subject is able to link it with an S2. Consequently, in these cases of ordinary psychosis, I contend that the emergence of a symptom is synonymous with a lucubration of knowledge; as such, the pacifying effects of the CMB Name-of-the-Father may be assumed evident as the subject has been able to use an S1 to constitute a link between the real and the symbolic. Moreover, this process is imperative because the emergence of a link between the real and the symbolic facilitates differentiating schizophrenia from paranoia.

In Lacanian theory, an important conceptual approach to the schizophrenia / paranoia dichotomy concerns the relationship between the real and the symbolic. Paranoia provides a useful starting point for conceptualising the issues at stake in schizophrenia, namely, unlocalised body jouissance and the problematic status of the master signifier, S1. The symptomatology of paranoia is characterised by the presence of a systematised delusion, which is often the only psychotic symptom evident in the clinical presentation (American Psychiatric Association, 2000; Freud, 1911; Sauvagnat, 2000). Throughout my dissertation, I have stated that our understanding of paranoia should be oriented around the matheme S1-S2. The formation of a delusion emerges from elementary phenomena: the appearance of a signifier in the real, cut off from the signifying chain, provides the “master signifier” for the evolution of a delusion. Ostensibly, the signifier in the real becomes re-inscribed into the signifying chain, producing knowledge (S1-S2); in paranoia, the transition from S1 to S1-S2 constitutes a symptomatisation of the real and a lucubration of knowledge. Thus, in paranoia, the presence of a systematised delusion presupposes the instantiation of an S1.

In schizophrenia, the distinctive classical symptomatology - unsystematised delusions, hallucinations, and disturbances to language, the body, affects, and cognition - sits in sharp contrast with paranoia. On the one hand, theorists have claimed that the central issue underlying the clinical presentation of schizophrenia is delocalised and invasive body jouissance, as opposed to the persecutory Other evident in paranoia (Cottet, 2000; Laurent, 2007; Recalcati, 2005). On the other hand, I contend, the key

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65 Lacan’s use of the term swarm in conjunction with the master signifier implies that S1 is a plurality of signifiers that can be articulated into knowledge as the “S1, the swarm or master signifier, is that which assures the unity, the unity of the subject’s copulation with knowledge” (1998, p. 143).
difference between schizophrenia and paranoia concerns the status of the signifier, S1, which, in turn, necessitates examining the relationship between the real and the symbolic. The hypothesis that psychosis is characterised by the absence of a symptom is, I claim, a problem directed primarily at schizophrenia. Through examining the idea that the delusion is a form of recovery, it is clear that the paranoid subject demonstrates a form of symptomatisation where a connection between the real and the symbolic is evident. For example, in the vignette feature the Man with cracking thumbs, the emergence of obsessional thinking and acting out subsequent to a triggering event demonstrated how a schizophrenic subject attempted to localise invasive body jouissance. However, the failure of this symptom to localise jouissance in a signifying series was then compensated by the consistency provided by imaginary identification (Porcheret, 2008); remembering that in schizophrenia, the imaginary may function to stabilise the subject despite the absence of a symptom. What separates schizophrenia from paranoia, then, is the problematic link between the real and the symbolic.

Theorists state that (Grasser, 1998; Sauvagnat, 2000; Verhaeghe, 2004), for reasons that remain unknown, in schizophrenia the subject does not have an identification with an S1. I contend that this hypothesis indicates the absence of a link between the real and symbolic in psychosis. Miller's (2002) discussion of schizophrenia is paramount in understanding the non-functioning S1: he refers to this as the equivalence between the real and the symbolic. Following Lacan (1972), he asserts that the schizophrenic subject is situated outside of discourse. There is no social identification and the absence of a social link is often one of the most striking features of the clinical presentation (he refers to this as the schizophrenic’s irony). This radical absence of the social link is thought to occur because the schizophrenic subject does not defend against the real by means of the symbolic, because for them, the symbolic is real (2002). In addition, Miller makes an important point in stating that the schizophrenic is the only subject who does not use the symbolic to defend against the real.66 If this is the case, then schizophrenia occupies a distinct position in psychosis, as there is no clear link made between the real and the symbolic. For example, in

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66 One might consider autism to be another example of where the symbolic is equivalent to the real. However, as infantile psychosis emerges prior to the acquisition of language then this clinical structure has additional complexity. See Lefort and Lefort (1980) for a Lacanian approach to autism.
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schizophrenia, the absence of the master signifier, S1, entails that the subject has no stable point of symbolic identification to anchor them in the signifying chain, and therefore, they have difficulty making social links and in forming a symptom. Hence, the delocalised nature of jouissance and classical schizophrenic symptomatology are thought to emerge because the subject has not identified with a master signifier, S1 (Grasser, 1998; Sauvagnat, 2000; Verhaeghe, 2004). I claim that the subject’s non-identification with an S1 entails that certain functions of the Name-of-the-Father (specifically, social identification and naming) cannot establish a compensatory mechanism linking the real to the symbolic. Again what this demonstrates is that in psychosis, symptomatisation is a pivotal process in creating a link between the real and the symbolic, and, that this can only be achieved via the signifier.
Throughout this chapter, I have argued that the creation of a link between the real and the symbolic is fundamental to the emergence of a symptom in psychosis, and that this is a prerequisite for stabilisation to occur. By examining the CMB Name-of-the-Father in conjunction with the signifier and the real, I have demonstrated how symptomatisation differs from the stabilisation that can be achieved through imaginary identification. On the one hand, the emergence of a key signifier that links the real to the symbolic may emerge from the subject’s encounter with the hole in the Other. The signifier in the real constitutes one approach to symptomatisation; in certain cases of psychosis, the subject is able to localise jouissance via the articulation of key signifiers subsequent to the emergence of invasive body phenomena. Here, painful body phenomena are modulated through the emergence of signifiers that function to localise invasive jouissance. This approach to symptomatisation in psychosis shows a continuity between Lacan’s theory of elementary phenomena and the sinthome. On the other hand, the symptomatisation of signifiers marking the body constitutes another way that a symptom can emerge to stabilise psychosis. Symptoms can appear in areas of the body that have had unique significance for the subject in their relation to the Other. I argued that the emergence of a localised body symptom demonstrates a new link between the real and the symbolic; moreover, it illustrates how Lacan’s thesis concerning the unconscious as real underlies how a symptom takes on the naming function of the Name-of-the-Father in psychosis. Finally, I stated that the creation of a new link between the real and the symbolic, the prerequisite for symptomatisation to emerge, facilitates the separation of schizophrenia from paranoia.
Conclusion:

The aim of this thesis was to assess the role of body phenomena in ordinary psychosis by focusing on the onset of psychosis, subsequent triggering events, and symptom formation. By investigating body phenomena I set out to elucidate the mechanisms underlying the onset of psychosis and triggering events in ordinary psychosis. I have accomplished this by assessing whether Lacan’s theory of elementary phenomena is applicable to body disturbances and evaluating the role of the imaginary and the real in the onset of psychosis and in triggering events. I have also examined whether Lacan’s ideas concerning the onset of psychosis required revising in light of current debates in Lacanian theory. In addition, I have evaluated the idea of stabilisation in psychosis through examining imaginary identification, the formation of a delusion, and the sinthome. My intent was to assess the relevance of these theories in understanding the stabilising function of certain body symptoms in psychosis. Furthermore, I have examined how body symptoms, which appear to stabilise psychosis, may be differentiated from other kinds of phenomena such as conversion symptoms, hypochondriacal complaints, delusions and automatisms. In addition, I have investigated body symptoms in psychosis through assessing the link between jouissance and the signifier with a particular focus on the register of the real and the symbolic.

In Chapter 1, I demonstrated that the theory of ordinary psychosis is a significant development in contemporary Lacanian psychoanalysis. The idea of ordinary psychosis has provided new ways of thinking about psychosis as opposed to it being a new nosological category. Ordinary psychosis engages the notion of mild psychosis, subtle symptomatology and body phenomena by focusing on triggering events and stabilisation. The utility of the neurosis / psychosis distinction affirmed the idea of mild psychosis by positing that psychical mechanisms can stabilise psychosis through a variety of subtle psychical mechanisms. I concluded by stating that certain body disturbances in psychosis are key for conceptualising mechanisms of onset and stabilisation in psychosis, particularly in the schizophrenia spectrum.

In Chapter 2, I demonstrated that Lacan’s theory of elementary phenomena remains essential to understanding the onset of psychosis, triggering and stabilisation in cases
of ordinary psychosis. I established the influence of modern psychiatry, particularly the notion of primary symptoms and automatisms, on Lacan’s theory of elementary phenomena. I also explained how the idea of elementary phenomena could be used to theorise mild cases of psychosis, and, to understand the formation of a delusion subsequent to the onset of psychosis. Specifically, I demonstrated how elementary phenomena, which are focused on the subject’s relation with language as opposed to biological mechanisms, are essential for theorising the onset of psychosis, triggering events and stabilisation in psychosis.

In Chapter 3, I examined Freud’s theories of formations of the unconscious and the actual neuroses, and their connection to body phenomena in psychosis. I maintained that the body phenomena described in cases of ordinary psychosis are distinct from the body disturbances encountered in conversion symptoms and in actual neurosis. I found that Verhaeghe’s theory of actual pathology in psychosis, and the focus on body disturbances, differs from the idea of “neo-conversions” in the field of ordinary psychosis. Moreover, my critique of his developmental theory of actual pathology showed that the effects of deviant mirroring styles in the attachment system are not clearly distinguished from the effects of foreclosure in psychosis. I also maintained that Verhaeghe’s treatment approach to actual pathology in psychosis is essentially an attempt to transform schizophrenia into paranoia through the construction of a delusion. In contrast, I demonstrated that the field of ordinary psychosis provides a unique perspective in contemporary literature, as the emphasis on the emergence of a link between the real and symbolic engages the essential element of symptom construction in psychosis.

In Chapter 4, I demonstrated how body phenomena in cases of ordinary psychosis foreground debate concerning the onset of psychosis, triggering events, symptom construction and stabilisation. The cases demonstrated some of the ways in which the onset of psychosis and triggering events can take the form of subtle body disturbances linked to effects of foreclosure. The cases provided an illustration of how the regulation of jouissance through the formation of body symptoms is a dynamic process and, at times, unstable: in certain cases, body symptoms had a stabilising function in psychic structure; in others, jouissance was not effectively modulated. The cases showed that the signifier, vis-à-vis the analysand’s speech in the transference,
was pivotal in the construction of a symptom. The diverging theoretical explanations evident across the discussion of these cases highlighted a lack of uniformity in conceptualising symptom formation in psychosis. Moreover, I argued that a new theory of the onset of psychosis and triggering involving disturbances to phallic signification in the imaginary required further clarification and critical engagement.

In Chapter 5, I evaluated the ideas of untriggered psychosis and ordinary psychosis and assessed new approaches to theorising triggering events and the onset of psychosis in the field of ordinary psychosis. I maintained that although the onset of psychosis remains relevant, the idea of untriggered psychosis has less clinical utility than the more general ideas of triggering events and stabilisation encountered in Miller’s idea of the CMB Name-of-the-Father. I showed the importance of the imaginary in stabilising schizophrenia, particularly in cases where symptom formation via the signifier is not possible. Finally, my assessment of the perceived limitations to Lacan’s classical theory of the onset of psychosis determined that the inclusion of disturbances to phallic signification in the imaginary, in regard to the onset of psychosis, is conceptually unclear. Moreover, I contended that Lacan’s theory of the A-father remains the most convincing idea of triggering events and the onset of psychosis.

In the final chapter, I claimed that the creation of a link between the real and the symbolic is fundamental to the emergence of a symptom with a stabilising function in psychosis. I used the idea of the CMB Name-of-the-Father to develop how symptomatisation differs from the stabilisation that can be achieved through imaginary identification. I demonstrated that symptom formation involving the body emerges when a signifier links the real to the symbolic, and, that this can occur in at least two ways. The first description of symptomatisation in psychosis, involving the emergence of signifiers in the real, showed continuity between Lacan’s theory of elementary phenomena and the synhome. In certain cases of psychosis, the subject is able to localise jouissance via the articulation of signifiers subsequent to the onset of psychosis and triggering events. Here, painful body phenomena are modulated through the emergence of signifiers in the real that function to localise invasive jouissance. In contrast, traces of the signifier that mark the body constituted another way that a symptom can stabilise psychosis: areas of the body that have had special
significance for the subject in their relation to the Other may function to localise jouissance in a specific area of the body. The capacity of the subject to construct a symptom from the traces of the signifier on the body demonstrated how a link can be made between the real and the symbolic. These body symptoms governed how a body symptom can take on the naming function of the Name-of-the-Father in psychosis; and, the creation of a new link between the real and the symbolic demonstrated the construction of a symptom in schizophrenia.

An important finding of this research is that body phenomena in psychosis can be connected to the onset of psychosis and triggering events; and, they may have a stabilising function. Thus, when dealing with cases that are not easy to categorise, body disturbances may provide an important focal point for assessment and diagnosis. In Lacanian psychoanalysis, because the neurosis / psychosis distinction will determine how the analyst handles the transference, and above all, the structure and function of symptoms in psychic life, then attention to subtle elements that may lead to clearer diagnostic impression is an important clinical endeavour. The research is important in showing that the onset of psychosis and triggering events are complex and will be expressed in a variety of forms. Thus, it is imperative that the phenomenology of onset and triggering events be described in a broad framework beyond the narrow scope of delusions, hallucinations, and other acute psychotic phenomena. This research is important in demonstrating how body phenomena can have a stabilising function in certain cases of psychosis. Symptom formation involving the body occupies a central role in schizophrenia where body disorganisation can be a significant challenge. In showing how a body symptom can emerge to stabilise psychotic structure, the research provides insight into the construction of symptoms in the schizophrenia spectrum of psychosis.

Another significant aspect of this research was to demonstrate the continuity between Lacan’s classical theory of psychosis and his later teachings. My contention that his theory of elementary phenomena has continuity with the idea of the sinthome highlights the importance of tracing how his ideas on psychosis change over time. Although the theory of the sinthome is fundamental to the field of ordinary psychosis, my research demonstrates that this era of Lacan’s work cannot be taken in isolation,
and, that his classical theory of psychosis remains essential for understanding the broader significance of his later work.

One limitation of this project is that it does not adequately develop the significance of Lacan's recourse to topology and knot theory in theorising psychic structure. On the one hand, my focus on the symbolic/real dimension of his work vis-à-vis the supplementary function of the sinthome in psychosis demonstrated continuity between Lacan’s classical theory of psychosis and his later teachings. On the other, the emphasis on the logic of the knot and the RSI in this same period, an idea that underlies his approach to psychic structure in neurosis and psychosis was not developed. There is an important issue for further discussion around the use of topology, which relates not just to psychosis, but also, to all of Lacan’s later work. However, this is outside the scope of this thesis. Consequently, further research into the condition underlying the onset of psychosis, triggering episodes, and stabilisation of psychic structure utilising Lacan’s knot theory is warranted.  

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67 Vanheule’s (2011b) recent book on Lacan’s theories of psychosis provides a useful discussion of topology, the RSI and psychotic structure. His claim that Lacan viewed knot theory as a formal language, similar to other branches of mathematics and logic, is a useful starting point for orientating oneself to the knotting of the RSI in terms of onset, triggering events and stabilisation in a psychotic structure.
Bibliography:


Malleval, J.-C. (2000). Why so many 'borderlines'? *Psychoanalytic Notebooks of the European School of Psychoanalysis, 4*.


Appendix 1: Human research ethics approval

Date: Mon, 16 Mar 2009 11:40:49 +1100
From: Human Research Ethics <research-ethics@deakin.edu.au>
Reply-To: Human Research Ethics <research-ethics@deakin.edu.au>
Subject: EC 197-2008 – Elementary phenomena and symptom formation within the ordinary psychoses
To: russell.grigg@deakin.edu.au, jredm@deakin.edu.au
Cc: Mari Botti <mari.botti@deakin.edu.au>

Dear Russell and Jonathan,

EC 197-2008 – ELEMENTARY PHENOMENA AND SYMPTOM FORMATION WITHIN THE ORDINARY PSYCHOSES

Thank you for the submission of further amendments to the above project, received on 13 March 2009, addressing concerns raised by the Deakin University Human Research Ethics Committee. These have been considered and the project is now approved to commence.

The approval period is for three years and you will receive a letter of approval shortly confirming this.

It is the researcher’s responsibility to request an extension for an additional year beyond the three-year approval period granted. The conduct of research without approval may result in the researcher being unable to use data collected beyond the approval date.

Please be reminded that any modifications that you wish to make in the future must first be approved by the Committee. You are also required to report any adverse events immediately.

You will be required to submit an annual report giving details of the progress of your research. Failure to do so may result in the termination of the project. Once the project is completed, you will be required to submit a final report informing the Committee of its completion.

Please be reminded that the project number must always be quoted in any communication with the Committee to avoid delays. All communication should be directed to research-ethics@deakin.edu.au. It is the researcher’s responsibility to advise the Committee of changes to the research team or changes to contact details.

The Deakin University Human Research Ethics Committee may need to audit this project as part of the requirements for monitoring set out in the National Statement on Ethical Conduct in Human Research (2007).

If you have any queries in the future, please do not hesitate to contact the Human
Ethics Office.

We wish you well with your research.

Regards

Vicky

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