

Anxiety paper final.

Treatment of anxiety according to clinical structures

Between Enigma and certainty: Anguish in the Treatment of Psychosis

Regarding psychosis¹ Lacan makes the following remark:

*“...Nowhere is the symptom more clearly articulated in the structure itself, assuming one knows how to read it.”*²

His example is the symptom of the verbal hallucination:

*“...we are presented here with phenomena that have mistakenly been called intuitive, since the effect of signification anticipates the development of signification therein. What is involved is an effect of the signifier; insofar as its degree of certainty (second degree: signification of signification) takes on a weight proportional to the enigmatic void that first presents itself in the place of signification itself”.*³

The verbal hallucination is a signifier that is perceived, but what it means remains indeterminate- an anguishing void of signification, enigma; but, as a signifier, it must mean something- signification of signification- and thus enigmatic void is transformed into anguishing certainty. It is articulated in the structure of psychosis- the forclusion of the NdP and of phallic signification- since what is foreclosed in the symbolic, says Lacan, returns as a signifier in the real, outside the signifying chain.

But anxiety, *“paradigmatic symptom of every encounter of the real”*,⁴ is true for neurosis as well as psychosis.

What, then, is specific to anguish in the structure of psychosis, and what are the implications on the treatment and the function of the analyst?

The answer does not lie in the phenomena of enigma, trans-structural, but in the *“modality of the response”*⁵: The verbal hallucination, the *“response given by the perceived in psychosis”*⁶, indexes a real of jouissance, a curse, dis-jointed from the subject’s chain. The

¹ Lacan, J, *Ecrits*, 2006, pp 449, *On a Question Prior to Any Treatment of Psychosis*

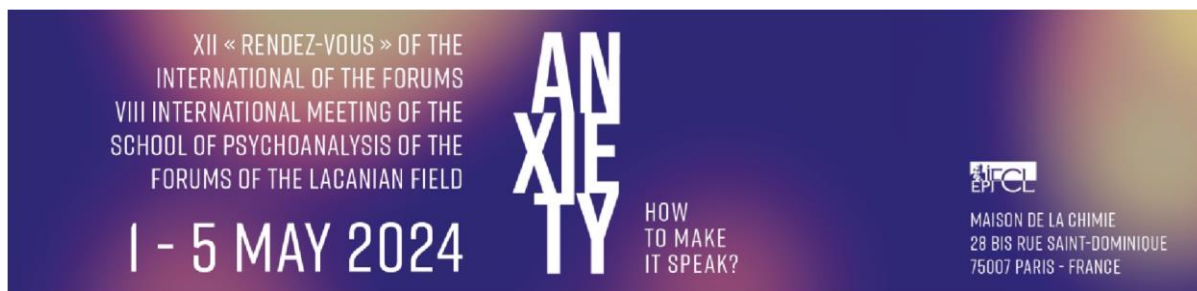
² Lacan, J, *Ecrits*, 2006, pp 449, *On a Question Prior to Any Treatment of Psychosis*

³ Ibid, pp 451

⁴ Lacan, J., *La troisième*, 1974, English translation pp. 31

⁵ Colette Soler, *Un autre Narcisse*, 2016-17, pp. 100

⁶ Lacan, J., *L’étourdit*, page 7



hole of foreclosure confronts the psychotic subject with phenomena of eruptions of real which he is unable to subjectivise, and constitute a fundamental locus of anguish.

In 1966, Lacan complements his thesis S/I, defining paranoia as “*identifying jouissance in the place of the Other*”,⁷ S/R. This does not imply only the subject as persecuted; it is a relation to the Other, place of signifiers, that encompasses “*all the phenomena of coalescence ...between jouissance and the signifier.*”⁸

This is what Lacan refers to as the “weight” of the psychotic certainty. The psychotic subject takes on himself the treatment of the returns of the real, by elaborating a substitute “delirious metaphor” in the attempt to restore meaning and reduce the enigma, making jouissance more bearable.

So far, it is the paranoid that does all the work.

What place, then, for the analyst in this structure?

I will take as a guide Lacan’s famous comment: the psychotic “*has his (object) cause in his pocket*”.⁹

In the treatment of psychosis, the analyst is not situated in the place of the Other made into object as in neurosis; he is placed as an enjoying Other and must bear the transference with the risk of development of paranoid or erotomaniac transference. But Lacan gives an indication of a possible manoeuvre:

*“The fantasy relation (in psychosis) is established in a way that a is in its side of i(a). In this case, to handle the transferential relationship we have in effect to take into ourselves like a foreign body, an incorporation of which we are the patient, the a in question, namely the object which is absolutely foreign to the subject who is speaking to us, in so far as it is the cause of his lack.”*¹⁰

What does this mean?

The analyst must try to pass the object over to the space of the Other, where the negatation of -phi operates, to allow the patient to subjectivise the signifiers of this “foreign body” which is the object. The treatment of psychosis does not operate from the symbol to the revelation of the plus-de-jouire, it is not the return of the repressed of neurosis. On the contrary, the enjoyment that irrupts in the real outside the signifier chain must be treated

⁷ Lacan, J, *Introduction to the memories of a Neuropath: Schreber*, 1966- page 7

⁸ Colette Soler, *Seminaire de Lecture de texte*, 2006-7- Seminaire Angoisse, pp. 69-70

⁹ Lacan, J., *Petit discours aux psychiatres*, 10.11.1967, pp. 11

¹⁰ Lacan, J., *Seminar “Anxiety”*, 2021, pp. 139



symbolically, with the effect of subsequent negatvation and limiting of enjoyment: from the real in excess to the symbolic.

The non-negativated jouissance of the psychotic does not indicate that desire does not exist, and transference not possible. To the question of “how to make anxiety speak?”, the first response is: the psychotic is spoken, the answer comes before the question, from the real. The analyst, confronted with the subject whose object is “absolutely foreign”, can direct the treatment by extracting the signifiers of this Other and introducing a function of object “on hold”, allowing the patient to interrogate the jouissance that he endures.

I will try to demonstrate this with a case: “Ingesting the Satan”.

This patient came to see me in a state of extreme anguish due to his certainty of contracting AIDS after perceiving that he had ingested a drop of semen from a male partner during sexual intercourse. He had desired to become a father but was now terrified to do so.

The elaboration of his anxiety of AIDS led to the signifier Satan. He claimed that he has known for many years that his mother was a Satan, due to what he perceived as “attempts to seduce him,” and could therefore never approach women since they were all ‘Satanic’. He also attributed ‘Satan’ to the drop of semen that he ingested, claiming “the Satan is in his body in the form of AIDS”.

The entire analysis revolved around this signifier. The questioning and interrogation coming from the analyst and the interest in this signifier Satan allowed an elaboration and modification of the delirium. At the same time, he was able to distinguish between the woman-Satan and the place of the woman-analyst as ideal, and thus maintain the transferential work. Gradually, the conviction of contracting AIDS diminished, and the Satanic was localised outside the perimeters of his body, in the form of his mother and “all women”. This was accompanied by a significant reduction of his anguish and a renewal of his desire for a child.

He subsequently succeeded to become a father. It was only following the birth of his son that he was finally allowed in his family to drink a glass of the holy wine of ‘Kiddush’ (welcoming the Shabbat), which according to tradition is only reserved to procreators: ecstatic success of re-situating himself in the familial discourse as the eldest brother and a man.

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March 2024

XII « RENDEZ-VOUS » OF THE
INTERNATIONAL OF THE FORUMS
VIII INTERNATIONAL MEETING OF THE
SCHOOL OF PSYCHOANALYSIS OF THE
FORUMS OF THE LACANIAN FIELD

1 - 5 MAY 2024

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HOW
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