Who is Mad and Who is Not?
On Differential Diagnosis in Psychoanalysis

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The expression “differential diagnosis in psychoanalysis” may seem contradictory or could at least be considered an oxymoron, and yet there cannot be a sound practice of psychoanalysis without a thorough diagnosis. It is true that “differential diagnosis” primarily refers back to Psychiatry and thus to a medically descended practice. It is also true that psychoanalysis is not primarily oriented by therapeutic goals, and thus differs from psychiatry.

But in its origins, the psychiatric discipline, from which psychoanalysis detached itself thanks to Freud’s invention, attracted those (even when they were laymen like Ernst Kris, the famous art critic, for example) who shared with Freud the belief in the scientific, experimental, rational model of medicine. Today some ill-informed commentators may look down on this, and scorn Freud’s blind scientism, thereby refusing to acknowledge that his insistence on rationality kept Psychoanalysis away from hermeneutics (as was proven with the Jungian deviation, which ended as a collaboration with the ideals of Nazism) and from religion and its moralistic stands. Freud had to fight – sometimes very hard and painfully – to keep that orientation.

The common roots
During the late nineteenth century and the beginnings of the twentieth century “Madness” as many historians and philosophers have shown, progressively tended to be considered as an illness and a matter of health care, thus giving way to the creation of several typologies based on careful and systematic observation of patients, both over short periods of time and on a longitudinal historical basis. Basically it was a time when there was very little medication that would change, improve or alter the patient’s state, the healing was mainly reported to be a natural effect of the evolution of the disease.
This was the state of affairs when Freud began his private practice, until he discovered that talking, under some precise circumstances, engendered in itself therapeutic effects and from there on invented the psychoanalytic method.

In addition, psychiatrists also treated people who did not seek their help since they considered their misery as due to an external cause: an Evil Other. These patients were brought to them against their will by family members or the police.

The psychiatrist would then be faced with the decision to treat the person “medically” for the sake of society in order to protect those around the person or the patient himself from his own destructive tendencies. Nowadays psychiatry still has to take decisions of this kind and achieve a protective role for the public and for the patient himself. It is a part of the psychiatric duty which has its own value and deserves respect.

One has to keep in mind that the walls of the psychiatric hospital that were so harshly criticized during the last quarter of the twentieth century can also offer a shelter in accordance with the etymology of the word “asylum” which may today sound outdated but was once synonymous with refuge, harbor.

The classifications that were developed before the invention of neuroleptic medication offer a framework for major distinctions between mental disorders, mainly based on observations (Foucault called it the clinic of the visible), since they usually offer very little insight concerning the etiology and the causes of such ailments and even fewer clues concerning their relation to biology, although some psychiatrists like Henry Ey for example tried to build up a bridge between neurology and psychiatry. Today’s blind belief in the paradigms of the Neurosciences tends to forge the illusion that the gap has been filled up. Furthermore, one branch of psychoanalysis (represented by the IPA) has officially adopted this delusion which can lead nowhere but to ruining the very nature of psychoanalysis.

In spite of their shortcomings, the classical topologies relied with fidelity on the phenomena appearing in situ and over time, and transcribed them minutely. Several of these classifications, thanks to some outstandingly erudite

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1 Henry Ey, a French psychiatrist was close to Lacan who was however opposed to his organo-dynamist theory.

professors of psychiatry, allowed for the elaboration of a broad yet subtle general overview of mental illnesses.

They depended greatly on the subjectivity of their inventors and also were sometimes related to a national body of knowledge concerning specific items. Now and then another voice would rise up against an existing typology and impose through discussion a new item or a new classification or branch. This was the case for Clerambault whom Lacan considered to be his “only master in psychiatry”\(^3\), and who invented the concept of “mental automatism”.

As another example, the German psychiatrist Kretschmer, through specifying some of the traits gathered by Kraepelin around paranoia, created his own syndrome which he called “sensitive paranoia”. In his work, dating back to \(^4\) to 1918 and based on an extensively documented compilation of case stories, he described a mild form of paranoia where the “evil Other” is not as strongly defined as in the Kraeplinian paranoid delusion of persecution but is rather insidious, and corresponds mainly to a sensation of being constantly observed. In so doing he opposed Kraeplin and joined in with a number of other psychiatrists of his time who had been observing forms of what they called abortive paranoia, while the great Kraeplin first believed that paranoia would in all cases sooner or later develop into a fully fledged persecutory delusional state.

For a long time psychiatry evolved through this kind of discussion between eminent and respected figures of authority who were building up their own classifications and had to demonstrate to other clinicians the well-foundedness of their assertions, and also of their premises, on what could distinguish “normal” behavior from unhealthy or “pathological” behaviour. It also required steady presence and lengthy interviews with the patients. The lines were not easy to draw and the specialists were fighting among themselves. In this great conversation that allowed for much slack and personal interpretation, Freud played his part in the evolution of Psychiatry while pushing forwards his psychoanalytical theory. Among others he was well versed in Kraeplin’s work

\(^4\) Kretschmer, E. Der sensitive Beziehungswahn, Berlin 1918
(as a matter of fact the Wolf Man had met with the Master before he came to see Freud). His discussions with Jung on Schizophrenia and Paranoia published in his Correspondence are still of utmost interest for today’s clinicians. Let us just mention in addition his invention of the category of “obsessive neurosis” unheard of until then. He himself evolved in his usage of psychiatric classifications: whilst at first he did not make a clear-cut distinction between neurosis and psychosis (he spoke of the neuropsychoses of defense) he soon enough distinguished between psychosis and neurosis and remained heedful concerning the treatment of psychosis with psychoanalytic method. From its origin, Psychoanalysis is thus deeply rooted and intertwined with psychiatry. And as mentioned earlier, Freud himself believed in the scientific ideals of the psychiatry of his time inasmuch as he was a rationalist opposed to magical, religious or moralistic treatment of psychic suffering. He nonetheless took a very strong and lasting stand against making psychoanalysis a part of the medical body of knowledge. He fought against the will of many of his colleagues (especially the American ones) to restrict the right to practice analysis to medically trained physicians.

What holds true for Freud stands out also for Lacan who was attracted to psychoanalysis, and away from psychiatry, through the special interest he had developed for “Aimée”, the patient of his dissertation and more broadly in women’s desire.

Of course many psychiatric categories were used and are still being used with the purpose of protecting the individual and also those around him and more broadly society from the violence of the manifestations of some clinically recognized “diseases”. This noble – and useful purpose – certainly brought out

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5 He was well versed in the French school after studying with Charcot in Paris but his main reference was the German School of psychiatry.


its load of errors and injustices due to segregative prejudices towards madness especially in times when psychotropic drugs were inexistent. Notwithstanding the fact that moralistic and patrimonial issues could play a non-innocent part in the decisions of psychiatric confinement.

During the second half of the twentieth century, the anti-psychiatry movement was in vogue and matched with libertarian ideals which in a largely utopian and unconsciously dangerous form, ended up, in some countries like Italy, ruining the psychiatric healthcare system; while Michel Foucault, on a more grounded basis, echoed these protests by demonstrating the links between “power” in general and the creation and application of norms. His series of lectures on the “abnormals” exemplifies in a quite convincing way the existing link between the state of a given society and what is considered to be within or beyond the limits of what can be socially tolerated. These norms fluctuate and are part of an ongoing movement across all societies and countries (e.g. the gay rights and “liberal social issues” nowadays on the American continent and in Europe). Psychoanalysis is on board the train of what Lacan called “The Master’s discourse”. Its task is to subvert it, not to denounce it. It should therefore avoid the anti-psychiatry utopia as well as reactionary backlashes.

The “book of Disorders”
Then came the DSM. This classification that has invaded and taken over psychiatry was based, to put it bluntly, on an attempt to erase subjectivity in diagnosis in order to reduce discrepancies between the various practitioners. As a result, numbers outdid personal judgment, medication based categories such as depression or hyperactivity were created to suppress the influence of both the judgment of the psychiatrist and the subjectivity of the patient. Everyone knows the afflicting poverty of the scales and questionnaires that have overtime replaced long observation and frequent talks between the doctors and their patients. Éric Laurent depicted its effects with regard to the generalized spreading of evaluation, of which DSM classification and its like are part and

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parcel: “It leads to a vanishing of the real of the disease”. (It signs the death of language as an ongoing process of conversation between the patient and the therapist).

Once the death of language is established, it then becomes impossible to say anything about the phenomena besides what is included in the scales.

Ultimately it paves the way to the destruction of the social bond and the mutual agreement and support it entails. Thus the subject is lead to what Éric Laurent very accurately names a “default position”. He/she is no longer someone who suffers and who addresses a demand to a specialist, instead he/she becomes a mishap in the order of the Universe and thus a potential misfit to be reeducated.12

**Lacan and the question of diagnosis in psychoanalysis**

There is a cross fertilizing movement at play between two streams of thought all along the work of Lacan. On one hand, in the name of psychoanalysis, he discards any kind of segregation of our fellow humans (for example when he defines madness as the essence of human liberty in his first *Écrits*13 or when he proclaims in 1976 that “Everyone is mad”)14; this is the Lacan in favor of continuism15. On the other hand he tries to build up very precise definitions of what the phenomena to be addressed through psychoanalysis might be: their logics, their minute description, their clear-cut differences. And this is the Lacan who advocates a discrete model of the psychical apparatus. For him phenomena are always events of language: The signifying chain is made out of discrete elements which he calls “signifiers” after Saussure. These elements are linked together through metaphor and metonymy in order to produce the flow of meaning and signification that, by its own nature, cannot be thought of as discrete. Again, within the field of speech and language, discontinuity and continuity are interwoven, and the Lacanian aphorism “The Unconscious is

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15 Meaning that there is no rift between psychosis and neurosis: they are in continuity one with another
structured like a language” has become famous, meaning that the concept itself entails the discrete as well as the continuous.

The “Question Prior to Any Possible Treatment of Psychosis” thoroughly illustrates Lacan’s approach to structural diagnosis. In this fundamental text on psychosis he deciphers with more precision than any other psychiatrist of his time, more than Freud himself, the massive amount of psychotic phenomena brought out by Schreber in his autobiography. One should keep in mind the logic of Lacan’s contribution: Psychosis, and especially Schreberian psychosis, is to be examined through language impairments and communicational disorders. In psychosis the relation to the Big Other is broken down and thus the fundamental phenomena are to be read within the deranged symbolic order with – as a result – a cascade of repercussions being produced upon the imaginary: the real that has been thus foreclosed returns within the symbolic with its devastating effects.

According to this matrix of Lacan’s classical conception of psychosis, diagnosis is primarily (if not exclusively) to be constructed starting from the language disorders which result from “the gulf formed by the simple effect in the imaginary of the futile appeal made in the symbolic to the paternal metaphor”. He immediately adds on this page that the phallic signification is then foreclosed for the subject owing to an “elision of the phallus, which the subject would like to reduce, in order to resolve it to the lethal gap of the mirror stage”. Ultimately Lacan trusts that the subject will invent a useful – if fragile – “delusional metaphor” that will stabilize his/her relationship to a modified Other.

On this side of his thinking Lacan can be called a mechanicist. As a consequence of his interpretation of the Freudian body of work through the prism of the “Function and Field of Speech and Language”, (breakthrough and landmark of his stormy arrival in traditional psychoanalysis), he was from then on considered a structuralist, although he rejected being called so. The

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17 Ibid. p. 456.  
18 Ibid.
“structuralist” and thus mechanicist part of his work is only one part of his approach of the clinic, albeit a longstanding one.  

Jacques-Alain Miller spent much time exploring this aspect of Lacan’s teaching under its different facets, until he switched to the late Lacan, beginning in 2005 and culminating in the year 2007-2008 with his series of lectures at Paris 8 University placed under the generic title: “Tout le monde est fou”, “All mad”. It implies the reference not only to idiosyncrasies or eccentric behavior but to the very core of clinical delusional madness as underlined by Lacan in a short text written in 1976 to sustain the then experimental Department of Psychoanalysis at the University of Paris VIII.

A large part of a lesson delivered on March 26th 2008, by Miller is devoted to the importance of the mechanicism of Lacan’s early and most publicized theory:

Be sure to take into account that for Lacan the subject is drawn into these mechanisms, geared into them. The introduction of the Lacanian subject, the first Lacanian subject, into these mechanisms [namely metaphor an metonymy as developed by Roman Jackobson] is justified by the idea, so contrary to the usage that is mostly being made today of the category of the subject, (in order to signal a degree of liberty, some unreachable part, something that cannot be tamed and especially tamed by quantification). If Lacan introduces the subject in such a way as to gear it into mechanisms, it is because he holds the subject he has to deal with in the psychoanalytic experience to be entirely calculable.

On the other hand, starting from Seminar XX (the last lessons) and to be more exact, we could date it back to Seminars XVIII and XIX; Lacan takes a new shift towards a clinic that no longer advocates the preeminence of the Symbolic. He passes on to a clinic of the semblants (which means that human beings can never totally separate the imaginary and the symbolic register, the object itself being a semblant, i.e. an imaginary part of the body, symbolically elevated in the fantasy to an equivalence with the real).

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21 insert of the author
This leads him to a fuzzy clinic, a clinic of the continuous, of the transformational, that culminates with the knots along with the idea that is repeatedly expressed of a strict equivalence between the three registers. The “Name of the Father”, both a signifier and a concept since no particular signifier of the language can be spotted to incarnate it (and even less the presence or the absence of the father in reality), was the keystone of the discrete architecture of psychosis in the early Lacan, which allowed for a distinction between the neurotic structure that vouched for the presence of the Name of the Father, and the psychotic state that originated in its absence, its foreclosure. The clinics of the knots, on the contrary, supposes that the “Name of the Father” works as a Function\textsuperscript{23} (in the mathematical meaning of the phrase), not a signifier of a totality, thus it can be sustained through many devices, many values ascribed to the variable: it becomes one among many ways of ensuring a strong hold on what we call “reality” and that in effect is more something of a shared social bond among human beings through their common dependence on language than a “fact of language” (it corresponds to what the philosophy of logical empiricism calls the “Charity principle”\textsuperscript{24}).

As a consequence, in the late Lacan, the normative aspect of psychoanalysis and its segregative potentialities (them, the Mad ones vs. us, the Normals) is erased.

Of course this “new” set of concepts has bearings on the theory of the end of psychoanalysis. It is also consonant with the status of psychoanalysis in our world where the norm of the patriarchal family ruled by the law of the father has declined, if not totally crumbled.

In his late teaching, Lacan assumes that the analyst does not put his/her trust in the conservative and traditional form of society supported by religions, nor does he/she have faith in the salvation of humankind through progress. A fragment of J.-A. Miller’s address to the École de la Cause freudienne in October 2007\textsuperscript{25} can be quoted as supporting this assertion:

\textsuperscript{23} If not an additional device in itself which has the value of an effect of creation (the fourth knot).
\textsuperscript{25} Miller, J.-A., “The Future of Myscellania Laboratorium”.
A great majority of psychoanalysts operating in the world are traditionalists: they are naturally in favor of humanistic and clerical positions, in the hope of stopping the present movement of science in the hope of extending the duration of the world they have known. He considers that this was encouraged by Freud and by the early Lacan who in spite of their subversive stands still believed that psychoanalysis was working in favor of the life drive against the death drive. While the late Lacan teaches us something else: namely that there is no such thing as an internal opposition in the drive as Miller argued vigourously on his 1998-99 course\textsuperscript{26}: the drive in itself, inasmuch as Jouissance is allowed, is both construction and destruction and thus:

Psychoanalysts do not have to join in the choir of mourners who are nostalgic for the Past. They can be humanistic if they want, Christians, why not, but as analysts they cannot be traditionalists because this reactive, reactionary, conservative position goes contrary to their act. Yet this does not mean that an analyst should share the enthusiasm of the managers of scientific progress who already see the cash accumulating in the institutes they have created to manage the license contracts they will sign in order to sell their trade registered chromosomes…

And Miller calls for an “ironic clinic”: It corresponds to a clinic of our times and its changes in the modes of jouissance, a clinic that takes into account the movement of society which is both constructive and destructive, for example in family matters. It is only possible if the analytic aims and finalities go beyond the Father as the only possible anchor for normativation. It refers to a clinic that metaphorically rests on the schizophrenic’s fundamental disbelief in the consistence of the Other. Thus it is a clinic that takes seriously the Lacanian invention of the Sinthome and of the subject’s final identification with his Sinthome. The Lacanian concept of Sinthome refers to a mix of fantasy and symbolic that is as close as the subject can approach the “pieces of real”, he/she is fixed to.

To be more concrete: The version of the end of psychoanalysis that was first favored by Lacan in his “Proposition of 9 October 1967” for the pass conveyed that analysis was totally reduced to an experience of knowledge and

truth and, in a way, equivalent to the revelation of the “Subject Supposed to Knowledge”. It was also implicitly suggesting that the end was a quilting point, a full stop that sublimated the object through an acquired knowledge of the truth about oneself.

The end of an analysis if we follow Lacan in his considerations on Joyce the Sinthome can no longer correspond to a normativation of the subject under the ruling of the Name of the Father assuring thereby a widely shared solution, valid for a majority and leaving on the side a number of drop outs of the Name of the Father: the Madmen. The end through the identification with the Sinthome means two things:

1. There is no standard possibility to end the treatment: the identification with the symptom is a matter of one by one. It relates to how each given subject maintains his part in a social bond with a non-standard solution that allows for a form of jouissance and links it to a sense of responsibility, duty, and solidarity in this world.

2. It also means that there is some madness in the original solution he or she has elicited since it never is a standard one. In this sense it is ironic because it does not relate to a ready-made instance or a consistent register. In all cases it denounces the failure of the Paternal Metaphor to accomplish what it was ideally presumed to effectuate as an anchor for the subject and as an access to fully assumed identification with the ideals of his/her sex.

The identification with the symptom means that “we are all mad” in the sense of we are all different, all un-natural and still related through our common dependence on language which informs our relation to the imaginary and the symbolic, never totally separated from others through the mediation of language, but also never accomplishing the dream of achieved heterosexual, harmonious sexuality, and even less, the dream of loving union.

This version of the end and aims of psychoanalysis also means that the unconscious stays open, even after the end of analysis. In the last part of his teaching Lacan implicitly sets aside his previous idea that a matheme could articulate the end of an analysis or – to put it slightly differently – that there could be a matheme of psychoanalysis. He was then led to question the relation between the end of psychoanalysis and a final revelation of Truth.
In Aristotelian logic, there is no such thing as a partial truth: a truth is or is not and thus there is solidarity between truth and universality.

In his conclusion to his 2008 lectures, J.-A. Miller notes that conversely, in his last teaching, Lacan formalizes the end of psychoanalysis along the lines of the logics presiding over feminine sexuality: the Not-All (“le pas-tout”) grounded on a torsion of the classical Aristotelian logics. This very torsion is an invention by Lacan. It opens the way out to an end that does not resolve itself totally through knowledge. One of the consequences is that psychoanalysis cannot be taught: thus the training of an analyst, as J.-A. Miller reminds us, is first of all due to his/her experience of his/her own analysis pushed as far as possible and ideally to the point where there is no more subject supposed to know left.

The Unconscious can never be totally sutured, as Miller has frequently stated, but particularly in a note on the Freudian concept of *Urverdrängung* a propos of Seminar XXIII in its Appendixes.

Of course a thorough education in the discipline of psychoanalysis is also mandatory in the training of an analyst – and even an extensive knowledge – but secondary to the experience in itself.

When Lacan says, “We are all mad, that is to say, we are all delusional” one might take it as a strict equivalent of “we are all psychotics”. If it were so, the option would totally be in favor of the late Lacan and erase the first part of his teaching. It emerges as extremely important to stress the very subtle way in which J.-A. Miller comments on this sentence. His indications in this matter are fundamental since they have bearings on the very practice of analysis.

In his last lecture of the year 2008, he takes a very clear standpoint: “The madness at stake here, this generic madness, is general, or rather universal. It is not psychosis. Psychosis is a category from the clinic with which we try to capture something which anyway inscribes itself in this very universal.” And Miller indicates that the signifier “delusional” in this particular sentence of Lacan’s is to be understood as: “taken within the network of meaning” (which cannot be avoided since human beings are captured within the network of language). He also mentions that Lacan had made an allusion to a similar issue

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in the first part of his teaching when he mentioned for example that awakening is just another way of keeping on dreaming, to which we may add the passage from *Seminar XI* relating the anecdote of the Chuang Zu butterfly.\(^{28}\)

**Clinical entanglements**

Miller’s systematic lecturing on the part of Lacan’s teaching posterior to *Seminar XX*, began in 2005 with the lectures called “Pieces détachées” (in English “spare parts” but also fallen parts). In the first lecture he announced that he was going to study the Sinthome as a concept invented by Lacan in the last part of his work and also as the title of a Seminar: “Joyce the Sinthome”. Many among those who have studied this Seminar or who attended it have noticed that Lacan never declares explicitly whether he thinks that Joyce was a psychotic or not. Since he never explained why – at least to my knowledge – it stays open to many an interpretation, interpretations that are not mutually exclusive.

One, and not the least of them, is that the respect for an artist of this importance demands not diminishing his aura by pinpointing him with a psychiatric nametag. (But a few years earlier Lacan did not hesitate to speak of Wittgenstein’s psychotic ferocity\(^{29}\)).

Another interpretation also holds true: Lacan was aware of the fact that he was addressing an audience far beyond the limits of the medical world and did not want to stigmatize psychosis in general, being aware of the possible segregative effect produced by the signifier “psychotic”.

Again another one would be that in the light of the late teaching and the clinic of the knots, the clinical category of psychosis had henceforth become irrelevant.

Within the Freudian Field the debate on un-triggered psychosis turned out to be a widely shared concern in 1998 when the category of Ordinary Psychosis was created by Jacques-Alain Miller during a research program of the Sections Cliniques du Champ freudien.

The concept of ordinary psychosis was at first of restrictive extension but became rapidly in vogue. In the beginning it was presumed to concern only


some rare cases in which the foreclosure of the Name of the Father remained un-decidable. A consensus soon turned up\textsuperscript{30} that it was not rare to have to deal with an indetermination in the diagnosis of a case even after lengthy preliminary interviews. As a matter of fact there were already hints of it in Lacan’s first teachings when he mentioned un-triggered psychosis. And sometimes, even though psychosis is technically onset, it takes very discreet forms (an isolated elementary phenomenon for example).

However in some Schools of the AMP from 2004 to 2008, the vogue for the category of ordinary psychosis – and it is a fact that the increasing number of cases to be found is correlated with the ongoing decline of the Name of the Father in our civilization – and the emphasis put on rapid therapeutic effects in psychoanalytic treatment as developed in the French psychoanalytical free clinics created by the École de la Cause freudienne, produced an inflationist bubble of indecisive diagnosis and maybe some disarray for many clinicians who did not see the point of using clinical categories that were obsolete in modern psychiatry when the “new clinic in fashion” was the clinics of the knots.

Because of these and many other flaws that were discovered and analyzed by Jacques-Alain Miller in a long series of interviews called Entretiens d’actualité and published on the internet during the autumn of 2008, some precision and reflection about the overextension of “ordinary psychosis” was necessary.

Miller presented these details in a lecture he gave in English under the title “Ordinary Psychosis Revisited”. This text of reorientation is to be read as a landmark and a turning point in our clinics.\textsuperscript{31}

1. In this article of major importance he strongly emphasizes that the category that we call ordinary psychosis is to be considered within the span of psychosis.
2. It is a form of psychosis that is sustained or stabilized by a Sinthome (an “invention”) in spite of an existing foreclosure of the Name of the Father. Although it has not onset and maybe never will, some indicative elements can be found and have to be looked for during the first interviews with the patient

(sometimes it might require a long time since the phenomena are often subdued and lack precision). Miller advises to look into what he calls “three externalities”: In the social, there should be some kind of “disconnection” (débranchement). The link to the Other is loose, wooly, drifting.

3. In the Body the subject can often be suffering from unclear pains (to be distinguished from hysterical conversion symptoms) or from difficulties in concentration (to be distinguished from obsessive ruminations or compulsive verifications). Often, as Miller states it, “The subject is led to invent some artificial bond to re-appropriate his body, to tie his body to itself”.32 Tattoos or piercings that are today in fashion can sometimes play this role.

4. In the subjectivity itself: some “fixity of identification” can usually be found, it refers back to a special form of relating to the a object (either because there is a strong identification with waste or, at the opposite end, an extreme form of mannerism against which the subject defends itself). At both ends of the scale it is a relation to the a object which is not dialectisable, which is not marked by the dimension of semblant.

In the same text Miller also indicates that in the differential diagnosis of ordinary psychosis the clinician has to look for a negative differential approach: if it is not a neurosis then it is a psychosis although it is not triggered. He mentions that the most solid reference to discriminate between ordinary psychosis and neurosis is Hysteria for which there is a very sturdy structural apparatus in the Freudian and Lacanian corpus.

**Generalized Foreclosure**

The proposition: “We are all mad but we are not all psychotics” should also be examined in light of the theory of generalized foreclosure formulated by J.-A. Miller in 1986, since at first sight it seems to object to it.

This concept can be related to the last part of “Subversion of the Subject, and the Dialectic of Desire” when Lacan declares:

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The neurotic underwent imaginary castration at the outset, it sustains the strong ego that is his, so strong, one might say, that his proper name bothers him, so strong that deep down, the neurotic is Nameless. This passage reminds us of the issue of the absence or presence of the Name of the Father, and it also suggests that for the neurotic as well as for the psychotic the Name of the Father is, to say the least, in question.

Starting from this part of “Subversion” and from the pluralization of the Names of the Father effectuated by Lacan himself in his sole lesson from 1963, baptized “The Non-Existent Seminar”, Miller emphasized more than once the questionable status of the logical function of the Name of the Father and stressed the existence of the hole in the Other for the neurotic as well as for the psychotic.

In a commentary of Freud’s “Wolf man” case given in Milan in 1994 he gives an interesting rationale for this theory: He first explains that in a certain perspective, reconstruction and remembrance can be opposed and yet, they are made of the same material: Signifiers.

For this reason Freud is led to formulate that what is repressed is the historical truth… finally what is repressed is Truth, Warheit. The equivalence between remembrance and construction in relation with truth is decisive for opening the way to Lacan”.

Miller goes on:

Thereby Freud proposes to consider that hallucination and delusion derive from the same mechanisms. He extends to psychosis a mechanism that he previously had set aside for neurosis only….. if hallucination and delusion come under the same structure as neurotic mechanisms: It means that at the core of hallucination and delusion lies a repressed truth. There lies the focal point of his clinical demonstration.

And indeed the clue, or to be more precise the Archimedean point to the question of differential diagnosis revolves around the status of Truth in psychoanalysis and can only be understood with the concept of “the Stratification of the Other” (brought in by Éric Laurent and Jacques-Alain Miller in their shared class: The Other who does not exist and its Ethics

The stratification of the Other allows for an explanation of what is common and what is different in neurosis and psychosis.

As Lacan goes along he keeps reasserting that the truth is not One, in his late teaching he even speaks of the “variety”\footnote{Lacan, J., Lesson of 19 April 1977 from L’insu que sait de l’une-bévue, c’est l’amour, in Ornicar ? Issue 17/18, op. cit., p. 13.} (varité) of the truth, a pun conveying that there are always several aspects of the Truth. What has been sometimes qualified as a debasement or a dismissal of Truth is clearly due to the rise of the category of the Real in Lacan’s thought. Truth relates to knowledge and signification while the Real rests on a hole: this same hole that lies in the “umbilicus of dreams” and which Freud recognized as the Urverdrängt. The Sinthome as a rest of the analytical operation leads us to take to the letter the Lacanian definition of the Symptom as: “What one has that is closest to the Real”. And in some instances (as discussed by Miller in November 2007) Lacan will go as far as declaring that the Sinthome is real because it is as close as one can get to the real with a semblant that knots together body, language and image.

In this respect there is an equivalence of psychosis and neurosis. And indeed in some cases a psychotic Sinthome can hold as strongly or even more strongly than a neurotic one. That seems to be the gist of Lacan’s demonstration regarding Joyce.

At the beginning of his teaching Lacan thought that psychosis could be stabilized with the help of a delusional metaphor. This sets the process uniquely on the plane of the symbolic register. In his late teaching with his concept of Sinthome the stabilization ties together the three “externalities” that Miller isolated in his article “Return to Ordinary Psychosis”. But this is only valid for some cases where possible structural flaws cannot be found. None the less, for many cases of psychosis and even ordinary psychosis as Miller points out, there are usually subdued hints of difficulties that appear in the social, in the body or in subjectivity, these being the three “externalities”. The Sinthome can be approached from two sides. The first one is the side of remainder of the treatment. This is the side obtained through the extraction of Jouissance in the analytic treatment and then the Sinthome appears as the name of what is incurable. On the other side, the Sinthome constitutes the ultimate defense...
against the real or the best that can be invented to prevent the catastrophe of the onset and its consequence, this invention being more or less solidly put together and acceptable by society can be “natural” in spite of the elision of a “Name of a Father”; we then consider the case as a case of ordinary psychosis. It can also be built up, usually at the cost of many efforts, when psychosis has already been triggered.

In any case, a diagnosis has to be made and pushed as far as possible by the analyst for practical aims that are related to the direction of the treatment: a prerequisite condition for “the act of the analyst”.

Among the many side effects of the overexpansion of the category of ordinary psychosis that have been brought to light recently by various psychoanalysts, is a tendency for the analyst to refrain from taking his/her part in the treatment and to listen passively to the patient. It has been counterbalanced by the new surge driven by Miller during the Thirty-Eighth Study Days of the École de la Cause freudienne. As it has been widely noted, it produced a de-massification of the enunciation, while the preceding period tended to underestimate if not totally erase the inclusion of the analyst in the treatment (at least in the contributions presented at scientific meetings).

**The inclusion of the analyst in the treatment.**

In an important article published in 2002, Eric Laurent examined what he was already calling “the crisis of the case history” in psychoanalysis. He shows how Lacan’s conception of the case history evolved with the times, with successive points of emphasis which are not mutually exclusive. He also stresses how Lacan started from a phenomenological conception of the case history inspired by Jaspers (the narrative focusing on a succession of phenomena) and then passed on to a more logified conception as he was eliciting an ever more logified idea of the Unconscious. In this classical moment of his teaching, the case history represents for him a paradigm in which the particularity of the “formal envelope” of the symptom includes it within a

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classification (and here we are confronted again with the issue of differential
diagnosis): “The symptom’s logical coherence is an affirmation of the existence
of classes of symptoms and by the same token effectuates their
deconstruction.”  

This moment of Lacan’s thinking about the case would belong entirely to the
mechanicism of Lacanian theory if Lacan had not also been preoccupied with
making place for the Freudian drive and the dimension of Jouissance in
psychoanalysis (which is not discrete). Laurent sums it up by stating that: “The
fundamental indication that Lacan gave on this matter is that in psychoanalysis
the demonstration is homogeneous with the form of the Witz.” And he reminds
us that in the Freudian Witticism we have a “stratification of the Other” so to
speak: at one level there is a mechanics, a logic of the pun, made essentially of
an encounter between two registers that usually are kept apart. It produces an
effect of rupture, of nonsense, of surprise. And at another level there is a surplus
of libido which provokes laughter (Lacan indicated that in the comical effect of
the pun the phallus was always at stake). If a case history is to “prove”
something in analysis as Laurent mentions, it is more thanks to the libidinal
surplus obtained than owing to the rightness of the propositions. Both are
necessary but the proof, the partaking of the logic of the assertion, is only
accepted if a libidinal satisfaction accompanies it. This type of Aufhebung that
links together “mind” and “body”, signifying chain and drive, is absolutely
specific to the psychoanalytic discourse. Thus the enunciation cannot be
separated from the enunciated. This is one of the meanings of the first sentence
of Lacan’s l’Étourdit: “That one say remains forgotten behind what is said in
what is heard.”

As Miller once put it, “The case history that makes for proof calls for a
partaken practice and a lifestyle. One should never forget that psychoanalysis
primarily aims at changes in the libidinal economy of the patient. It is far from
being a pure matter of “narratives”.

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38 Ibid. p. 10.
39 Ibid. p. 31.
41 Miller, J.-A., (Quoted by Eric Laurent), in a lecture given in Ghent in 1997
is: “le Symptôme, savoir sens et réel”.
From this, two consequences are to be deduced:
1. The case history will never tell the whole truth about an analytic problem. It belongs to the “not all” logic, no case will ever say the last word about the real.
2. In the place of Truth comes a satisfaction that serves as proof for the listener. This satisfaction demands the presence of the analyst in his enunciation and also that the analyst does not identify with the knowledge produced by his own presentation. As Laurent points out: psychoanalysis has never and will never respond to the epistemology of the model.

**Pitfalls in interpretation**

Assuredly a psychoanalyst directs the treatment […] in the capital outlay involved in the common enterprise, the patient is not alone in finding it difficult to pay his share. The analyst too must pay:

Pay with words no doubt, if the transmutation they undergo due to the analytic operation raises them to the level of their effect as interpretation;

But also pay with his person in that, whether he likes it or not, he lends it as a prop for the singular phenomena analysis discovered in transference;

Can anyone forget that he must pay for becoming unmeshed in an action that goes right to the core of being (*Kern unseres Wesens*), as Freud put it with what is essential in his most intimate judgment: could he alone remain on the sidelines?\[^{42}\]

One will certainly have recognized this famous passage from Lacan’s “Direction of the Treatment…”.

These considerations hold true whether the patient belongs to the clinical category of psychosis or neurosis: an analysis requires the implication of the analyst as well as the analysand’s. Nevertheless in both cases, this situation is not symmetrical: the analyst directs the treatment, the analysand is the one who demands.

As Eric Laurent states in its article “Ordinary Interpretation”\[^{43}\], although the analyst is free in his interpretation there are also rules of interpretation, or to be more exact, principles of interpretation. First and foremost there is no metalanguage, no Other of the Other. Thus interpretation is always taken from


the sayings of the analysand and returned to him so that he can read what he had said without noticing. In this sense the analyst’s task resides in inserting a signifier within a preexisting signifying chain which is developed by the patient. Miller added to this, thus formalizing Lacan’s practice that instead of another signifier, it could be a punctuation or a cut of the session that produces the same effect of reading of the Unconscious.

In his classical period, Lacan stresses that interpretation is not open to all meanings and that it should aim at the cause of desire. It is consistent with the idea that interpretation should not reinforce the interpretative tendency of the unconscious along the lines of always building up more meaning. But in the case of neurosis, interpretation will use phallic signification “per via de levare” in order to uncover the a object and the part it plays in the fantasy. It is possible inasmuch as in spite of its flaws the paternal metaphor is operating and fixes a limit within the edge of the Real. On the other hand this type of interpretation that opens up the division in the subject and the fall of identifications is risky in psychosis, especially when it is triggered, since it can unleash the delusional production of signifiers (the open cast unconscious) without limit and in particular put the analyst in the place of the persecutor. This is the reason why some caution is necessary with the handling of psychotic subjects.

It does not mean however that the analyst should stay put and not interpret. In the article cited above Laurent specifies it in a very clear manner:

On the one hand we accompany the taking charge of Jouissance by the language, […] we install the Locus of the Other, we authorize the place that can enable translation […] The work of translation continues but, at the same time, we must know that what we are seeking to obtain is a stabilization, a homeostasis, a punctuation”.^44

This in itself advocates for the necessity of differential diagnosis.

The second clinic of Lacan based on the symptom, and beyond the Oedipus, does not cancel out the first one, it puts it in a different perspective. Firstly, if we follow Miller in his “Ordinary Psychosis Revisited”, he is still making a claim for the necessity of establishing a sound diagnosis. And in the case of ordinary psychosis it is more a diagnosis by elimination: if it is not a neurosis and if there are no signs of a structural diagnosis of psychosis then we

^44 Ibid., p. 288.
are in the field of psychosis but an ordinary one. And again the kind of interpretation that is possible rests on the capacity of language to take charge of the excessive Jouissance. We will then preferentially, as Laurent states it, “target the symptom”: which means target in this case what in one or several of the “externalities” described by Miller seems to indicate a weakness of the knot between the imaginary, the symbolic and the real. In this indication I understand the “targeting” as inviting the subject to expand with signifying elements what has not been so far deployed through signifiers in one or the other externalities. It is indeed a way of naming the fragile part of the symptom. In this particular case of ordinary psychosis it is equivalent to analyzing the part of what is acted by the patient (as a disconnection expressed for example as a “difficulty in concentration”) of this Jouissance that has not been taken charge of by the signifying chain. The goal of this operation, again as in classical psychosis, is to obtain a stabilization, to obtain that the subject will find him/herself at peace.

Now if we look at the other side of it, it is also what is expected with the neurotic: what can be called the satisfaction of the end of an analysis when the subject can finally accept the impossible and be at peace with a final “this is what I am!” . When this is obtained, the sinthome, or the symptomatic remainder as Freud called it, will be the name of the part of Jouissance that the Name of the Father had not before been able to appease.