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A Linguistic Model of Psychosis—Lacan Applied

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Twentieth-century linguistics, catalyzed by the work of Ferdinand de Saussure, made a radical departure from the nineteenth-century focus on philology, or the history and lineage of Indo-European languages, by focusing on descriptions of living languages at a single moment in time as arbitrary communication systems. The methodology derived from de Saussure's linguistics led to structuralism as an approach to diverse social science and humanities disciplines, giving rise, for example, to Levi-Strauss' anthropology or Roland Barthes' literary analyses. In the field of psychoanalysis a French neo-Freudian, Jacques Lacan, was the first to extensively reread Freud through de Saussure's linguistic legacy and structuralist methods. Although long at odds with the psychoanalytic establishment in France and internationally, his theories impacted strongly on French psychoanalytic thought and practice of the 1950s through the 1970s and were championed by militant students, feminists, and literature specialists as well as by his own psychoanalytic following.

While his immediate impact in France has waned with his death in 1981, Lacan's theories are gaining a new audience in North America, particularly in the humanities and social science faculties, and to a lesser extent in psychiatric circles where he is perhaps best known, and best rejected, for the short hour—as short as 5 minutes—at full price to the patient. While linguistic models are not the only conceptualization of psychosis, nor is Lacan's model the only linguistic one, as much of what we learn of a patient's psychotic process is told to us by the patient via his own voice or voices he receives, it makes intuitive sense that better understanding of the communication act may help in the definition and the nuance of the disturbed speech of psychosis.

Lacan has left three major texts on psychosis, all of which were produced relatively early in his career. The first, *On Paranoia and Its Relationship to Personality* **(Lacan, 1932)**, was in fact his doctoral thesis for his medical degree in 1932, and was supervised by de Clérambault. Here Lacan analyzed the case of a female patient and writer, and first put forward his method of a concrete, exhaustive phenomenological study; and his notion of mental illness and psychosis as an illness of the structure and development of the personality in vital conflict with the social environment (including the family).

The thesis was followed in 1933 by two short papers on paranoia (Lacan, **1933a**, **1933b**), and then in the academic year 1955-56 by a full year's course, or seminar, devoted to "the psychoses" **(Lacan, 1955-56)**, in fact, to the development of a theory of psychosis based on the analysis of the case of Schreber, the paranoid prototype for Freud.

In 1958 Lacan wrote a "synthesis" of the first two terms of the 1955-56 seminar that was in fact a major reconstruction of the notions developed during that seminar two years earlier. Lacan continually revised concepts over time without acknowledging their evolution, using the same terminology for ultimately quite different notions. The publication dates highlight another difficulty in the order of appearance in print of his work, without even considering the further complication of the appearance of translations into English.

The seminars pose yet another problem in that the written text for these seminars is compiled from the oral seminars by Lacan's son-in-law and disciple, Jacques-Alain Miller, and mostly posthumously. This may lend an Aristotelian air to the written canon but allows for gaps. For example, the blackboard figures discussed by Lacan during the seminar are not reproduced in the text. It also allows for the confound that Lacan's words are perhaps not accurately transcribed. The seminars do, however, offer an advantage to the reader (of French) in that the style is much less convoluted than that of his relatively *few* written works. As will be discussed later, this has the disadvantage for Lacan of exposing more readily the flaws in his logic.

In the seminar Lacan analyzes both the phenomenon and the origin of a psychosis with reference to the case of Schreber. Following the presentation of key elements in Lacan's view of psychosis, this paper will highlight some of the difficulties inherent in his theoretical formulation, along with some potentially fruitful elements. A case history will serve to put both into clinical perspective.

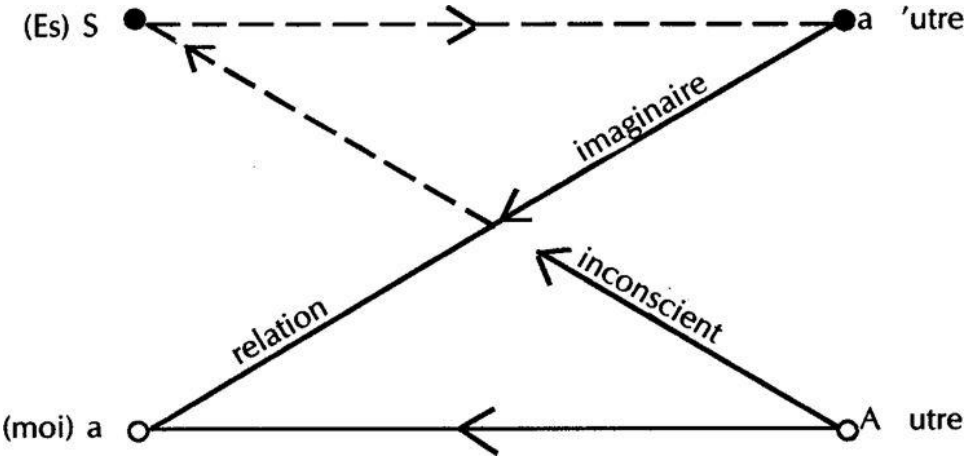
Underpinning Lacan's view of psychosis is his conception *of* the three orders of human experience: the *Symbolic,* the *Imaginary,* and the *Real.* The Symbolic, the order of representation, of social convention, of language, represents and structures the other two orders. The Real is the preverbal reality of the subject, characterized by a series of desired objects not clearly distinguished from the self, and not fully understood as other, for example, mother's breast, gaze, voice; the infant's feces. The Imaginary is the order of experience characterized by identity and duality, by the apprehension of the identity between self and other, of one's self as other in the initial phase of the mirror stage, where the child sees for the first time his own reflection in a mirror. However, the mirror stage becomes as well the entry of the subject into the Symbolic order as he learns to identify himself as the "you" spoken by the Other, his "I" being determined by the Other.

The Symbolic order is characterized by opposition, each word in a language deriving its signification from not being what the others are. Here Lacan follows

de Saussure's view of language as a system of signs each composed of two aspects: its form, sound or image, that is, the signifier; and its meaning, that is, the signified. The relationship between form and meaning, between signifier and signified is arbitrary. The relationship between signs is one of opposition, as is the relationship between signifiers (forms) and between signifieds (meanings). Each derives its signification from not being what the others in the same category are. For example, we distinguish the sound "cat" because it is not the sound "dog" or "horse" or "cow." Similarly, we distinguish the meaning "cat" because it is "not dog," "not horse," "not cow."

The subject "I" must similarly distinguish itself with relation to the other "you" and is thus simultaneously opposed to and subjugated by the Other, that is, the subject is determined by the Other. Lacan's L schema is a four-point structure that articulates the three registers of human experience, the symbolic, the real, and the imaginary, in a description of the intrapsychic dynamic that Lacan substitutes for Freud's ego, id, and superego. The three coordinates of the subject, the self, and the other are structured or mediated by the Other, which is language, or the Symbolic.

(Lacan, 1955-56, p. 22)



In the normal situation the realization of the subject in the Symbolic order is interrupted. There is a detour of the subject to include the self, or ego, and the other, or superego, in their imaginary relationship, making the subject tripartite. The subject is in fact spoken by the self to the other. The self speaks of the subject in the third person. However, the relationship of the subject to the self is normally ambiguous, implicit not explicit. For the psychotic these two elements are explicitly and concretely separated out. The self literally speaks about the subject to the other in the third person, giving rise, for example, to the characteristic auditory hallucination of a voice monitoring and commenting on the subject's thoughts, feelings, and actions.

Language determines these interrelationships of the subject. In the normal

situation there is a primordial acceptance of the subject into the structure of the Symbolic that mirrors this acceptance back to the subject. The unconscious is structured like a language that is consonant with the reverberation between the language of the Symbolic order and the subject. The "I" who speaks is consistent with the one who hears, for we all hear ourselves simultaneously with speaking ourselves. In the typical defense mechanism of denial what the subject is not willing to integrate from his reflection back in the mirror of the other reappears in a purely intellectual order.

In neurosis the subject inhabits language. The operative defense mechanism of repression buries in the order of language what is refused by the subject. The neurosis is spoken from the Symbolic order in (hysterical) symptoms. The neurotic subject has nonetheless a type of knowledge of what is being simultaneously repressed from consciousness and spoken by his symptomatology.

In psychosis, however, because there is a fundamental split between the self and the subject, the subject has no knowledge, not even in the sense of repressed knowledge, of what has been refused in the Symbolic order—of what finds no echo in the Symbolic order—because there has been a primary, or secondary, failure to encode a fundamental signifier in the acquired Symbolic order of the subject. Like the reapparition of the denied in the intellectual order, of the repressed in the Symbolic order, for the psychotic, what is rejected by the subject reappears in the order of the Real. There is a resurgence in the Real of what is refused by the subject. The self speaks about the subject as id; the self speaks the id, such that the subject, cut off from the self and the Symbolic order, cannot understand. Instead of the implicit consonance of the unconscious message and the conscious message found in the normal, there is dissonance; the message of the unconscious is unmediated by the Symbolic.

The lack of a signifier in the acquired Symbolic order of the subject leaves a hole, a void through which the psychotic falls into the real. This hole is analogous to the female sex organ, and the psychotic position is an essentially feminine one, such as Schreber's, that is, a passive one. Schreber wishes to be the receptacle of God's sexual advances.

The neurotic position, in contrast, is an essentially masculine one, that is, aggressive. Dora's interest in her father's mistress is an interest in holding her father's masculine pursuant position, in being or having a phallus.

This conceptualization of the neurotic and psychotic positions as pathological masculine and feminine positions derives from the failure of resolution of the Oedipus complex, which, for Lacan, occurs via the acquisition of language and the access into the order of the Symbolic, as will be discussed shortly in terms of his view of the origin of psychosis.

But first to continue with the phenomenon of a psychosis, Lacan stresses the role of the other, of the analyst or therapist in the psychotic structure. The analyst by his presence as other, as an external cue, provides further material

for the psychotic process, and becomes incorporated into the psychosis. This is exaggerated by his mistaken belief that he "understands" what is essentially not comprehensible.

The psychotic patient himself does not understand, but bears witness to the psychosis, and attempts to present in the Symbolic order to the analyst-other what he witnesses in the Real. He is at the same time perplexed by what he witnesses and certain of it, hostile to it and drawn to it. The psychotic "loves" his psychosis in the way the infant has both erotic and aggressive feelings toward his own image in the mirror. Similarly, the psychotic has both positive and negative feelings toward the analyst who occupies the positions of both "other" and "Other" embodying otherness, as another person, and Otherness by his role in the Symbolic order. Positively, the analyst is viewed as the master in a master-slave dialectic; negatively, he is viewed as the ultimate master—death. In fact, the psychotic position, falling passively through the feminine hole into the Real, is analogous to falling into death.

But what is this missing signifier that constitutes the hole through which the psychotic falls? What is the origin of psychosis? For Lacan psychosis results from a failure to incorporate into the subject the signifier of the Name-of-the-Father, in French *le Nom-du-Père,* a homonym of the *Nom-du-Père* or law of the father, which is the structuring principle of human existence. That is to say, there is a failure to encode, via the resolution of the Oedipus complex, the social convention symbolized by the phallus. This should normally happen during the *stade du mirroir,* or mirror stage, that is, at the time of the subject's recognition of the reflection of his self through the Other, of his definition of himself as subject to the Other.

The mirror stage represents the subject's passage into the Symbolic order by the acquisition of language, an arbitrary system of signifiers and signifieds. Language alienates the subject from the Real, from his unconscious desire, offering instead a limited satisfaction by symbolic presences. It also, however, protects from the horror of the Real. If the subject is unable to mediate the world via language, to sew a minimum number of sutures between signifiers and signifieds, or if these sutures are loosened by trauma, he falls into a void, a black hole where nothing in him responds to a chain of signifiers, leaving him divorced from his own discourse, unable to give it signification. He remains exterior to language as a system of signification. The language of his unconscious, his own internal monologue, escapes from the unconscious to inhabit, and possess, the psychotic, appearing like a type of multivocal music, speaking independently, loudly, in its sound and fury signifying nothing. The psychotic does not speak; he is spoken by language.

The subject slides gradually into the early phase of psychosis at a time when he has been called upon to respond to a signifier for which he has no encoded signifier, or social convention, with which to reply. In the void of this absent

signifier wells up the turbulence of his inner desires, of his inner reality. To come to terms with this confusion he develops an imaginary construct, one to reconcile his internal reality to this unapprehendable signifier. While this gives a certain stability, there is an infinite regress of meaning requiring new imaginary reconciliations of the Real with the Symbolic, and while these imaginary constructs may allow for a certain internal understanding of the psychosis by the psychotic, he remains outside the Symbolic order, that is, he remains incomprehensible to the rest of society.

This is briefly, and in a simplified manner, the crux of Lacan's view of psychosis. The following critique of Lacan's formulation of psychosis in the seminar of 1955-56 is divided into two broad approaches: intrinsic and extrinsic.

The intrinsic approach emphasizes the internal coherence of the text and, to the extent that it references other texts, the coherence of its relationships with these other texts. As mentioned earlier, the Seminar offers the reader the advantage of less obfuscatory language, and Lacan the disadvantage of greater exposure of his logic. As "proofs" of his theories, Lacan draws on obscure and dubious analogies from animal biology to prove the innate behavior-drives—of the human subject. He takes linguistic models as true paradigms of human reality and Schreber's theory of his illness as the truth for all psychosis. Indeed, much of what he says about psychosis appears to be a "normalization" of Schreber's delusional system. Freud had the grace to conclude:

> These and many other details of Schreber's delusional structure sound almost like endopsychic perceptions of the processes whose existence I have assumed in these pages as the basis of our explanation of paranoia. I can nevertheless call a friend and fellow-specialist to witness that I had developed my theory of paranoia before I became acquainted with the contents of Schreber's book. It remains for the future to decide whether there is more delusion in my theory than I should like to admit, or whether there is more truth in Schreber's delusion than other people are as yet prepared to believe. (Freud, p. 218)

Lacan offers no such insight.

When at a loss for a biological or linguistic proof, Lacan relies on Freud as a precedent, and when there is no explicit precedent in Freud's canon for a Lacanian idea, Lacan argues that "this" is what Freud meant implicitly. Ultimately, these attempts to bend Freud into Lacanian shape undermine the strength of Lacan's own observations. At other times, Lacan aborts criticism by telling his audience or class "not to ask why this is so, I cannot deal with this here, just accept it," or worse, concludes an observation with "And well if you can't see that you don't belong in psychiatry." Similarly his critiques of colleagues are based more on personal derision than intellectual argument.

One of the most prominent criticisms of Lacan's work is its textual or inter-textual nature. The seminar on psychoses derives almost exclusively from

Schreber's text, and Freud's text on it. Add to this Miller's written transcription in 1981 of Lacan's 1955-56 oral text, and the Seminar reads as four textual layerings: Schreber, Freud, Lacan, Miller—all processed by the reader into his own mental text. The only clinical anecdotes are Schreber on Schreber, Freud on Schreber, and vignettes of others, and a very few brief vignettes of patients presented by Lacan to his audience. It may be due in part to Miller's choice not to transcribe the lectures during which a patient was presented, but Lacan, too, in his "synthesizing" of the seminar on psychoses into his 1958 paper, suppresses the clinical vignettes.

To be fair—or at least complete—Lacan never claimed any great concern for the clinical aspect of psychiatry or analysis. On the contrary, he was overt about his own preoccupation with the theoretical; his only full case report was for his doctoral thesis of 1932; he never completed his own analysis with Lowenstein; and he largely limited his practice later on to "training analysts" **(Marini, 1986)**.

Still, his emphasis on narrative texts as his theoretical basis provides tautological evidence of the importance of the word, or language, and is probably not the best model of the analytic process where the nonverbal may have as much to say as the verbal. In this sense the notion of the "dramatic text," which is elaborated from both the relatively fixed written or verbal text of the play, and the changable and elusive enactment of that text, with all its nonverbal signifiers **(Ubersfeld, 1977)**, may provide a better model of the analytic process. Indeed, Lacan's steadfast application of de Saussure's linguistics to verbal languages only is highly limited in light of other structuralist and semiotic analyses of nonverbal codes of communication.

This brings us to our extrinsic evaluation of Lacan's theory of psychosis, that is, to the clinical, and I would like now to present the case of patient R. In doing so, I am aware of being open to the same criticism as I have made of Lacan, that is, I will be giving a narrative account of a psychosis, of which I have gained knowledge, in its textual form, in the patient's chart. A videotaped interview of the patient would be closer to ideal, or failing that, a transcription of an interview. However, this case has certain features that make it of interest to the model at hand, and at least by taking a textual approach in applying Lacan's theory we are "testing it" on his own ground.

Patient R is a 21-year-old immigrant from Uganda who was admitted to the hospital in October 1987 with a psychotic illness just two weeks after arriving in Canada. He was brought to the emergency room by his brother. The patient complained of feeling angry because people on the street were saying that he was a bad person. He wanted to kill himself because "witches are destroying my life." He hadn't slept or eaten for 48 hours because satellites and television put thoughts in his head. He also heard the voice of his ex-girlfriend who said that she was coming to Canada to meet him, and help

him. On the night prior to admission, the patient had left his brother's home because he felt his brother was playing tricks on him, and wanted to harm him. He described that the house moved. Voices had said "kill him or leave him," referring to his brother. He admitted to experiencing thought broadcasting, insertion, and withdrawal.

Brother was able to supply the information that during the political coup in Uganda in 1985 both parents and another brother and sister were slaughtered. The patient, who was visiting with his brother away from the family home at the time, was able to escape with his brother to a refugee camp in Kenya. After two weeks in the camp they learned for certain of the family's death and the patient immediately became ill, not sleeping, and talking of going home, and of his family being alive. He remained ill for two months before medical attention was available in a refugee camp in Zambia. He had begun by that time to remove his clothing, to refer to his brother by his father's name and as his father, avoiding him or being very hostile. When he began hearing voices and talking to himself he was admitted to a mental hospital where he quickly recovered after treatment with chlorpromazine. He later described that period of January-March 1986 as "losing his brain" and he felt very badly about it.

Brother immigrated first and the patient followed five months later. Shortly after his arrival in Canada he became preoccupied that people were unfriendly, and obsessed with hearing music. The patient had been a very normal young man up until the time of his first illness.

During the early part of patient R's four-month stay in the hospital he remained very delusional, thought-disordered, and suicidal. He perceived messages in the patterns of marks on the floor, and on the walls, and maps of routes in Africa in the knit of a sweater. He was preoccupied with dreams of his girlfriend, believing that she was trying to teach him and had put a telephone transmitter in his head.

Gradually, after more than six weeks of treatment with neuroleptic, he began to have more lucid periods, and a better insight into his hallucinations and delusions as part of his illness, while not denying them. He experienced very frightening thoughts and hallucinations including that of "worms coming out of the back of [his] head," but he became better able to give a coherent account of his flight from Uganda. The patient dated his illness to the time in that period when he lost a photo album of family pictures. With this he felt he had lost his autobiography.

As the patient improved, he became more lucid but refused to believe his family was dead, and talked of them in the present tense. Later, he was able to talk of his feelings of loss and how he had called his doctor by his older brother's name out of a wish for his older brother to be present. He remained very frightened by markings on the floor or the wall, without knowing why.

He also was frightened of Canada, a new culture where he didn't know his way and had no friends. He was both hopeful and fearful at the same time. On discharge his psychosis had cleared and he was not significantly depressed.

To look at this situation through Lacan's model, with the patient's first psychosis the inability to find in the Symbolic order a signifier to mediate the trauma of the violent military coup and the brutal death of his family led to a progressive unsuturing of the Symbolic to the Real and a progressive induction into psychosis. Upon receiving the message of his family's death the patient rejected this information that reappeared in paranoid, persecutory delusions. To attempt to restructure the Symbolic and the Real the patient developed the imaginary solutions of killing or being killed, being hostile toward, or frightened of, his brother and going so far, while psychotic, as to buy a gun with the intent of shooting a Ugandan policeman, but then being unable to do so.

At the time of the second psychosis, the real event has been encoded into the Symbolic order by the description of the loss of the family album, which has become the missing signifier. His psychosis is triggered by the trauma of his arrival in a new country, and of reuniting after five months with his only living family member. The patient again develops the imaginary solutions of killing or being killed. Later, his imaginary solutions are more benign ones of mistaking the identity, or the names, of those present for those who are absent.

Lacan might argue that the lost signifier, the family photo album, is a signifier of the signifier the Name-of-the-Father, as in Lacan's theory the father encircles the mother and child, signifying the family unit. This loss of his “autobiography” is a signifier of his loss of his self as a coherent tripartite subject. Indeed, by his arrival in a new cultural system even the discourse of the Other, the Symbolic order, is divorced from his personally encoded symbolic order. Thus, the preoccupation with marks in the environment with a hidden, frightening, unknown meaning.

However, the patient's prominent visual symbols and hallucinations point out a difficulty with Lacan's theory, which through its primacy of the verbal deals almost exclusively with auditory phenomena, neglecting other perceptual phenomena—which included tactile perceptions for the patient—and ignoring the preverbal. Also, the “reactive” nature of this patient's psychosis can be accounted for by Lacan's theory, but in fact his theory dwells more on a primary failure of entry into the Symbolic order at the mirror stage than a secondary undoing of the Symbolic anchoring by trauma. A third comment, in the seminar on psychoses, psychosis and schizophrenia are not differentiated, and therefore their etiology is undifferentiated, as is their process.

In spite of these criticisms of Lacan's notion of psychosis, his theoretical construction has something to offer as a way of conceptualizing intrapsychic and interpersonal phenomena. It is perhaps all we can ask of a theoretician that he prod our thinking in new directions, or at least show us new scenery

along old paths. This, Lacan certainly has done. His attempts to grapple with language and the psyche are a historical marker and a starting point for further investigation.

In this article I have briefly outlined Lacan's theory of psychosis as expostulated in his seminar of 1955-56. My critique follows two lines. The first, intrinsic critique, focuses on the internal coherence of the text, while the second, extrinsic critique, looks at the clinical applicability through a case example. In spite of certain criticisms, Lacan's example of linguistic approaches to the psyche remains a valuable starting point for further investigation.

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