

Considerations for a return to the concept of desire in analytical clinic of psychosis

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Abstract: The article aims to discuss the relative absence of references to the concept of psychotic desire in the Lacanian community. This discussion is relevant because Lacan did not exclude desire and psychosis of his conception of analytic treatment. This research makes a review of the references to psychotic desire in Lacan's work and its clinical application (Schreber case). The conclusion is that the problem is not a lack of desire, but rather its support. This article proposes differential forms of psychotic desire associated with subjective positions whose demarcation is important for the cure.

Keywords: desire, cure, psychosis, psychoanalysis.

Introduction

This article aims to discuss the relative lack of references to the concept of desire in the transmission of cases of psychosis within the analytic community that found an orientation in Lacan's work. It is frequent that in the transmission of the approach of this type of cases there is no resort to the concept of desire, emphasizing rather the consequences of the lack of such (De Battista, 2012; Leibson & Lutzky, 2013). For example, in two of the latest publications compiled by JA Miller that compose more than twenty cases of psychosis treated by Lacan analysts – whose impact is relevant considering the importance of its compiler in the transmission of the lacanian psychoanalysis in Latin America – the concept of desire is not used to think about the processes of cure and, when mentioned, it is used to emphasize its inactivity (Cf. Borie, 2011; Dewambrechies-La Sagna, 2011; Di Ciaccia, 2011; Klotz, 2012; Magnin, 2012; Zergem, 2011).

In the argumentation of these presentations, this inactivity of desire would go hand in hand with an intrusive and invasive phenomenon that would satisfy a delocalized *jouissance* whose relief would depend on its fixation through identification, delusional metaphors or writing practices, introducing a limitation of *jouissance* (Miller, 2011a, 2012; Soria Dafuncho, 2008). Other authors claim that desire would not be missing in psychosis (Soler, 2009), but rather would be restricted to paranoia, declaring its abolition in schizophrenia (Quinet, 2016). However, even in these cases when psychotic desire is considered, the affirmation of its existence does not go hand in hand with a clarification of its operation in the cure. It refers again to the idea that an invasion of *jouissance* has to be limited. (Miller, 2011a, 2012; Soler, 1988; Quinet, 2016; Soria Dafuncho, 2008). In the same way, one can recalled

from the psychoanalytic comments of Joyce's case, that emphasis rests on his practice of writing as a symptomatic solution and not on the desire to be an artist, which Lacan emphasized.

This absence of references (or this presence that radically affirms the inactivity of desire in psychosis) is striking, given that Lacan's work has claimed the study of psychosis from a perspective that is not loss-making, and revalorized the function of the subjective position in these types of presentations that used to be relegated to the psychiatric approach. However, the inscription of psychoses inside the possible subjective positions of being in language did not guarantee, as we have pointed out, that this clinical experience was thought to be oriented by desire.

This absence becomes even more symptomatic if we recover Lacan's proposal (1964/1966) regarding the desire of the analyst, a last resource that would explain the effectiveness of the analysis. Lacan's position on the analytical approach of the psychosis has encouraged his disciples to not recoil in the face of psychosis and he tried to found bases for a treatment beyond the psychiatric position (Lacan, 1967, 1977).

We are faced with the paradox that while the concept of desire occupies an essential place in Lacan's work – it is possible to say that it is a fundamental concept –, it is mostly not used in the reading on psychoses. In fact, one kind of transmission has generated the equation: foreclosure of the 'Name-of-the-Father' = lack of desire, and from there it is affirmed that there would be no desire in psychosis. But would this statement not contradict the ethics of psychoanalysis, which is precisely based on the function of the analyst's desire? One of two alternatives: the approach of psychosis is outside psychoanalysis, relegated to therapy¹, or if it does hold true that there is an analytical listener of psychoses then it is necessary to rethink the

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¹ It seems to be the position of Miller (2011b, p. 75).

question of desire. Here is the problem that we will try to address.

The discussion is topical because approximately after the 80's it is possible to detect a change in the attitude of lacanian analysts concerning psychoses (De Battista, 2012). Nowadays these analysts have ventured much more into the treatment of psychosis and have given place to a series of formulations about the direction towards a cure: limitation of *jouissance*, ideal support, identifications, nomination, analyst *sinthome*, analyst support, accompanying analyst (Caroz, 2009; Laurent, 2002; Maleval, 2000; Miller, 1997, 2005, 2009, 2011; Soler, 1988) which seem to be in conflict with a practice that is oriented by desire and good talking.

Freud and Lacan did not consider desire to be exclusive property of the neurotics. However the condition of psychotic desire has been less explored and even often overshadowed by the "invasion of *jouissance*", which is considered a characteristic of psychosis (Maleval, 2000; Miller, 2011a, 2012; Quinet, 2016; Soria Dafuncho, 2008). This conception instead makes the psychotic the object of *jouissance* of the Other and hinders the possibility of thinking about the subjective participation in what he suffers.

In this field of problems, this article methodologically proposes to recover Lacan's formulations in the first place, with reference to desire in psychoses, in an attempt to point out that the exclusion of it in the conceptualization of psychosis was not developed in Lacan's work, but rather later in the reception that his disciples made of his ideas (De Battista, 2015). In the second place, and following the method proposed by Lacan to return to Freud, the article advances in a new reading of the Schreber case from the operator of reading desire, which is not greatly explored among the comments that have privileged the facets related to the mechanism and the pathological process.² (Leibson & Lutzky, 2013; Miller, 2011a, 2012; Soria Dafuncho, 2008).

Finally, the concepts extracted from this case in the transmission of psychoanalysis of psychoses will be tested in the reading of clinical cases at the practices, which is an attempt to measure the heuristic value of the reintroduction of the concept of desire in the analytical listening of psychoses. From this analysis, there are three possible forms of desire in the psychoses which we propose to distinguish in which pure forms and impure forms are extracted in the results, with not only the delusional forms being included among them.

2 It is interesting how the construction of the cases that are transmitted abound in clinical details about the triggering and the different phenomena that arise at that moment, understood the consequences of the operation of foreclosure. This detailed description of the trigger – pathological process for Freud – contrasts with extensive periods in which the same patients were stabilized and inserted into social bonds, which nevertheless in the construction of the case they are subsumed in minimum sentences of the type "Stable twenty years", without providing more precise references to the modalities in which that patient was sustained for so long. Examples for these cases are presented by JD Matet y M. Bassols (Miller, 2011a).

Desire and psychosis in Lacan's work

A genealogical study could be carried out to trace how this exclusion of the concept of desire to think how these psychoses became part of the thinking of Lacan's disciples. This topic itself requires an investigation that goes beyond the limits of this article.³ However, we can locate some landmarks. For example, the affirmative answer given by Lacan to J-A Miller in 1977 to the question by the later regarding if the mathemes – divided subject, object, S1, S2 – could be used to think about the psychoses. Remember that the divided subject represents Lacan's the subject of desire. Twenty years later, Miller (1997) asks about desire in psychoses and asserts that the metonymy of the forclusive defect shouldn't be the word "desire" but the word "desert" (p.282). Soon after we see how this thesis has proliferated: Maleval (1997) affirms that paraphrenia – the most successful form of auto- therapeutic construction in psychosis for this author – leads to a renunciation of desire. In 2011, the impact of this assertion still persists and JD Matet (2011) uses the reference from 1997 that he first mentioned to propose that the case presented is a "desertified world" (p. 83). That year Miller returns to that question made in 1977 about the subject divided in the psychosis and maintains that "the question is not solved" (Miller, 2011b, p. 237)

We believe that there would be a previous step to the study of this reception of the concept, which we intend to address in this study. We also intend to demonstrate that the concept of desire – as the essential dimension of human being – is not absent in the way that Lacan approaches the psychoses and even that its reintroduction would allow another reading of this clinic, aiming not only to sustain its inherent position in relation to the human but also to provide resources for the cure.

The notion of limitation of *jouissance* is that which is most frequently used for the treatment of psychoses among the disciples of Lacan (Laurent, 2002; Maleval, 2000; Miller, 2011a, 2012; Soler, 1988; Soria Dafuncho, 2008). But not by chance, one of Lacan's definitions of desire is that desire is the defense of exceeding a limit in *jouissance* (Lacan, 1960/1966). Why think about cases in terms of limitation of *jouissance* and not make questions relating to the position of the psychotic in desire? We believe that deepening the concept of desire in the case of psychosis becomes crucial for treatment that is based on the principles of psychoanalysis, according to an ethic of desire and "well-speaking" (*bien dire*).

In one way, to exclude desire from the human dimension responds to an Aristotelian ethic that Lacan

3 This study corresponds to ongoing research that starts from the role of Freud's interlocutors in the construction of an analytical theory of psychosis, especially considering the role played by the paranoid Fliess and the transfer plot that is generated between this one, Freud, Jung, Ferenczi and Abraham. We understand that this initial formulation then impacted on the analytical conceptions of the psychoses derived from it (De Battista, 2015). This research has been funded in part by the *Consejo Nacional de Investigaciones Científicas y técnicas* (CONICET).

(1986) put on the side of the discourse of the Master. At the same time that Aristotle excludes the desire of the human, he relates it to the lack of reason and bestiality. For the purposes of our subject, the fact that desire is not compatible with reason brings it closer to madness. This ethics of the domain seem to be what, on the other hand, we find in the attempts to treat psychoses that are oriented to limiting *jouissance*. However, the Lacanian perspective reintroduces the question of desire as the basis of analytic experience and, following Spinoza, gives status to the essence of the human being. The difference between the Aristotelian ethics and the ethics of psychoanalysis proposed by Lacan is at the center of the question about desire, and this does not exclude the case of psychosis.

Although Lacan did not exclude the psychotic from this condition of desire that is essential to human beings, he did not greatly advance about how the desire would operate in the cure of the psychotic in the elucidation, which is a fundamental part of the transference in the analytic device. We will advance our hypothesis in this respect in the conclusions. However, the aim of this article is to recover the concept of desire to think about the clinic of psychosis, leaving aside in the second place its link with the transfer and desire of the analyst.

It can be read in several sections of Lacan's work that psychosis is not far from desire, especially in what is known as his first teaching. Now, the profusion of initial references is diminishing throughout his teaching and it seems that at the end of the study the concept of desire does not have the same importance as at the beginning. Lacan's late formulation would seem to refute this idea. In 1980, shortly before his death, Lacan claims that he never set out to overtake Freud, but to continue his work, emphasizing that he dedicated himself to putting in form the tie of the fixation of desire with the mechanisms of the unconscious. Then he clarifies: "Desires, destiny of the drives – as I translate *Triebchick-sale*" (Lacan, 1980, p. 20). It might be thought, based on the introduction of the object *a* in the theory, that the concept of desire can be read in its appearance of objectified cause and therefore its place is central in the theory of knots, considering that the knot grips the object in its cross-linking. We have already mentioned the importance of desire in Joyce's symptomatic solution, which would lead us to a nodal conception of desire.

With that reservation, let us turn to Lacan's formulations for desire in psychoses. In his *On a question preliminary to any possible treatment of psychosis*, written in 1958, Lacan underlines that in the absence of the Name-of-the-Father, Schreber has assumed the desire of the mother through some identifications. In fact, Schreber's solution includes the dimension of lacking, of a being that is missing: in the absence to be the phallus that is missing to the mother, will be the woman who is missing to God. The dimension of lacking is attaching to desire according to Lacan.

Lacan (1998) does not abolish the dimension of the mother's desire in psychoses and specifies in the seminar about the formations of the unconscious that it is not an absence of desire of the mother that is covered in psychosis, but rather the desire that has not been symbolized, desire at last. It is the reference that desire can find in the signifier of the lack, the phallus, which is in question, but not the existence of desire.

Then the question would not be about the absence of desire in psychosis but rather about the presence of a desire that is not symbolized by the Name-of-the-Father, that is to say: a desire that is not tied to the law of the father, a dimension that characterizes the position of the psychotic while rejecting the paternal imposture (Lacan, 1958/1966a).

In 1958, Lacan insists upon the psychotic effort to institute a desire in the Other, and this allows him to reread the grammatical deductions of the paranoid delusions made by Freud: the other who took the initiative to love, is read by Lacan in terms of psychotic attempts to institute a desire in the Other (Lacan, 1998). Then, desire is not symbolized by the law of the father; it is an attempt to institute a desire in the Other, appearing as the first characteristics of psychotic desire, as is pointed out by Lacan.

Later, in the seminar regarding identification, more precisely in the class of June 13, 1962, Lacan is explicit in saying that neurosis, psychosis and perversion are three faces of the normal structure of desire, and that each one is specified by the way that ignores one of the three terms that Lacan points out: body, Other, phallus; among which the fate of desire is played. He proposes that in the structuring of psychotic desire the body is all important, since the psychotic does not know the phallus nor the Other, and because of this condition, it has to deal with a unveiled body. This unfamiliarity about the Other goes hand in hand with an inability to grasp the desire of the Other, so we can identify the attempt to institute it through persecution. In this way, the relationship to the body in psychoses appears intimately linked to the position related to desire.

While recovering these references, we noticed that these formulations could give us the tools to think about the dynamic of the subjective positions in psychoses, which becomes something very important to understand the movements that the cure produces. The most deficient reading of these concepts guide us to think that the condition of the foreclosure of the Name-of-the-Father leads to an invariable structure, without the possibility of modification. We do not assert with this that which could occur a passage from a psychotic position to a neurotic position and that the cure would consist in "neurotizing" the psychotic.

According to Lacan, the fundamental meeting between the desire of the subject and the desire of the Other can depend on accidents, because of the way that the desire of the father and of the mother were presented for that subject. At this point, Lacan (2006) argues that there was no choice, because the choice was already made at the level of what was presented to the subject.

At this foundational meeting, the structural coordinates of the subjective position are defined. In this case, the foreclosure hypothesis seems to have produced a static effect in its appropriation: given the structure of the psychosis, there would be no possibility of change. This reading closes the door to any possible treatment, even when the question of the reversibility of foreclosure was a subject that concerned Lacan (École Freudienne de Paris, 1976).

The problem of the possible changes of position of the psychotic does not invalidate the fixity of the foundational coordinates, but it would be possible to think of a dynamic and of dialectic of the cure, in which we consider that desire would be a key element. But, before basing this hypothesis, we will continue to consider Lacan's references to desire in psychosis.

Desire is established in the dialectic of lack where it is the Other who gives the experience of desire to the subject. This implies some dependence of the subject's desire on the Other's desire: the desire to be desired, desire for desire is the essential dimension (Lacan, 1986). This relationship between the subject's desire with the Other's desire is not a structure reserved only for neurosis. Lacan (2013) is clear at this point when he argues that it is an essential structure of any analytically defined structure and not just of the neurotic.

Lacan does not renounce to situate the position of the desire in different structures, there would be different forms of desire and diverse forms of subject: "The paradox of desire is not the privilege of the neurotic, yet he is conscious of the existence of the paradox by his way of facing it" (Lacan, 1958/1966b, p. 637).

The position of the neurotic related to desire corresponds to the *phantasie*: the *phantasie* is the position of the neurotic in desire (Lacan, 1958/1966b). The position of how the psychotic related to desire corresponds to the body, as Lacan places in the seminar about identification.

For the neurotic, whose position in desire is the *phantasie*? The metaphorical reference to the Name-of-the-Father ties to the registers instituting an oedipal and consequently religious psychic reality. The object *a*, cause of desire, is apprehended by the knot. The desire is mediated by the phallic reference that gives it a common measure and symbolizes the X of the mother's desire. The function of the father ties the desire to the law of the interdiction of incest: here is the *père-version* (Lacan, 1974-75). The X of desire is fixed on the *phantasie* that brings an interpretation. The neurotic subject has a phantasmatic relationship to desire, while desire is sustained by *phantasie*.

The situation is different for the psychotic, because his condition implies the rejection of the metaphorical reference of the father, meaning the foreclosure of the Name-of-the-Father. But the absence of the metaphor does not predetermine the presence of desire, what supports it is the metonymy (Lacan, 1981a). Desire as a metonym of being in the subject (Lacan, 2013) is not necessarily maintained by the metaphorical operation or by the father.

Lacan's entire teaching goes in the direction of something beyond the father.

Lacan (1958a) affirms that desire makes the law. Desire is presented as autonomous referring to the mediation of the law: "the law comes from desire" (Lacan, 1960/1966, p. 814), an effect of transmission has reversed this assertion, concluding that it is the law of the father that introduces desire. Consequently it follows that if the psychotic rejects the Name-of-the-father, then desire is excluded. But Lacan does not make the Name-of-the-Father or the law absolute conditions. Desire is the absolute condition.

The question of desire is beyond the father; it concerns the condition of the speaking being in language and does not necessarily imply a metaphorical reference. Other names of the father may perform the function of tying the registers (Lacan, 1963/ 2005). By restoring the dimension of desire, the psychotic invents his own rule.

We propose that the problem is not the absence of desire in the psychotic, but rather how that desire is supported without reference to the father and without the *phantasie*. Freud detected this condition in Schreber's case that induced him to modify his nosography: the difference of the transference neuroses, in which the tie among the objects inside unconscious *phantasie* remains, is that the psychotic discards them, and instead of an introversion of the libido in the *phantasie*, we find an inversion of the libido in the self (Freud, 1914/1976). Schreber does not defend himself from his *phantasie* of desire through repression and refuge in *phantasie*, but the initial rejection is followed by a work of reconstruction that leads him to a reconciliation with the desire he had to repress, the desire performs asymptotically in the delusion that it had rejected in the beginning (Freud, 1911/1976).

Lacan (1978) also pointed out a form of psychotic desire in the delusion of immortality of the ladies affected by Cotard's syndrome and spoke about the realization of desire. He also placed the existence of an abolition of desire on the melancholy side of pain, an accomplished desire that confines with desire in its pure state: the desire to die (Lacan, 2013).

However, this is not the only form of psychotic desire that Lacan places, he also spoke of the freezing of desire in paranoia (Lacan, 1974-75). This means that we can think about pure and impure forms of desire in psychosis, pure forms that come to death and to direct realization, by short circuits, and impure forms, masked, fixed which introduce a preamble to the realization (De Battista, 2012).

Reading Lacan's work produced a displacement of the question. We observe how the existence of desire in psychosis is not in question, although it opens the question about the type of support that could support it, considering desire's evanescence.

Based on this idea, it is possible to say that delusion can operate as support to desire, and we would find its mark in the asymptotic character that is sometimes presented. A writing practice can work as a support of desire, as in the

case of Joyce who maintained his existence in the desire to be an artist which would keep some college students busy for centuries.

The discussion about the absence or presence of desire in psychosis transcends a purely academic question to have a significant impact on clinical practice. The clinical question that might come from this is in regards to being able to locate the position of the subject in desire. Is the psychotic at the point where he can desire? Has the psychotic found support for that desire?

We shall now return to Freud and the case that inaugurates analytical thinking about psychoses, namely Schreber's case, which has become the model for thinking of the question of psychosis in the formation of many generations of analysts. We propose rereading it from the position of the psychotic in desire. If desire is an absolute condition and through which law originates, then it is in relation to the changes of position related to desire that can be thought in the lines of efficiency of a cure.

Schreber's positions about the desire

Early on, Freud pointed out the difference between defending oneself from desires by repressing them and retaining a relationship with them in *phantasie* – the position of the neurotic –, and to carry out the desire in action even if that implies loss of identity and the transformation of the being into delusion, for example. In Schreber's case, the unanswered question for Freud is precisely what leads the president to accept the desire he had to suppress, why instead of taking refuge in *phantasie* he takes refuge in psychosis (Freud, 1911/1976).

In this case, Freud points to at least three different positions against unconscious desire. The first can be extracted from the reaction of revolt and radical rejection to the appearance of desire expressed in the dream “it would be nice to be a woman at the time of intercourse”. It would be nice, but it is not, this is a desire but not a real pleasure. The clinical correlate of this position of rejection is a discomfort that dissolves the body in mortifying or hypochondriac mortification, which is precipitated in several suicide attempts: Schreber believes he is dead. He does not want to live either. In this situation the Other is irrelevant, Freud (1914/1976) speaks about a libidinal detachment of objects, an inability of transference. The circuit seems to be closing in on the impulsive destiny of returning to the own person and the self-destructive consequences. The position of rejection of desire leads to mortification.

The second position introduces that the initiative comes from the Other (Lacan, 1981a). Clinically this is manifested in the delusion of persecution or in erotomania: the body is submitted to be abused, the Other wants to murder the soul. Who desires is the other, not him. Freud emphasizes that the accusation of the souls's killing indeed hides a self-accusation (or is it not himself who has “committed suicide” rejecting that desire connected him to the feeling of being alive?). The position of radical revolt is

now modified and includes a detour. The body enters into the circuit of the Other. The initially rejected desire is now awarded to the Other who has taken the initiative to love and/or hurt him.

Freud (1921/1976) said that the persecuted does not project in the vacuum but is guided by the knowledge he has of his own unconscious, and what he finds in the Other has similarity with what he rejects of himself. It is the rejected desire that appears in the persecution. The persecuted, unlike the neurotic, knows the own unconsciousness and can translate it with severity.

The second position is not compatible with repression, but seems to be consonant with the drive destiny of the disorder in the opposite: it is not me who desires, but the Other. Lacan (1998) reformulates this aspect saying that in the delusion of persecution there is the attempt to restore or institute a desire in the Other, since the psychotic does not have the symbolization of the desire of the mother that introduces the phallus through the operative of the Name-of-the-Father. Desire is attributed to the Other, it is not he who thinks that it would be nice to be a woman in the act of intercourse, but the Other who wants to abuse him and take him as a “slut.” Understanding persecution in these terms would imply introducing its transference dimension.

The third position we can extract from the Schreber's case is that Freud names “reconciliation” or currency of the initially rejected unconscious desire. It corresponds clinically with the paraphrenic moment of delusion, the solution that brings the delusional metaphor “to be the woman of God”, returning to the *jouissance* into pleasure and fulfilling the desire that had appeared in the dream. It is an asymptotic fulfillment of desire that has found support in delusion, organizing the world and the being with some stability.

The difference between the first and second position is that revolt and rejection have been changed into consent, an assignment that entails a transformation of the being: the death of the old being and the advent of a new being who comes from his change into woman. This subversion requires such self-sacrifice. It is not about a possible short-circuiting of action anymore, but of an action that has the value of an act, of a transformation of the subject. The dimension of the Other participates and is pluralized, but does not only concern the relationship to the persecutor, the love of his wife and the fact that he addresses us his testimony are part of it too (Lacan, 1958/1966a). A sublimatory aspect seems to be incorporated, because the publication of *Memoirs of My Nervous Illness* aims to be of social utility. The solution includes a relationship with the body that moves away from an initial hypochondriac mortification.

We have the position of rejection of desire and the consequent mortification of the body manifested in hypochondria and suicidal acts. The position of attempting to institute a desire in the Other by persecution or erotomania. And finally the implementation of desire continued in the asymptotic.

Three forms of desire in psychosis is not mediated by repression or *phantasie*. Three forms of desire whose relationship to action is more direct, and the question about how to sustain a desire that is sometimes in a immediate relationship with action.

Clinical Consequences of Return to Desire

Let us now turn to the clinical utility that these distinctions can bring. Locating the point where the subject is in a relationship to desire guides the cure and we believe that this is the meaning that can be given to the Lacan's indication (1958/1966b) "desire holds the direction of analysis" (p. 636). The point is to know where the subject is with respect to desire. Is he at the point where he desires? (Lacan, 2013).

In the first form, we point out that he is at the position of rejection or abolition of desire, whose clinical expression are the moments of melancholy and hypochondriac mortification that are an invariant of all psychosis and that in many cases appear in the form of the death of the subject. It is a desire in its pure state, in other words, a desire of death that is extinguished logically in its realization (Lacan, 1986).

I propose thinking that the hypochondriac anguish and even some psychosomatic phenomena in psychosis have value as they indicate moments of rejection from unconscious desire in the treatment of *jouissance*, with its consequent mortification effects: the body appears in its real dimension, that for which the psychotic is normal in his desire but does not recognize in his structuring of the Other and the phallus (Lacan, 1981b).

These episodes, sometimes confused with depression, point us to the presence of a desire that confines with death, they warn us about a limit in the *jouissance* that was exceeded; at the same time they retroactively indicate us to the nature of the previous support and the points in which it does not produce any effect. These moments are not analyzable, like anxiety; they imply a detachment of objects, a rejection of the Other. Desire in its pure and simple form leads one to the pain of existing in a pure state. The position of the psychotic in desire impacts the body.

The fact that this state of mortification is not constant requires thinking of other possible forms of desire, that are not so pure, but developed, even masked, not so close to the passage to the act.

The second proposed form is one that tries to restore the dimension of desire in the Other by persecution or erotomania. It is also what Lacan calls "frozen desire" (Lacan, 1974-1975), which introduces some fixation and some support that we do not find in the first form. The solution by persecution allows moderating the hypochondriac anguish at the same time that the desiring circuit is open to the Other. Freud (1921/1976) points out that the rejection of the unconscious desire in the persecuted goes hand in hand with an hypercathexis of the slightest signs of the unconscious of the Other. They reject the Other,

but in this same gesture they become extremely sensitive to the Other's unconscious desire. The last resource of this that we propose to call "sensitivity to or avidity for desire", Freud places it in an increased pretense of being loved.

The supposed absence of desire in psychosis becomes a kind of avidity and an extreme sensitivity to the desire of the Other (De Battista, 2012). The psychotic tries to institute in the Other that experience of desire, which was not transmitted at the moment of his constitution. Persecution implies a transference dimension where the key is the response of the Other to this attempt to institute a desire.

The third form that we delimit implies the problem of the support of desire in the psychoses. A desire that is much closer to realization, without the fixation given by the *phantasie*, it is also a desire adjacent to the short circuit – which introduces the extra difficulty regarding how to sustain it.

Desire is the essential point where the subject's being tries to assert itself; it is a support of existence (Lacan, 2013). What would be the support after the renunciation of the *phantasie* support? The psychotic does not take refuge in *phantasie*, but is detached from the Other. Why should the psychotic resign himself to this narcissistic state and reconnect himself to the Other again? The issue is how social bonds are established in psychosis and what kind of ties there would be (Quinet, 2016). So what is at stake is being able to locate the subject's position with respect to desire, the support of the one who sustains himself, the art of which each is capable.

From our experience, we have identified at least three possible forms of desire revealed in psychosis. The pure or simple forms of desire that are defined by a tendency to *real-ization*, that desire the impossible and for this reason are always on the edge of death, in confrontation with the real.

The realization in the strict sense of desire logically entails its abolition; therefore these are mortifying forms, close to the passage of the act, forms that we will call "antagonic". We find the clinical expression of these forms in the melancholic and hypochondriac episodes that can occur in all kind of psychosis and that would indicate a difficulty to sustain desire, being submitted to a pure desire, potentiating the short circuit of death. In contrast the small rates of vitalization, the recovery of the feeling of life put us on the track of the desiring operation.

This realization of desire in its highest purity differs from other forms of desire, impure, frozen, sustained, for example, in the delusion. These forms of desire introduce us to what we will call "delusional realizations of desire", which may charge an asymptotic bias, as is true in Schreber's case, in which delusion works as support of desire and holds it in the infinitization of the asymptotic solution, constituting itself in the form of the originally rejected desire.

The mortifying or antagonic forms of desire, which tend to its *realization*, are usually at the edge of the passage

of the act, are not very stable. The delusional forms of the *realizations* of desire introduce a more lasting support, but they seem to be accompanied by a fixation on the delusion that prevents the circulation by other social bonds.

We find a third form of desire in psychosis, which is also impure, where it is sustained in the constitution of a certain social bond. In these forms, the introduction of the social would be talking about a sublimation quota that seems to differentiate the second form from the third. It includes what Freud placed as the creative capacity or artistic talent acting in sublimation. Joyce shows us that asymptotic support is not necessarily delusional: the *sinthome* “desire to be an artist” is also sustained in the asymptote and in the constitution of one Other who has need of the subject: “the writer who will maintain occupied the critics for centuries” (Lacan, 2005) or the woman who is missing to God, in the Schreber’s case (De Battista, 2012).

In this sense there will be exceptional artistic talents, creators of genius. But also the most ordinary, usual, frequent art that comes to our doors asking to be recognized. This support of desire in the social bond does not always ask to be a persecutory or erotomaniacal turn, and on many occasions can be gestated in the analytic encounter and transferred later to other discourses, thereby enabling other circuits.

Then, I propose to test what was obtained from the reintroduction of the concept of desire in the analytical listening of psychoses by reading a clinical case.

Clinical case

It is a patient around the age of 50, who has an emperor’s name and goes to therapy for *sexual problems*: relations with his wife are no longer satisfactory for him, he has started to avoid them, which is causing him a terrible discomfort and depression. He imposed some conditions on me: the meetings were not weekly but only every two months and I would have to *listen to him*. The intolerable point is located in certain practices that his wife has begun to ask him and that make him feel *voided*, because they make him feel like a *slave* in relation to her.

“To be a slave of a woman” brings to him a latent Push-to-the-Woman, that in his adolescence took him to transvestite himself and get involved in practices with men that he found occasionally in the street. The patient associates this fact to the relationship he had with his mother, who forced him to do *feminine* jobs, a situation that he believes gave him certain *characteristics of woman* that have *broken* his personality.

His mother was very *possessive* and *capricious*, she accuses her of having seduced him when he was a child and subsequently of having plotted to separate him from all the girlfriends he had. The father did not interfere, and, according to his mother, was not his real father. The patient interrupted all relations with his family during adolescence, nevertheless he feels that he continues under the injurious influence of his mother who had always destroyed his relationships.

“To be slave of a woman” is something that is updated not only with his wife, but also with others that are part of his environment: a neighbor, the daughter of a friend, his sister-in-law, friends of his wife, etc. They express their interest in him *indirectly*, and he realizes it by the way they look at him and by their attitudes: the neighbor waits for the bus while he walks, that means that she is in love with him. She makes a noise with the door when she leaves: she hopes to meet him. He comments that she has leaks in her apartment: therefore she is crazy with love for him.

The small gestures of everyday life become signs that somebody took the initiative to love him. He does not know what to do with this very well: on the one hand he is attracted by the possibility of taking certain risks and responding to the initiative of these women, on the other hand in them he recognizes the characteristics that would bring him back to *slavery*. The same traits that he rejected in the mother are attractive to him now.

At the same time he can place in the sessions that a relationship of slavery with a woman is unbearable because it pushes him to offer himself sexually to other men. He does not want to leave his wife, in whom he has found an exception to the “women who enslave” since for him she is a *submissive* and *understanding* woman who has accepted his request to not live with him in the same home, but to live in two different places: one on the first floor, the other on the third.

The work on these coordinates took place in the interviews, within the framework of a submission to the impositions of this patient whose starting point was to accept his own conditions. It was also in the transference that he built a solution that is based on a certain “good distance” in his dealing with women. He began to write anonymous love letters to his neighbor. This allowed him, in his words, to *fantasize* that he yielded to temptation without exposing himself to the condition of slavery: “It is my unconscious self-preservation, I avoid her because she is crazily looking for the man who writes the letters. I look like Eva, I want to bite the apple of prohibition.”

The patient maintained this practice of *platonic love* – as he called it – for one year and ended it when he thought he could be discovered as many women in the neighborhood were looking for the *anonymous lover*, the pseudonym which he used to sign the letters. During that time, he recovered the taste for sexuality with his wife and no longer felt depressed, but the fact of not being able to continue led him to a state of mortification made evident by his insomnia and the return of images and sounds linked to his first crisis.

Thus, he implemented another practice that exploits the same efficiency lines as the first, but without its risks: maintains relationships with women in group phone sex. The possible encounter is always postponed to an indeterminate future.

These solutions were built in a situation in which he could speak freely of what he felt to be a symptom: his

relationship to women who enslave. Shaping the symptom led him to a dimension of “beyond” linked, in my opinion, to the possibility of positioning himself as desiring and the conflict that this situation involves, and to find other modes of support of desire more compatible with life in common.

Conclusions

There are psychotic forms of desire that exist, whose difficulty would be in the way of tolerating it without reference to the Name-of-the-Father and the *phantasie*. Lacan proposes that the psychotic desire is a desire not symbolized by the paternal metaphor and therefore not referenced by the phallus. But this does not prevent thinking about a desire that is beyond the Father and that finds its reference in other names-of-the-Father.

Desire as an absolute condition and, as in the origin of the law (Lacan, 1960/1966), would promote a reflection about sustaining a desire without the metaphorical reference of the father. Our patient appeals to an asymptotic support of desire that we can also read in the delusion of Schreber or in the Joycean desire that being an artist would keep the university students busy for centuries.

The psychotic could stay in the circuit of the previous Other (Lacan, 1960/1966), the Other enslaving, or make another choice. That would not change the first choice, the forced choice, but rather it would allow thinking about a modalization of the rejection or a modification of the position. In this way, the reintroduction of the concept of desire to think about the clinic of psychosis is not only a proposal linked to claiming the importance of desire in the constitution of the human, but it also opens the door to thinking about the role of desire as an operator in the device: if there are forms of psychotic desire, then psychotics can take benefits from the encounter with the analyst's desire. It remains to elucidate the possible dynamics of this encounter.

The main subject is: What does the psychotic find? Indifference? Rejection? Fear? Anguish? An ideal? Fascination or admiration? The outcome of this meeting seems to depend on the answer to this question. And it is at this point that we understand that psychoanalyzed person has an advantage over other possible interlocutors. The position he may have reached soon after the treatment leaves him close to being a *partner* to the psychotic measure. If the encounter occurs, and if the psychotic consent to enter in a new circuit. The psychotic can remain in the alienating circuit of the previous Other – that one of the non-symbolized and devouring desire that he has rejected because of the imposture of a father who intended to regulate it –, but there is also the possibility to activate new circuits from the encounter with a special desire, the desire of the analyst.

That way the analyst becomes a perfect partner: someone who can respond leaving out anguish and fear. Someone who can respond from the desire to sustain a desire. In the small speech to psychiatrists of Sainte Anne,

Lacan (1967) points out the importance of the anguish that the encounter with the psychotic produces, as well as the response of the listener. The inversion of seats is due to the first: the psychotic with the object in his pocket can only cause the division of the other. In regards to the second one, the answer, Lacan locates at least two alternatives: to respond by fear and defend themselves from the encounter by constructing protective barriers (the walls of the asylum or of the theory) or respond with “something else” in front of that anguish that the encounter produces.

The first alternative is on the side of the psychiatrist's position: to take mad people as object of studies. The second is the psychoanalyzed alternative. Lacan was expecting progress based on the fact that a psychoanalyzed would truly take care of a madman. A psychoanalyzed individual is someone who can respond with “something else” more than the anguish that the encounter with the psychotic produces. Someone who does not close the division with knowledge of the theory or with the barriers of asylums. Someone who can take things beyond anguish. A psychoanalyzed who recovers the dimension of the encounter without falling into the position of the psychiatrist, who defends himself from anguish with the theory.

But then, what is the offer of the psychoanalyzed, what does he have to give different than the psychiatrist? That which not even the most beautiful bride in the world could offer: a warned desire that cannot wish the impossible (Lacan, 1986). The analyst's response is at the level of his act and the desire that inhabits him. It is the specificity of his position that is the key to the analyst's response (Lacan, 1991/2001), which is also in the encounter with the psychotic subject.

The analyst's position excludes the answer by fear, anguish, admiration, fascination or objectification. The analyst has something else to offer, he supports the desire in his presence, becoming the cause of the analysand's desire and it is in this fact that Lacan places the efficacy of analytic discourse.

I conclude then that there could be a sort of “elective attraction,” of affinity between the psychotic and the analyst. I take the expression of the chemical metaphor that Goethe uses in *Elective Affinities*: two chemical substances that were inextricably bonded can be separated with the introduction of a third, dissipate substance and can recombine themselves and create a new combination. It is as if the initial attraction could be broken from the appearance of a new “related” substance. It is as if a kind of “elective affinity” were operating, as if there were a preferential choice. A new meeting can produce the separation and formation of a new body, to this place the encounter with the analyst could come. The key is in the answer and not in the supposed gravity of the psychotic position.

This would explain why many psychotics ask for an analysis and stay in it for years, sometimes despite the resistance of analysts.

Considerações para um retorno ao conceito de desejo na clínica analítica de psicoses

Resumo: O artigo tem a finalidade de discutir a relativa ausência de referências ao conceito de desejo psicótico dentro da comunidade lacaniana. O debate é relevante porque Lacan não excluiu o desejo nem a psicose de sua concepção do tratamento analítico. A pesquisa leva referências ao desejo psicótico na obra de Lacan e sua aplicação clínica (caso Schreber). A conclusão é que o problema não é a falta de desejo, mas seu apoio. O artigo propõe formas diferenciais de desejo psicótico associado a posições subjetivas cuja delimitação é importante para a cura.

Palavras-chave: desejo, cura, psicoses, psicanálise.

Considérations pour un retour au concept du désir dans la clinique analytique des psychoses

Résumé: L'article vise à discuter la relative absence de références à la notion de désir psychotique au sein de la communauté lacanienne. Le débat est pertinent parce que Lacan n'a pas exclu le désir ni la psychose de sa conception du traitement analytique. Le travail prend les références au désir psychotique dans l'œuvre de Lacan et son application clinique (cas Schreber). On conclue que le problème n'est pas le manque du désir, sinon comment le supporter. On propose des formes différentielles du désir psychotique associé à une dynamique des positions subjectives, dont la portée est importante pour la cure.

Mots-clés: désir, cure, psychoses, psychanalyse.

Consideraciones para un retorno al concepto de deseo en la clínica analítica de las psicosis

Resumen: El artículo propone discutir la relativa ausencia de referencias al concepto de deseo psicótico dentro de la comunidad lacaniana. El debate es de relevancia ya que Lacan no excluyó al deseo y tampoco a las psicosis de su concepción de la cura analítica. El trabajo toma las referencias al deseo psicótico en la obra de Lacan y su aplicación clínica (caso Schreber). Se concluye que el problema no es la ausencia de deseo sino su soporte. Proponemos formas diferenciales del deseo psicótico asociadas a una dinámica de las posiciones subjetivas, cuya delimitación es importante para la cura.

Palabras clave: deseo, cura, psicosis, psicoanálisis.

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