

Psychosis and Names

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The following pages could serve as an introduction to a reading of Schreber, to Freud's text on Schreber and to Lacan's commentary on these.¹

Above all I have concentrated on the ways in which the edge [*le bord*] and the letter [*la lettre*] can be located in the psychotic. There will also be a few preliminary remarks on the question of the transference in the psychotic. There is a transference, but it is of a very particular kind.

We need, at the present time, an innovative clinical method—not in order to exclude theory, but rather to open it up. To listen means to take into account the radically Other. This is a challenge that we encounter not only in the psychotic. Locating that radical Other also makes possible an opening on a textual level.

But one could also go further and say that the psychoanalytic clinic must be an original clinic as it is a singular clinic: it is impossible to generalize the symptom. In order to find access to that form of listening that could found a new clinic, one must be able to expect from an analyst that he have at least traversed another discourse. It is only in that way that he can find access to the originality of the Other's speech and to record what is radically Other within it.

Voice and Psychosis

I will begin with a reflection on psychosis and the voice—not on a theoretical level, but rather as it was evoked in me by the difficulties in speaking experienced by a psychotic woman. For many years this patient had been in a phase of almost total mutism. The diagnosis of psychosis cannot be doubted: the patient had been hospitalized for a long period of time because of her delirious and hallucinatory activities. When she came to see me after leaving the hospital,

she struggled with the almost total impossibility of saying anything at all. One could also say that she delivered a text without voice.

In order to get closer to understanding what is at stake here one could attempt to examine what poetry tells us about the text and about writing. Isn't it true that what in the best cases constitutes poetry is its reduction to traits which only the voice—its modulations and intonations—can then supply with meaning? In poetry the voice can be found in between the letters, sometimes in between the words. The voice is the condition for reading. Most likely there exists a creative tension *between the voice and the letter* that is present from the very beginning. The "creation" itself is already an interpretation of the letter. In fact, before it became alphabetical, before it could be written, this letter had already undergone a long development: at first by marking an edge, which is not unrelated to the castration by the Other; and then by a "translation" of this edge without which we would have no means of finding access to it.

Our psychotic patient had been driven up to an absolutely impassable edge, an edge that allowed me to understand the *articulation between voice and writing* a little bit better.

Isn't the voice to be found in the first place and above all on the level of *silence, of being quiet*? The voice is not necessarily what is audible, but its falling away [*chute*] is what makes possible the articulation of speech. The function of silence is above all to interrupt the flow of speech. I am not advancing anything very original when I say that an uninterrupted flow of speech doesn't necessarily have much to say.

We must distinguish this *mutism* first of all from the *aphonia* of the hysteric in order to grasp its significance. One could compare the latter to a silent cry, to a withholding of the voice, which nevertheless addresses the one who does not wish to hear—the demand for love, for example. But there is always still the hope of making oneself heard. When the one willing to hear arrives, this voice may fall away [*chuter*] in order to become audible.

The falling away of the voice produces blanks, perforations. It produces a speech that is full of gaps. And these gaps turn up where no guarantee can be given, where all certitude is lacking. They provide a space for what is truly Other. Perhaps this allows us to understand better what it is that disturbs us about the pervert: it is the *affectedness of the voice*. It is incapable of falling out (of dropping) [*chuter*], it is like an erect phallus without which the pervert would fear that he is no more. He is incapable of renouncing it out of fear of losing himself. Sometimes the gaps appear to be filled in a superegoesque way; in those cases the voice can become authoritarian.

This authoritarian character is not necessarily communicated via the words' contents but rather by their tone. Children aren't fooled: the same words that can make them laugh can make them cry when they are spoken in a different tone.

Speech inadequately veils—or rather, is a slow unveiling of—this object of anxiety that is the voice. In addition, the way in which a person handles his or her voice tells us much about his or her relationship to anxiety.

Resistance and Reticence

This function of the voice allows us to distinguish the *resistance* that is manifest in the neurotic from the *reticence* that one observes in the psychotic. The voice betrays *what the neurotic does not want to say*. When it begins to tremble and become emotional, for example, it reveals his *resistance*.

For the psychotic the question is posed differently. He is aware of the fact that, necessarily, as soon as he begins to speak, *he gives up what he wishes to say*. This is something entirely different. His *mutism* is the expression of this *reticence*, which is the only position that remains open for him. He has no other recourse the moment he realizes that opening his mouth means losing something. He finds himself driven to that limit which he is incapable of overcoming, the limit on the other side of which all speech is mendacious. It is precisely this that the patient I am discussing wrote down, being unable to say it: "I cannot say what I think because it is not the full truth, it is not everything that I think, and it betrays [is not faithful to] that which I wish to say." Mutism is the attempt to curb a voice that cannot help but be deceitful.

And Schreber . . .

Other clinical examples teach us the importance of the *edge* [*bord*] in the psychotic and the difficulty in stepping over it. For some it is definitively impassable. In order to advance a little farther into this topic, I propose to revert to Schreber's delirium. I will start with the beginning of Freud's text, which I will precede with a sort of introduction. One can distinguish three phases in Schreber's delirium.

In the first phase the body's wholeness is being threatened. The body is fragmented and the different organs are involved in the delirium. Schreber is aware that he survives despite these bodily injuries, which would have killed anyone else. And so he is, as he says, the most extraordinary human being who has ever existed on earth.

In the second phase he reacts against this fragmentation of the body, as he does, for example, in the following sentence: "As long as I am a man, I am immortal." This is the reaction of a man who feels that his virility is being menaced, and this brings the most vulnerable point into focus. This megalomaniacal response—that is, the "I am immortal"—always emerges at the point of the most extreme fragility. Everything that is said about the body and its different parts is a translation of the threat that is directed, above all, at the male

organ. These are all displacements onto other body parts, or onto the body as a whole. The aim is to turn attention away from the organ that is really being menaced. The latter is safeguarded by this costly—because delirious—operation. We should establish here that what is called *fragmentation of the body image* is not a primitive psychotic phenomenon; instead, it already constitutes a reaction to another threat aimed at one very precise body part.

This part refuses to be made negative and therefore remains specular. The stroke of the cut [*trait de coupure*] is displaced onto other organs. When the psychotic speaks of the end of the world, he is simply translating this threat, because when the body is threatened in its integrity, everything dissolves. Schreber has saved his virility, but has done so at the price of the integrity of his body image.

The psychotic, then, is lacking an imaginary or narcissistic prop, which can function only when one part of the body is not represented. Or, to paraphrase Lacan: the body image constitutes itself around a central part which remains aspecular. One could say the same thing in yet another way: the unity of the body image is founded on the negatability of one of its parts. Only when this is the case can a totalizing image come into being.

The Birth of Art

In this connection one could formulate some reflections on the *birth of art*. Art comes into being the moment representation not only makes room for a gap, a blank, but also when it is determined by the unrepresentable, by that which can be neither represented nor recuperated in any shape or form. It would not be exaggerated to speak of an “umbilicizing” [*ombilication*] of the image.

What in the body image radically evades representation? It is the letters that are inscribed onto the body. One could go even further: it is *the letters of the name*. To go back to our discussion of art, one can see this in the exhibit, *The Birth of Cubism*, which is presently taking place in Basel.² At stake in this exhibit is, first, the dialogue between two painters, Picasso and Braque, who were later joined by a third painter, Juan Gris, who is the great absentee in this exhibit. The body does not necessarily become proportionately more stylized or abstracted as the work of these two painters progresses, but rather, it fragments into such a plurality of planes that it becomes impossible to reconstitute its unity. It is lost. In addition, the body now appears increasingly more complex. This complexity increases to the point that not only is the body split into different parts, but, in addition, these parts themselves are fragmented almost into infinity. The result is that the more one attempts to represent the different body parts, the more unavoidably one bumps up against the unrepresentable and the more numerous do the body parts evading all representability become.

On the one hand, then, loss of unity in the body image, on the other, loss of a perhaps infinite number of body parts. But things don't stop there. At a

certain moment—I no longer remember which painting marks the beginning—letters appear on the canvas, and they appear at the edges of all those cut up planes of the body. They form neither a body nor unity or meaning, but they are open to interpretation.

What is a Letter?

If we now return to the more clinical realm, we can say that this letter is not necessarily an alphabetical one. It corresponds to an *edge (rim)*—Lacan says, a *littoral*,³ a written *trace [trace écrite]*, whose function changes according to its structure.

I will review these different structures as rapidly as possible.

In *hysterics*, the traces of the cuts [*découpage*] in the body determine the lines of both their suffering and their *jouissance*. One can speak here of a "*lettre en souffrance*."⁴

In the *pervert*, one encounters the fetishized letter, the often *very important production of letters/texts* the aim of which is to withdraw them from translation. They correspond to a *trace* which must by no means be erased; translation would constitute the greatest danger for the pervert. But a trace that must not or cannot be erased is not a trace.

In the *psychotic* the letter appears on the level of the breaking points of the body image and menaces its unity. Here the letter has a *persecutory function*.

This is what the third phase of Schreber's delirium teaches us. It marks an important stage which Schreber himself introduces with the following words: "The month of November, 1895, meant a turning point in my life history, and ever since then I have been unable to accord my circumstances, my prospects for the future, and so on, the same meaning."

Schreber now accepts the idea of his unmaning, which is tied in with his becoming a woman. This third phase appears with extreme punctuality: in November of 1895 Schreber is exactly as old as his father was at the time of his death. Feminization is a sort of compromise, which he is now ready to make. At the moment that he accepts this cut, a cut that, he says, is terrible and unspeakable (these are Schreber's own words), the threats that had been aimed at his entire body cease. One can hypothesize that his hypochondria—the diagnosis that had been made during his first hospitalization—resulted from the displacement of the threat of castration onto other body parts.

Hypochondria

One can observe that in the speech of some men hypochondriacal worries appear at very precise historical moments. I am thinking in particular of a patient who consulted me for severe prostate pain. He had previously seen a

number of urologists who had all submitted him to the same exam—a rectal examination, which embarrassed him.

He had experienced these exams both as attempts at seduction, and thus as connected with a degree of *jouissance*, and as aggression, against which he defended himself rigorously.

His first prostate pains had appeared towards the end of his adolescence, when he had begun going out with a young woman his age. He had invented all sorts of stratagems to avoid having to have sex with her. It is not difficult to see on what level he had felt threatened. The threat of castration had been displaced onto the most proximate organ—the prostate, in this case.

Of course, hypochondria can appear in other guises and can involve other organs. It can at times provide protection against delirium, as a sort of last rampart, and at other times be a first indication of delirium. In Schreber one can see that it can develop into an unequivocally hypochondriacal delirium.

One must distinguish three things concerning these somatic manifestations. The *hysterical symptom* is characterized by a certain *jouissance* of the trace, the markings on the body, which, however, in most cases, remains easily translatable as it is not fixed.

This is the opposite of what occurs in the *pervert*, who solders *jouissance* to the trace. For example, he leaves inextinguishable traces on the body of the Other in his vain attempt at “making an inscription.”

In *psychosomatic phenomena* the somatic illness attempts to inscribe a real trace that up until then had not found the slightest foothold.

On the level of *hypochondria*, which we wish to study here, the inscription of the trace is experienced as aggression, in other words, in a persecutory mode. It is absolutely necessary to take account of the context, which alone allows us to recognize the true meaning of the somatic manifestation. There is a search for a compromise between a number of different demands. Hypochondria is the negative recognition of castration through displacement onto other organs. But the effort to find a somatic support for the cut, the trace, the letter, whose inscription is nowhere secure, is gigantic, sometimes even desperate.

This may allow us to say a word or two about the foreclosure of castration or the Name-of-the-Father. The psychotic suffers from the crucial absence of an inscription of the letter on the level of the body of the Other. It is as if he had to force this inscription onto his own body.

In order to correctly situate the originality of the psychotic's response, one must return to the manner in which the neurotic reacts to the question of castration. He encounters it on the level of the body of the Other; hence the crucial importance the encounter with the other sex has for him. For the rest, the manner in which the preceding generations have handed down castration is determining. If he is capable of taking his reading there, he will be able to transcend his own individual history.

The psychotic, we said, encounters the absence of an inscription, of the trace, in the realm of the Other. This is what one may call a *foreclosure of the letter*. He finds himself in the absolutely impossible situation of attempting to inscribe a letter that has never been there. It is as if he himself had to become the Other in order to make it exist, as if he had to wear the mark of the letter on his own body. The body becoming the material support of the letter also means handing it over to the letter's cruelty. It happens that the psychotic may actively mark his body through maiming or castration. One can encounter this in the melancholiac, who sometimes appears on the depressive side of paranoia.

Hypochondria is a phase that precedes this delirious behavior. It can last a long time, sometimes a life long. I now return to my clinical example and to the context of the appearance of its symptoms. It appears at a very precise point in the subject's history. A masturbation gone out of control during adolescence is accompanied by great feelings of guilt, coupled with the conviction that it will have deferred effects, that it will leave him with unerasable signs. On top of that there is an absolute refusal to have sexual relations with a woman. This is the cause of the rupture with his first fiancée. With the second woman, his future wife, he succeeds in postponing his first sexual relations with her until after marriage. A third factor that lends the situation its characteristic tone is the fear of being a homosexual. For a long time this fear lies at the center of his preoccupations. It emerges again and again during the course of his sessions. When this factor appears in a dream, he finally allows it to be transformed.

I here end my exposé of this clinical situation, which I have related in order to demonstrate and illustrate the meaning of hypochondria. It is a sign that announces paranoia and defends against it at the same time. Homosexuality plays an ambiguous role in this context. It is experienced with great feelings of guilt but is simultaneously meant to serve as protection against castration. It is not impossible that fear of homosexuality corresponds to an inverse form of the fear of castration.

The Delirious Metaphor

In closing, I wish to return briefly to the third phase of Schreber's delirium. His becoming a woman represents an attempt to either step over an edge or to translate a trace. This allows Schreber to take a decisive step but one that remains on the level of delirium. It is legitimate, therefore, to speak of a *delirious metaphor*. It allows Schreber to accede virtually to a castration that, in a distant future, will make him a woman. The point of this entire operation is to find access to a lineage . . . in a delirious manner. It is beginning with this primary demand for lineage—Schreber speaks of "the absolute imperative of a world order" that a reading of his delirium may be attempted.

Notes

1. Prefatory remarks by André Michels on his translation from French into German:

"The author works with a number of terms that are not in current use in German psychoanalysis. Beginning with the term letter/*la lettre*, they constitute a metonymic net: *bord*/rim, edge, seam [*Rand, Kante, Saum*]*—trait*/trait, stroke, line [*Zug, Strich, Linie*]*—trace*/trace, track, trail, remainder [*Spur, Fährte, Überbleibsel*]*—découpe*/cut-out [*Ausschnitt, Tranche*]*—découper*/to cut out, to punch out, to carve out [*ausschneiden, ausstanzen, tranchieren*]*—chute*/fall, dissolution, decline [*Fall, Auflösung, Untergang*]*—chuter*/to fall, to dissolve, to decline, and to go under, to disappear [*fallen, sich auflösen, untergehen, verschwinden*].

"The step Lacan takes from the letter as the "material prop" for the signifier to the letter as the latter's "inner exteriority" shifts into focus the concreteness [*ein Diesseits*] of linguistic metaphoricity; what is at stake here is the concrete interwovenness [entanglement] of language, writing, and the body. What appears from the point of view of meaningful speech—from the perspective of "intellect" or "psyche"—to be external, incidental, or arbitrary—*trait*, trace, the rim of writing—turns out to be the kernel or bone of that paternal metaphor in which the meaning effects of linguistic metaphoricity are anchored. This step, so decisive for clinical "psychosomatics" in its widest sense, needs to be effected through a reading of the Seminars that are still largely unknown in this country: "L'identification," "L'angoisse," "D'un discours qui ne serait pas du semblant," "Encore," "RSI," and "Le Sinthome."

"A warning seems relevant here: an isolated translation of a clinical text runs the risk of being read in a remetaphorized register of the "like," "as if," "in the sense of." But what is at issue here, before these traces, rims, levels, and so on are translated into a "psychic" register, are in fact nothing but traces, rims and levels—the topology of the body, in other words. In order to urge for a reading that is as literal, bland [*geistkarg*], and unspirited [*seelenlos*] as possible, I have often added the original key words in brackets."

2. 1991.

3. [Original translator's note]: littoral = coast, coastal strip; alliteration with *lettre* = letter (in both senses).

4. [Original translator's note]: a letter that has not reached its destination; *souffrance* in its usual sense, i.e., suffering; allusion to Lacan's famous text, "La lettre volée."