# Conceptualization and Treatment of Schizophrenia in Lacanian Psychoanalysis

## Towards a Clinic of the Sinthome

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***Γι' αὐτὸ τὸ μέτωπο 'ψηλά –***

***τραϊλὰ τραϊλά, τραϊλὰ λαρά,***

***Θρᾳκόπουλα, καϋμένα,***

***καὶ ψάλλετε μ' ἐμένα!***[1]

[1] *'So keep your head up/ la-la-la-la-la-la-la-la/ poor Thracian children/ and sing along with me'.* Last stanza of the second version of Georgios Vizyenos' *Thracians' song* (2003, p. 495) [my translation]

# Abstract

*Schizophrenia is rarely referred to in Lacan's scholarship, and even more rarely in the so-called later Lacan. Yet the French psychoanalyst's teaching on knotting and the theory of the sinthome of the 1970s can be utilized for the theoretical and clinical approach to this psychotic type. The gradual emphasis on the real in Lacan's teaching can act as a guide both for its conceptualization and for the treatment supported by those clinicians who see schizophrenic subjects.*

*My investigation of the conceptual history of schizophrenia led to the conclusion that despite psychiatric scholars having noted from early on an aspect that pertains to the real – schizophrenic discourse – this was disregarded, having been deemed one of the condition's numerous morbid outcomes. In the same way, early psychoanalysts emphasized the aspect of subjectivity that Lacan calls the imaginary in the treatment of schizophrenia, trying, thus, to address it via a mechanism typical of the other major psychotic type, paranoia. This approach does not seem consonant with Freud's reading of the two types, although he never elaborated upon their differentiation beyond the early 1910s. In fact, although the suggested Lacanian approach to schizophrenia derives from the last decade of Lacan's teaching, it has roots in Freud's view of psychosis of the mid-1910s and early 1920s.*

*I have attempted to create a paradigm for the impact of those findings in examining the case of the late-19$^{th}$-century Greek poet, writer and scholar Georgios Vizyenos. I argue that Vizyenos was characterized by a schizophrenic's relation to the body, language, and the social bond. In his life and work, examined in detail, we see how the cause, triggering, and temporary treatment of his psychosis are linked to a concept with a direct relation to the real: 'child'. Testimonies from Vizyenos' childhood show his resistance to semblance, which had specific effects upon his body. It is, then, demonstrated how in late adolescence and mature life the subject renamed himself and acquired a sense of his body thanks to a 'modified' narcissism that did not resemble the coordinates of the paranoiac's ego. This construction is approached through the later Lacan's theories of the sinthome and the escabeau. Finally, it is shown how that invention was temporary, with Vizyenos being unable, in the end, to avoid the return of jouissance to the subject's body.*

*The theoretical and clinical implications of the study of Vizyenos' case are discussed in relation to the contemporary Lacanian approach to schizophrenia. It is suggested that the singular character of the subject's relation to the real could lead us to cross schizophrenia with a bar, ~~schizophrenia~~, as Lacan did for the signifier 'woman' in his later teaching. Thus, the sinthomatic approach, which emphasizes the subject's relation to the real rather than the universal subscription to Oedipus, does not seem unsuitable for the treatment of subjects who are schizophrenic. This is argued at greater length by comparing it with psychoanalytic orientations that place more emphasis on the use of the imaginary or the symbolic.*

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# Table of contents

# Introduction

Research for the present thesis began as an attempt to address a number of issues that had attracted my interest following two simultaneous encounters: one with psychotic subjects and one with Lacanian psychoanalysis. As the title of the thesis indicates, what troubled me was the status of schizophrenia in Lacanian psychoanalysis – the question of how we conceptualize this psychotic type and how, if so, we can orient its treatment according to the ethics of psychoanalysis. Preliminary answers to those questions found in the current bibliography did not seem to suffice. For psychoanalysis, schizophrenia seemed to be little more that paranoia's poor relation; a comprehensive study of this type therefore seemed a task worth undertaking.

In retrospect, the year in which the research commenced seems quite topical. Although the aforementioned encounters and the following preliminary research took place sometime before this study, it seems that this could not have started at a more appropriate time than in 2011. This is because 2011 marked two anniversaries related to the fields whose connection is here attempted: first, the centenary of the earliest citations of schizophrenia in the psychiatric domain; second, the thirtieth anniversary of Jacques Lacan's death.

Many might think that the links between the two anniversaries are either too few or too indirect – and this may be partly true. As was mentioned above, I was certainly led to an impression like this after having made a preliminary bibliographical investigation.

Lacan, as we know, initially trained as a psychiatrist. It is, therefore, to be expected that the term 'schizophrenia' would have been of use to him both during and shortly after his training. Yet this was not the case concerning his teaching on psychoanalysis, which started in the 1950s. If, indeed, 'schizophrenia' was a term used by Lacan the young psychiatrist, Lacan the psychoanalyst, who taught a 'return to Freud', rarely made use of it. He did use this term when discussing Freud's restricted approach to the psychotic types (paranoia and dementia praecox/ paraphrenia/ schizophrenia), but schizophrenia certainly did not occupy a pivotal position in his yearly round of seminars, as had also been the case with Freud. In fact, the founder of psychoanalysis was not even happy with the name introduced in the early 20$^{th}$ century to describe this psychotic type.

Indeed, the artificial term 'schizophrenia' seems to carry a relatively awkward meaning. Its first element is the Greek verb *σχίζω* (schizo), which means 'to split', and the second is one of many ancient Greek nouns meaning 'mind': *φρην* (phrene) – another one, *νους* (nous), is the second element of 'para*noia*'. The idea of the split mind had been introduced to describe metaphorically an aspect of the behaviour of patients suffering from schizophrenia. The psychiatrist who coined the term, Eugen Bleuler, did not intend to describe a mind cut in half, but to describe deficits in the observed functions of the patient's mind, such as in their association and affection. Yet Freud and other psychoanalysts' initial interest in it seemed to serve the purpose of describing unconscious mechanisms rather than the condition in question. In fact, Freud did not refer to psychosis extensively after the mid-1910s, having found that this condition could not benefit from a proper psychoanalysis. This is the Freud that Lacan was commenting on in the first period of his teaching. As for Lacan, who took greater interest in the psychoses, he only left a handful of remarks on schizophrenia, the most indicative of which is probably one found as late as the early 1970s, in his influential paper *L'Étourdit*. Beyond that, there isn't very much.

Is this really the case, however, I wondered? Does the scarcity of Lacan's references to schizophrenia – which in the later Lacan turns to almost absolute neglect – mean that he did not find it a useful concept? Did schizophrenia and Lacan's views on subjectivity in the end not coincide? And if this is so, how are we to explain the fact that schizophrenia is a term still used by Lacanians – theoreticians and clinicians – worldwide; a population that apparently accounts for half of the number of the world's psychoanalytic practitioners?[2] Is the use of this term, in which Freud did not take an extensive interest, in agreement or disagreement with the principles and ethics of psychoanalysis? These seemed like issues that could specify and further orient the research questions that were taking shape.

Another conclusion to which the preliminary bibliographical investigation led me was that one of the causes of those questions not having been directly or sufficiently answered is our relative lack of familiarity with Lacan's teaching on psychosis *in its totality*. Sixty years after Lacan's teaching of the 1950s, and thirty years after his death, we may, indeed, have come to grips with the Lacan of the symbolic and the 'return to Freud'. We may already have started putting our finger on the Lacan of the 1960s, the Lacan of the shift to jouissance. Yet Lacan's teaching on psychosis is not limited to the 1950s and 1960s. There is also Lacan's later teaching, which did not leave psychosis or his views on subjectivity untouched. Our

[2] According to the website of the London-based Centre for Freudian Analysis and Research (CFAR)

familiarity with that final stage of Lacan's teaching seems restricted – and this has had enduring consequences.

Let us take, for instance, the corpus of Lacan's published seminars, assigned by himself to psychoanalyst Jacques-Alain Miller, a prominent founding member of the École de la Cause freudienne and the founder of the World Association of Psychoanalysis.[3] The English-speaking audience has access to the official versions of *Seminars I*, *II*, *III*, *VII*, *X*, and *XI*, and to the *Écrits* from approximately the first fifteen years of Lacan's teaching. Yet only *Seminar XX* is available from the source of the 'later Lacan' under Miller's auspices[4]. And this has not much to do with the sequence of their publication. The latest seminar to have come out in English is *Seminar X*, in 2014, published fifteen years after *Seminar XX*, *Encore*.

On the other hand, whereas there are certainly more sources in French thanks to Miller's serious and laborious work, one cannot but notice a disproportionate emphasis on the 'first' and 'middle' Lacan. The seminars available from Éditions du Seuil cover all but one (*IX*) from the entire first decade of Lacan's teaching, as well as *Seminars XI* and *XVI* through *XIX*. In contrast, leaving aside a few individual lessons from various seminars, the only available seminar after *Seminar XX* is *Seminar XXIII*. On the other hand, however, one cannot ignore the existence of the *Autres Écrits*, a selection that does offer access to texts by the Lacan of the 1970s, but not to his open teaching.

It therefore seemed to me that both the shortage of available resources and the relatively short amount of time that had passed since Lacan's death, taken in conjunction with the fact of his extremely productive scholarship, could hardly lead to safe conclusions concerning his views on subjectivity and its modalities, such as schizophrenia. We may have been to some extent capable of summarizing what Lacan thought about schizophrenia in the context of his early theories of the 'paternal metaphor' and the 'question prior to any possible treatment of psychosis', but what the later Lacan thought of it seemed – and still seems – relatively obscure.

Take, for example, a book entitled *Phenomenology and Lacan on Schizophrenia, after the Decade of the Brain*, by Alfonse de Waehlens and Wilfried Ver Eecke. This book was published in 2001, building upon de Waehlens' late 1970s' study of Lacan's approach to schizophrenia. There seems to be no focus on the later Lacan's teaching in this study, which is

[3] The worldwide institution of Lacanian orientation comprising a number of European and Latin American schools.
[4] *Seminar XVII* is also available in English, but this can hardly be included in the 'later Lacan'

one among only a very few dedicated to this topic. The imaginary and the symbolic permeate it, but not much is said about the real – Lacan's third register of subjectivity; there is certainly no reference at all to the way this is emphasized by the later Lacan. The concept of the sinthome – let alone the escabeau – are not utilized either. The former seems to be the cornerstone of the approach to psychosis and subjectivity that Lacan established in *Seminar XXIII*. I felt that, without the later Lacan, any Lacanian conceptualization of schizophrenia and its treatment is bound to remain incomplete.

In fact, attempting to formulate a comprehensive theory of schizophrenia both as a conceptual entity and as a clinical category within Lacanian psychoanalysis stems from nothing more than applying the ethics of psychoanalysis. Regardless of the modality of the discomfort that the person who addresses an analyst is suffering from, there is one single and simple principle that seems to stem from psychoanalysis, one that we can attribute to both Freud and Lacan, and, moreover, one which the clinician cannot afford to overlook: that person's singular relation to what Lacan called the real, which is often grasped in their symptom. The real, emphasized in the later Lacan in a manner quite unlike the approach he had taken earlier, might hold the key to contemporary Lacanian psychoanalysts' entitlement to use the term schizophrenia theoretically and clinically.

This aspect of Freud's and Lacan's teaching, which stresses more than anything the singular character of subjectivity, might indeed be worth implementing in our contemporary conceptual understanding of schizophrenia – more so today than at any other time. This is because in our time, a century after the introduction of the term to the psychiatric vocabulary, we seem to be in a very different place concerning the status of schizophrenia. Hence, the aforementioned reference to the other anniversary that marked the beginning of the present research.

As was noted above, a hundred years ago, when the term 'schizophrenia' first appeared, Freud seemed eager to leave the territory to other disciplines, believing as he did that patients who presented this condition – as well as the other psychotic type, paranoia – could not benefit from the praxis of psychoanalysis. Yet, just as psychoanalysis on the threshold of the third millennium is not what it was in its infancy – at the end of the 19$^{th}$ century – the concept of schizophrenia has not remained intact either. Major changes have occurred after Freud and Lacan's deaths, not only in psychoanalysis but also in psychiatry. Thus, when we discuss schizophrenia today, we are not referring to what was being described a hundred years ago.

When ‘schizophrenia’ was first introduced to replace ‘dementia praecox’, an earlier term suggested by a German psychiatrist, it occupied a relatively small place in the spectrum of the psychoses. Moreover, clinicians seeing schizophrenic patients in psychiatric institutions could not perform a cure. They would form a diagnosis and suggest no more than treating patients in a caring way, with any aspiration to a finite treatment being completely out of the question. Freud, who was happy to discuss the concept – and even the therapeutic breakthroughs that can in fact come about – but in no way advocated psychoanalysis as a treatment for them, was in accord with that approach. The same went, more or less, for the Lacan of the 1930s, 1940s, and 1950s.

Today, however, as an effect of the last century’s advancing psychiatric classification and pharmacology, schizophrenia occupies a much broader field. Even paranoia, the distinct psychotic type on which Freud and Lacan elaborated much more extensively, turned into a schizophrenic form near the end of the 20th century.[5] Moreover, our time is characterized by both the excessive use of medication and the application of various psychotherapeutic approaches to the alleviation of manifest schizophrenic symptoms.

The above-mentioned recent theoretical and clinical developments present a challenge for psychoanalysis. The excessive use of medication and standardized psychotherapeutic techniques effectively elides the singular character of the schizophrenic patient’s symptom, which, as was stated above, in Lacan entails the subject’s relation to the real. Silencing this subjective mark, which is conducted theoretically and clinically on the basis of an all-inclusive manual-led classificatory system, seems totally at variance with the basic principles of psychoanalysis. Thus it seemed topical to reset the question of psychoanalysis’ position on schizophrenia in view of these developments.

Taking all these into account, the main question this research proposed to address was: should schizophrenia be left to the predominant psychiatric and psychotherapeutic discourse that is oriented towards silencing the real or not? Can we, alternatively, draw a different theoretical and clinical reading of this condition from studying Jacques Lacan’s teaching on subjectivity and psychosis in its totality?

It is in the three chapters of the thesis this research produced that questions like these are addressed. The answers generated will, I hope, have theoretical and clinical value.

[5] ‘Paranoid disorder’ of the third edition of the Diagnostic and Statistical Manual of the APA –discussed in detail in *Chapter Three*- disappeared from its fourth edition, in which ‘paranoid schizophrenia’ emerged. Yet ‘paranoid schizophrenia’ then disappeared itself from the fifth edition, leaving only ‘paranoid personality disorder’ to remind one of the good old psychotic type

The logic behind a comprehensive Lacanian conceptualization and treatment for schizophrenic subjects takes place in three steps, corresponding to three individual chapters. The first chapter takes the form of review of the literature; the second, of a psychoanalytic case history; the third, of a discussion of the theoretical and clinical implications of the first two chapters. Examples drawn from my clinical experience are also used throughout the thesis in an attempt to highlight the clinical impact of the theory and treatment discussed. More specifically:

In *Chapter One*, the reader will find the conclusions of my research into the history and theoretical foundations of the conceptualization and treatment of schizophrenia in Freud and Lacan. I first present the psychiatric origins of this term. Then I discuss Freud's view of schizophrenia, which changed throughout the years, alongside his theoretical and clinical approach to psychosis. After Freud and a short reference to current psychoanalysts who attempted to treat schizophrenia through a mechanism more suited to paranoia, the reader will find an examination of the theoretical formulations and teachings of Jacques Lacan on psychosis to the extent that this is feasible. I start with his conception of the ego and the subject, significant concepts for the imaginary and the symbolic respectively, and end with the parlêtre, a concept closer to the third register, the real, which characterizes the later Lacan. Thus, a more comprehensive illustration than usual of Lacan's views on schizophrenia is attempted.

*Chapter Two* employs the paradigm of the case history, which is the usual approach in psychoanalytic research and practice, which always focuses on the subject's singularity. Of course, this method partly deprives the objective evaluator of the ability to form an opinion on the scientific credentials of reliability and validity, as these are set in the academic context. Thus, the ability to generalize one's findings is certainly restricted by the choice of this approach. However, psychoanalysis does not learn from, nor does it work for, the objectively evaluated or the general, but the singular. In this sense, the present thesis may partly clash with the demands of the academic discourse, but I hope that it is nevertheless in accordance with the psychoanalytic discourse.[6] After all, the advantage of the case history is that, like the discourse of the psychoanalyst, it focuses on the subject's singular relation to the real.

The case history employed in the present study is that of a late-19$^{th}$-century Greek writer, Georgios Vizyenos, who died of general paralysis in a psychiatric hospital a few years

[6] The theory of the four discourses and their relation to psychoanalysis and psychiatry is mainly discussed in *Chapters One* and *Three*

before the end of that century**.** The instruments from Freud's writing and Lacan's teaching presented in *Chapter One* are applied to Vizyenos' life and work, as derived from contemporary testimonies in the press and in various memoirs, from Vizyenos' biographies and his psychiatric records, and from his correspondence and his written works. My aim was to show how, in spite of schizophrenic constitution, this man achieved a temporary treatment by means of an invention that did not depend on otherness, the pathway taken by those who are not 'so-called schizophrenics'. It seems that Vizyenos managed to knot for a considerable amount of time the three registers – imaginary, symbolic and real – thanks to a multidimensional use of language in his writing, giving out an outcome addressed only secondarily to others or the Other of the social bond.

Finally, in *Chapter Three*, the theoretical and clinical implications of this case for the contemporary Lacanian approach to schizophrenia are discussed. Two practical aspects of the psychoanalytic approach to schizophrenic subjects are presented: diagnosis and treatment. I discuss the vital role played by specifying the subject's relation to the real for both aspects, based on the case example of Vizyenos, whose achievement was based on an elaboration of jouissance attached to a concept of particular value. It is suggested that this can be one of the orientations in working with schizophrenic subjects, one that does not lean on processing otherness, which leans on the imaginary (ego) and/ or the symbolic (subject of the signifier), but on their interrelation with the real (jouissance) inherent in the One.

When research for it commenced, my core aspiration was for the present thesis to be of assistance to clinicians seeing schizophrenic subjects. More than a hundred years after the creation of the signifier 'schizophrenia' and more than thirty years after Jacques Lacan's death, I hoped that bringing the two together could yield useful suggestions for its clinical – as well as theoretical – treatment. The clinician who sees schizophrenic subjects in the consulting room or in the hospital ward will probably be the best judge of that. He or she is wholeheartedly invited to judge this thesis by borrowing the schizophrenic's rigour for literalism, which is discussed in its chapters.

# Chapter One: Schizophrenia in Freud and Lacan

## I. 1. Introduction

In 1908, a prominent Swiss psychiatrist named Eugen Bleuler gave a speech to an association of German psychiatrists. In that speech, he suggested the replacement of the designation 'dementia praecox' with a term of his own invention: 'schizophrenia'. Dementia praecox had been an earlier psychiatric term that described the same 'mental disease'. Three years later, in 1911, Bleuler published an influential monograph that introduced the term officially to the psychiatric domain.

Psychoanalysis, a psychological theory and therapeutic technique that had already been developing for a few years, soon caught up with psychiatry. It was also in 1911 that its founder, Sigmund Freud, published one of his five famous case studies: 'President Schreber'. Freud had been discussing schizophrenia with one of Bleuler's hospital subordinates, Carl Jung, since Bleuler first suggested it. In his study of 1911, Freud analyzed the newfangled concept in light of a dysfunction in the establishment of narcissism, which, in contrast, happens in paranoia, which was the paper's original focus. In another paper, published four years later, he would refer to a therapeutic orientation for schizophrenia different from the one he had suggested in his study of paranoia. Freud's thinking is examined in the first sub-chapter of the present chapter, following the history of the psychiatric configuration of schizophrenia.

In spite of the present being a psychoanalytic rather than a psychiatric study, references to the psychiatric origins of schizophrenia cannot be avoided. This is not only due to this concept having been configured by late-19$^{th}$ and early-20$^{th}$-century psychiatric classifiers. It is also due to those scholars having described, from an early stage and with precision, what Freud and other psychoanalysts who came after him would designate as a field that the treatment of schizophrenics cannot ignore: the particular status of their discourse.

Of course, like psychiatry, psychoanalysis does not claim to be able to cure schizophrenia. Although a number of Freud's first disciples aspired quite optimistically to treat schizophrenia through the application of psychoanalysis, this objective soon proved

pointless. No one can treat schizophrenia by applying the standard talking cure that Freud developed when treating hysterical patients in the late 19th century.

Nevertheless, thanks to the work of another outstanding – and relatively controversial – figure in psychoanalysis, the second half of the 20th century saw a change in the way psychosis and its treatment were viewed. That man was the French psychoanalyst and psychiatrist Jacques Lacan. His 30-year-long teaching seems to indicate a designation for treatment of schizophrenic subjects by use of psychoanalytic instruments.

Of course, as was written above, psychoanalysis does not claim to be able to cure schizophrenia. What we therefore find in Lacan's teaching is the logic behind a treatment that can take place in the clinic of schizophrenia, that is, with subjects who are schizophrenic; a logic stemming from his continuously evolving conceptualization of subjectivity. In the second and third sub-chapters, I investigate this direction in his teaching and attempt to link it to Freud's preceding suggestions.

This designation, however, does not appear clear-cut in Lacan's work. When his teaching labelled as a 'Return to Freud' began, Lacan was not even talking about psychosis in particular. He was interested in reformulating the concepts of speech and subject as he believed he had encountered them in Freud. His theoretical preoccupation with psychosis came in the third year of his yearly seminar and was summarized in a paper written a couple of years later.

Yet the Lacanian orientation for the treatment of schizophrenia is not mainly found there. We had to wait longer for a number of more explicit, but always rare and ambiguous, references to schizophrenia by Lacan – references that form the coordinates of its conceptualization and treatment. A final theoretical formulation, which marked the last step in his 30-year teaching, still remains to be linked to the status of schizophrenia. This theory is analyzed in the third – and last – sub-chapter of *Chapter One*. To link it to the concept of schizophrenia is one of the present study's objectives, to be carried forward in the two following chapters, assisted by a case example.

## I. 2. From the splitting in associations to the unity of the ego

### I. 2. a. Between three Ψs: psychology, psychiatry and psychoanalysis

In spite of this study investigating the *psychoanalytic* treatment of an originally *psychiatric* concept, its discussion cannot avoid referring to a third discipline studying the human mind, one whose name also includes the element 'psyche': *psychology*.

The need to refer to it stems from this scientific discipline having affected the original configuration of schizophrenia. This happened concerning both the form in which it first appeared in psychiatric textbooks, as dementia praecox, as well as its later reformulation by a prominent psychiatric scholar and one of Freud's first disciples. All these take place in the work of the German psychiatrist Emil Kraepelin and the Swiss psychiatrists Eugen Bleuler and Carl Jung, discussed below.

### I. 2. b. Before Freud

#### *Kraepelin*

The concept that Bleuler suggested replacing in his 1908 speech to the Association of German Psychiatrists with 'schizophrenia' was 'dementia praecox' (Küchenhoff, 2008). The latter was a 'mental disease' introduced nine years earlier, in the *Textbook of Psychiatry*, by Professor Emil Kraepelin (1899), a man who would lay the foundations of modern scientific psychiatry (Eysenck, Arnold & Meili, 2006). His textbooks seem to have had a significant impact on psychiatric classification, extending even beyond the 20$^{th}$ century (Ebert & Bär, 2010). The remark above about the psychological aspect of the early configuration of schizophrenia concerns also his personal history, interests and scientific approach.

Kraepelin was born in the same year as Freud, 1856, in the city of Neustrelitz. Having shown an interest in medicine in childhood, he once visited a hospital encouraged by a friend of his father's. There, he found a book that would form his aspirations and influence the approach he would take in his psychiatric endeavours (Briole, 2012): Wilhelm Wundt's lectures on the psyche (1896).

Simply reading the book by the founder of experimental psychology did not suffice for young Emil. He went on to study with Wundt at the University of Leipzig. Despite moving from psychology to the study of psychiatry, Kraepelin continued to see himself as a 'psychologically inclined psychiatrist' (Gallagher, 2001, p. 26). Indeed, in his renowned *Textbook of Psychiatry*, one can see the influence of the scientific principles of Wilhelm Wundt, who aimed at establishing the structure of consciousness through empirical observation.

The first edition of Kraepelin's textbook was published in 1883. Its writer was in a professional impasse when he wrote it. He had just been dismissed from the ward he was working at as a young psychiatrist. Professor Paul Flechsig, who was in charge of the ward, had found him incompetent (Briole, 2012). Ironically, the endeavour that this impasse produced would influence the psychiatry of the following 130 years like no other.

Dementia praecox was not a part of Kraepelin's initial categorization of mental diseases. It only appears in the sixth edition of 1899. Yet it is not solely thanks to this innovation that Kraepelin's classification is believed to have considerably affected modern psychiatry: it is also due to the distinction between the so-called affective (i.e., manic-depressive) and non-affective psychoses, to which dementia praecox would be latter added (Decker, 2007). Although Kraepelin did not remain confident about this differentiation, it has lingered in contemporary psychiatry (Leader, 2015). In addition, it has not left the field of psychoanalysis untouched either. Let us now come to dementia praecox.

The term was originally invented not by Kraepelin but by the Czech psychiatrist Arnold Pick (Hoeng, 1995). He was, however, the one who configured it as a diagnostic category separate from the other mental diseases and introduced it in a comprehensive system of psychotic forms. Kraepelin himself did not hide the fact that most of those forms had already been referred to by previous scholars, such as his own professor, Karl Ludwig Kahlbaum. Yet it was Kraepelin who went on to unify them and to differentiate them from other forms of psychosis.

The common and necessary characteristic of cases that fell within this new diagnostic category were a) mental and emotional deterioration (*dementia*) and b) their appearance at a relatively young age (*praecox*) (Kraepelin, 1899; 1904). The 'great classifier' (Alanen, 2009a, p. 4) also configured categories within dementia praecox. He suggested three groups: 'hebephrenia', 'catatonia' and 'paranoid forms' (Kraepelin, 1899).

Kraepelin (1899) believed that dementia praecox characterized an extended group of cases, examples of which he took great care to give. His intention to apply the principles of psychology to his study of the mentally ill generated graphic portrayals that paint a vivid picture of what a mental asylum looked like near the turn of the 20th century. I suggest taking a quick look at some of Kraepelin's examples in order to get a glimpse of what kind of patients were classified within this new diagnostic category that the designation 'schizophrenia' would replace after a few years. The following citations are extracted from the relevant groups he is suggesting.

> 'Their speech presents peculiarities indicative of looseness of thought and confusion of ideas. Their remarks may be artificial, containing many stilted phrases, stale witticisms, foreign expressions, and obsolete words. The incoherence of thought becomes most evident in their long drawn out sentences, in which there is total disregard for grammatical structure. The structure changes frequently, and there are many senseless interpolations.'
>
> (*Hebephrenic form*)
>
> Kraepelin, E. (1899) 1902, p. 168

> 'One patient, when asked how he felt, repeated, for three minutes, "I see you, I see you." The formation of new words often accompanies the senseless repetition of syllables, making a childish babble which the patients may repeat for hours. Verbigeration is especially noticeable in the letters. The excessive underlying, shading and addition of symbols are clearly manifestations of the tendency of mannerisms.'
>
> (*Catatonic form*)
>
> Kraepelin, E. (1899) 1902, p. 182

> 'They wander aimlessly about from one delusion to another, showing frequent repetitions of the same ideas. Questions, however, are answered in a coherent and relevant manner. Later in the course of the disease the speech becomes more and more difficult of comprehension, because of the number of peculiar phrases and expressions to which they attach special significance and freely repeat.'
>
> (*Paranoid dementia*)
>
> Kraepelin, E. (1899) 1902, p. 190

The examples from the discourse of patients suffering from dementia praecox cited above are illustrative of their symptomatology. Kraepelin's textbook is full of similar

examples. Yet a comprehensive presentation of a patient in the form of a case history is missing from his magnum opus and from other descriptions of the disease (Kraepelin, 1904).

In addition, in spite of its success, the new concept lacks a comprehensive theory of how this psychotic type comes about. Kraepelin (1899) acknowledged the specialists' poor knowledge of the cause of that behaviour and presumed that the course of dementia praecox passes exclusively from the cerebral cortex. He even advised psychiatrists not to focus on etiologies in order to form a diagnosis. In his opinion, they should emphasize the course of the illness rather than any of its other aspects (Decker, 2007).

On the other hand, the common reference of the three examples cited above that Kraepelin's genial approach grasped will be vital to the reformulation of the concept as schizophrenia. Consonant with his allegiance to Wundt, Kraepelin highlights the particular status of schizophrenics' behaviour, demonstrating his findings with meticulous observation and documentation[7].

It seems, therefore, that the status of schizophrenics' discourse, which Freud and Lacan would link to treatment, had been highlighted even before schizophrenia emerged as a separate concept. Nevertheless, Kraepelin would not side with such an approach. For him, symptomatology does not have to do with treatment at all: it is the expression of early mental deterioration.

In fact, Kraepelin (1899; 1904) is rather pessimistic concerning recovery from dementia praecox. His suggestions for therapy regard the treatment of symptoms and not the disease itself, evidencing the time's meagre knowledge of the causes of the disease. This is of course consonant with mental deterioration being considered as not only unavoidable but necessary for diagnosis.

So, for example, concerning a patient who would, in the course of their illness, exhibit symptoms like the ones cited above, Kraepelin (1899) suggests that treatment can consist of, among other things and always taking into account the patient's state, a quiet environment, friendly and skilled staff, warm baths, good nutrition and bed treatment. Nevertheless, the inventor of dementia praecox remains quite pessimistic, implying that the only thing psychiatry can do with patients presenting delusions, looseness of thought and confusion of ideas is to study them in trying to identify the course of the disease.

[7] So meticulous that in a short *Lecture on Clinical Psychiatry* he refers at least three times to the way patients with dementia praecox shake hands (Kraepelin, 1904)!

It seems, however, that this was not an approach confined to psychiatry. The first psychoanalysts who became interested in this diagnostic category, which Bleuler would transform into schizophrenia some years later, would adopt a similar perspective. The first of them was Jung, the man whom Freud would – for some time – consider his 'Crown Prince' (McGuire, 1991).

In moving to the examination of another psychiatrist's – and early psychoanalyst's – approach to schizophrenia, we should not rush to abandon our focus on psychology. It seems that Jung's approach is nothing but an attempt to study and portray the discourse of patients suffering from dementia praecox by use of psychological experimentation stemming from psychoanalytic inventions.

### *Jung*

When the sixth edition of Kraepelin's textbooks came out, the Viennese neurologist Sigmund Freud had already published a few papers on the neuroses and defense, as he had encountered them through the talking therapy he had developed in trying to cure hysteric patients alongside Josef Breuer (Breuer & Freud, 1893-1895). In the following decade, a number of influential publications on psychoanalysis attracted the attention of a Swiss trainee psychiatrist at the Burghölzli psychiatric hospital of the University of Zurich: Carl Gustav Jung.

An admirer of Freud's ideas, Jung started corresponding with the founder of psychoanalysis in 1906. A strong relationship developed between them. Before even meeting Freud in person, Jung promised him a study of the clinical condition known as dementia praecox, which he had been investigating at the Burghölzli, from Freud's standpoint (McGuire, 1991).

Freud's influential publications prior to 1906 had been *The Interpretation of Dreams* (1900), *The Psychopathology of Everyday Life* (1901), *Jokes and their Relation to the Unconscious* (1905a) and *Three Essays on the Theory of Sexuality* (1905b). The first three constitute the 'birth certificate of psychoanalysis' (Aflalo, 2015, p. 29). Freud's 'standpoint' in those publications, 'canonical with regard to the unconscious' (Lacan, 1957a, p. 434), concerned his first topographical theory – the division of mental life into conscious, preconscious and unconscious – and the mechanisms of condensation and displacement occurring in the latter.

Concerning the psychoses, Freud had not yet differentiated them radically from the neuroses (Freud 1894; 1896a). His 1890s concept of 'neuro-psychoses of defense' included both clinical categories. He had been focusing upon the common formation of symptoms through defense mechanisms in the two categories (Freud, 1896). Therefore, his 'standpoint' on psychosis in the first decade of the 20th century concerned the formation of symptoms through repression of sexual material in the unconscious.

Jung indeed followed the aforementioned approach in his study, although he attempted to establish it based on psychological research rather than the psychoanalytic cure. His monograph, published in 1906, was titled *The Psychology of Dementia Praecox*. His approach has been considered the first official introduction of Freud's theses into Kraepelinian psychiatry (Dalle & Weill, 1999). I would not disagree with characterizing it, alternatively, from a reverse perspective – as the introduction of Kraepelinian 'psychologically inclined' psychiatry into Freud's theses.

Jung's main argument is that, as with hysteria, symptoms in dementia praecox are directly related to one or more fixed complexes, which are impossible to be addressed or altered. The function of the complex symptoms, which are observable at the level of affection, is defensive, similar to Freud's neuro-psychoses of defense (1894; 1896a). Yet the patient's destiny is 'psychic mutilation' (Jung, 1906, p. 98).

To show the distorted status of associations in patients suffering from dementia praecox, Jung would conduct a psychological experiment of his own invention, based on the psychoanalytic method of free associations.

Jung would give a patient a word and ask for an association, which he would time and document. The test was repeated and its findings yielded the main argument: associations in patients suffering from dementia praecox are very shallow; they are not 'of the normal state' and can be compared to a dream state (Jung, 1906, p. 12). This, Jung argues, shows that Freud's theory can be generalized to the mental disease in question.

He even presents a case example to support this argument, that of a seamstress admitted to the psychiatric hospital in her early forties. She presented an impressive number of active delusions, such as that 'she has fortunes of millions' and that 'in the night her bed is full of needles' (Jung, 1906, p. 100). She also complained of phenomena related to her body, saying that her spinal cord has been torn out and that she is experiencing back pains caused by

magnetism. Year by year, the seamstress' delusions are proliferating and her speech is becoming more absurd. Jung even give us excerpts from her discourse:

> 'I am Germania and Helvetia of exclusively sweet butter, but now I have no more any supply of butter not even as much as a fly would leave behind – hm – hm – hm –hm – that is starvation – hm – hm.'
>
> 'I am Noah's ark, the life boat and the esteem, Maria Stuart, Empress Alexander.'
>
> Jung, C. G. (1906) 1909, p. 100

Another aspect of the particular status of her discourse, leaving aside her delusions, are neologisms – which Kraepelin (1899) had also noted – like 'power-word' and 'word-salad' (Jung, 1906, p. 112). Jung uses those words to reveal the patient's constellation of complexes. He believes her mental life is occupied totally by the complexes of personal grandeur and persecution, alongside indications of an erotic complex.

Jung (1906) classified this patient to the paranoid form of dementia praecox from Kraepelin's three forms. His concern, however, was not to perform treatment of any kind informed by psychoanalytic practice, but to show that Freud's theory could explain the status of complexes evident in the delusional seamstress's discourse, which showed nothing but the morbid condition that patients like her are found in.

Regarding the origin of dementia praecox, Jung suggests a theory of 'intoxication'. He identifies a variable characterized as 'toxin (?)' and sometimes 'X', which emerges from a somatic disturbance and brings about the fixation of complexes (Jung, 1906). Overall, he had reservations about his theory's capacity to identify the cause and course of dementia praecox. He writes that safe conclusions cannot be easily reached in this field (Jung, 1906).

At the end of the day, it seems that Jung's approach sided with Kraepelin and, as is shown below, with Bleuler, his hospital chief, rather than with Freud. In effect, the founder of psychoanalysis did not see eye to eye about this mental illness with Jung.

In their correspondence one is offered the chance to identify Freud's early reservations, which concerned even the necessity for a separate category of dementia praecox.

His letter replying to the receipt of Jung's book – including his criticism – is missing from their published correspondence (McGuire, 1991). Yet it is obvious in Jung's

response that Freud raised objections (Miller 1983). Those probably regarded the aforementioned intoxication theory and the neglect of sexuality. Freud would also remark so in the future (1914a). Unlike with Jung's psychological approach, which was based on the status of associations, Freud wanted to establish a libidinal theory of schizophrenia, still called dementia praecox. A year after Jung's monograph, he wrote about what Jung had described as an 'unfortunate' term:

> 'I write paranoia and not Dem. pr. because I regard the former as a good clinical type and the latter as a poor nosographical term.'
>
> Freud, S. (1908) 1991, p. 98

Freud is certainly justified in denouncing the nosographical origin of dementia praecox, although one is not sure that Kraepelin would necessarily take this as an accusation. That concept had been indeed developed by Kraepelin following extensive clinical observations in a number of psychiatric institutions (Briole, 2012).

Although it is not clear whether Freud considers paranoia and dementia praecox synonymous, it is obvious that his viewpoint on the nature of psychosis concerns its mediation by a libidinal factor, homosexuality. He writes:

> '[It] is probably conditioned by restriction to the homosexual component.'
>
> Freud, S. (1908) 1991, p. 98

Freud remarks that the paranoiac (precocious dement) and the hysteric seek different types of solutions (McGuire, 1991). Nevertheless, their common reference, sexuality, is still what interests him, rather than their segregation. It would take him some time to distinguish psychosis from neurosis on the vicissitudes of the libido with regard to the self, the ego and the object.

However, whereas cases of neurosis, like hysteria, had been extensively studied by Freud in the past (Breuer & Freud, 1895; Freud, 1905c), the same had not happened with regard to psychosis until the second decade of the 20th century. This would change in 1911. Five years after Jung's (1906) publication, Freud, in a study of a case of psychosis, would

refer more explicitly to its conceptualization and an orientation for its treatment. But let us return, for a moment, to Jung.

It seems that his initial attempt to combine psychiatry and psychoanalysis to study a psychotic type had produced a psychological approach to dementia praecox that Freud was not enthusiastic about. One more problem seemed to be Jung's propensity to reduce the particular status of patients' discourse to organicity. The quality of the Lacanian approach to schizophrenia, discussed further below, concerns the identification of libido not with the organicity of 'toxins' but with that of jouissance, an approach that seems consonant with Freud's.

In spite of Freud's criticism, however, Jung's perspective would not disappear soon from the psychiatric study of this psychotic type. In fact, Bleuler would use Jung's conclusions regarding patients' associations to formulate his understanding of a biologically determined disorder too.

As for Jung, within less than seven years after the publication of *The Psychology of Dementia Praecox*, the ultimate break with Freud would occur. The Swiss psychiatrist and psychoanalyst would remain skeptical about the possibility of treating schizophrenia therapeutically and would instead stress psychoanalysis' contribution to the psychology of the disease (Hoffmann, 2009).

***Bleuler***

As discussed above, Bleuler introduced the term schizophrenia in a speech in 1908, whereas his comprehensive theory of the condition was introduced three years later, in his monograph *On Dementia Praecox or the Group of Schizophrenias* (1911).

Before reconfiguring dementia praecox, Bleuler had been the first professor of psychiatry to embrace Freud's ideas and promote the study of psychosis with the help of the method of free association developed by Jung and other psychoanalysts – Abraham Brill, Max Eitingon, Alphonse Maeder and Ludwig Binswager (Hoffmann, 2009). He also incorporated the findings from Jung's study in his own configuration of schizophrenia (Ellenberger, 1970). Yet this aspect of psychoanalytic research only proved useful to him as far as the psychological understanding of other aspects of the illness were concerned.

The new name Bleuler was suggesting – schizophrenia – attempted to address the deficit Kraepelin (1899) had identified in his own conceptualization of this mental disease: the absence of a symptom to act as a typical, singular and unifying element. As was noted earlier, the elements of Bleuler's new concept are two Greek words that mean 'to split' (or 'to cleave') and 'mind' respectively (Laplanche & Pontalis, 1973, p. 408). Their combination describes the most important quality in how Bleuler (1911) conceives of schizophrenia: the 'splitting of the diverse psychic functions' (p. 16) a 'condition primary to the manifestation of the complexes of the disease' (p. 461) [my translation].

Although this concept had been suggested by Bleuler only three years earlier, it was not the first time that the idea of splitting was used in a psychiatric attempt to define a psychotic type. Nineteenth-century psychiatric scholars such as Jean-Étienne Dominique Esquirol in France and Wilhelm Griesinger in Germany had also used this notion in 'split of psychic functions' and 'splitting from the field of consciousness' respectively (Burns, 2007). Therefore, Bleuler did not invent the idea of splitting. He simply used it to describe a new concept by linking that tradition to the idea of psychical impairment, itself suggested in the past by the French psychiatrist Pierre Janet and used in Kraepelin's early classifications (Scharfetter, 2001).

Psychotic symptomatology, which constituted Kraepelin's main contribution to the configuration of the disorder, was a field where Bleuler proved a master. He suggested differentiating between fundamental and accompanying symptoms in schizophrenia (Bleuler, 1911). The first, where the splitting is found, are considered as typical of the condition. They define its core. It is suggested that they have an organic cause, in contrast to the accompanying symptoms. Those symptoms contribute to the formulation of the phenomenology of schizophrenia and help, thus, in the formulation of diagnosis (Bleuler, 1911).

The fundamental symptoms suggested by Bleuler consist of disorders in association and affectivity. They are divided into symptoms in *simple* and in *complex* functions. Simple functions fall into two categories: those affected from the disease (association, affectivity, ambivalence) and those remaining intact (sensation and perception, orientation, memory, consciousness, motion). Complex functions relate to the sense of reality – autism, attention, willingness, personality, schizophrenic dementia, activity and behaviour. The occasional morbid picture of the complex functions is caused by the disturbances in the simple functions

(1911). The term ‘autism’, which will be used in the future to describe a distinct clinical entity, points to the schizophrenic’s propensity to turn to the self. This does not identify with, but does paint a picture of, what Freud and Lacan will describe as the core of this condition.

The same will happen with a number of Bleuler’s accompanying symptoms, which comprise what we are more accustomed to define as psychotic manifestations. They are sensory errors, delusional ideas, accompanying disorders of memory, symptomatic personality, language and writing, body symptoms, catatonic symptoms and acute symptoms (Bleuler, 1911). The reference to body symptoms will also be utilized by Freud and even more by Lacan.

Bleuler did not stop his reconfiguration of dementia praecox there. He did not simply stick to the definition of core and accompanying symptoms. He also reshaped the schizophrenic types. He created ‘schizophrenia simplex’ and added ‘special groups’ to Kraepelin’s three pre-existing types (1911).

The significance of the introduction of simple schizophrenia should not go by unnoticed, because this innovation indicates a latent type of schizophrenia. Bleuler (1911) specifies that the latent type is the commonest form. This concept means that no specific sign can exclude its diagnosis (Leader, 2011). Therefore, the splitting might be there without the individual presenting manifest signs of psychosis.

It seems that this supplementation deals a great blow to Kraepelin’s construction. Thanks to Bleuler, schizophrenia – formerly dementia praecox – no longer leans solely on phenomenology. It involves a core that is independent of secondary phenomena, despite being defined as biological.

It might be not unimportant to note that one would hardly be able to support that someone was suffering from schizophrenia without presenting manifest symptoms before Bleuler’s differentiation between fundamental and accompanying symptoms and introduction of schizophrenia simplex. Kraepelin (1899; 1904) had made that quite clear: first the course, then the diagnosis. Yet this is not the only area where the two psychiatrists disagree. Bleuler (1911) argues that patients suffering from dementia praecox do not necessarily present mental deterioration (dementia) and that such deterioration does not necessarily occur early in one’s life (praecox). He also suggests that schizophrenia concerns not a single disease but a group of syndromes, an array of different manifestations of the same core condition. He therefore produces a theory of schizophrenia that is coherent and even ontological (Baud, 2003). After

this monograph, things were never the same again in the psychiatric perception of schizophrenia, formerly dementia praecox (Miller, 1983).

Yet it seems that Bleuler's conceptualization still remains influenced by psychology, Jung's psychological experiments and Kraepelin's empirical observations. Moreover, like his German predecessor and colleague, the Swiss psychiatrist did not stop considering schizophrenia an incurable mental disease (Bleuler, 1911). It seems, therefore, that his monograph's homage to psychoanalytic theories – especially as passed on by Jung – concerned the phenomenology of schizophrenia rather than its generation. Bleuler seems to owe more to Janet, who had also influenced Jung extensively, than to Freud (Moscowitz & Heim, 2011).

On the other hand, Bleuler's approach to the treatment of schizophrenia seems much more liberal than Kraepelin's. Of course, he believed that patients could not be cured of schizophrenia. Some of his indications for pharmaceutical treatment concern symptoms such as nervous excitability (Bleuler, 1911) but he also contended that no treatment of the condition per se was possible, let alone one advocated by psychoanalysis.

However, a recovery at the social level or enhanced by beneficial conditions was not completely overruled. Bleuler recommended that patients be given tasks like cutting wood, or even simpler activities for younger individuals (1911; 1934). He also encouraged entertainment on less busy days and preached against the disadvantages of idleness. Like Kraepelin, Bleuler favoured the provision of a caring environment and emphasized the importance of informing the patient's family about the nature of the disease (Bleuler, 1934). In addition, in contrast to his German colleague, Bleuler first and foremost argued against hospitalization, judging that admission should be avoided if at all possible and that any hospital stay should be as short as possible. There might, however, be a historical and socioeconomic explanation for this disagreement between the two scholars. Bleuler's approach might have been easier to apply at a progressive hospital in Switzerland, a country with low unemployment and poverty compared to the countries where Kraepelin worked (Warner, 1994).

I think it is important to note that, up to this point, the peculiar form of schizophrenics' discourse shows nothing more than their morbid condition, let alone their way out to treatment. It is the manifestation of their misery. Since it is, moreover, linked to organicity, not much can be done about it.

This approach would change radically thanks to Freud. The founding father of psychoanalysis, who would publish a paper on paranoia that contained several pages on schizophrenia the same year, would show that what psychoanalysis really had to say about this condition differed greatly from what Kraepelin, Jung and Bleuler were suggesting.

### I. 2. c. Freud

Freud's comprehensive theory of psychosis is situated mainly in two papers of the years immediately preceding the First World War: the study on President Schreber of 1911 and the paper introducing the theory of narcissism of 1914 (De Waelhens, 2001a). Studying them in combination sheds light upon Freud's original ideas and differences between the psychotic types of schizophrenia and paranoia based on the vicissitudes of the libido and defense mechanisms at play.

However, to grasp the totality of Freud's approach on schizophrenia that I will later on link to Lacan's teaching, one also needs to look before and after those years.

#### *1895-1910*

As was noted above, before the turn of the 20th century Freud treated cases which fell 'under the heading of paranoia' – adding in a footnote of 1924 'no doubt, dementia paranoides' (1896a, p. 174) – as 'neuro-psychoses of defense.' Neurotic symptoms were formed as defense against material repressed in the unconscious, which were linked to sexuality (Freud, 1895a; 1896b). This viewpoint would not be maintained in its entirety in the future, when dementia praecox would be turned into schizophrenia.

For the moment, however, the psychotic type to become dementia praecox and then schizophrenia belongs to a category that is being contrasted to 'neurasthenic neuroses' (Freud, 1896b): 'neurasthenias' and 'anxiety neuroses' (Freud, 1895b). These are disorders in which we find symptoms of anxiety or bodily implication somehow related to the patients' sexual life, but whose role is not defensive; they are linked to the 'somatic' rather than the 'psychical' field (Freud, 1895b, p. 107).

Although Freud (1895a; 1895b; 1896b) does not deny the role played by heredity in both types, he argues that the neuro-psychoses cannot be produced without the factor of

sexuality. He, therefore, suggests that apart from its defensive character against sexual material, the outbreak of a neuro-psychosis like dementia praecox, is caused by a psychical rather than organic factor.

It was under this approach, further developed in Freud's publications of the first years of the 1900s, that clinicians interested in psychoanalysis, like Jung, Binswanger and Abraham, had studied psychotic patients and/ or tried to treat dementia praecox. Thus, during the first decade of the 20th century psychoanalytic papers appeared on the psychology of dementia praecox –and then schizophrenia- like Jung's aforementioned study and Sabina Spielrein's doctoral dissertation on a case of dementia praecox. Psychoanalysis was advocated as clinical therapy for psychosis at the Burghölzli – not by Bleuler, who only encouraged its psychological application – and the Bellevue Sanatorium, which Binswanger took up as a director in 1910 (Hoffmann, 2009).

However, within less than five years this optimistic approach would fade away. The same year to Spielrein's dissertation and Bleuler's monograph, Freud published his study on paranoia and three years later he wrote his paper on narcissism. Both papers put schizophrenia in a different context to that of the old 'neuro-psychosis of defense.' Although in the previous years the psychotic subject was not clearly excluded from the 'other scene' (Freud, 1900) of the unconscious accessed through the dream process, a demarcation line would be gradually drawn.

Consequently, a few years later, many psychoanalysts stopped addressing clinically the psychoses and, following Freud, returned to their theoretical study (Alanen, 2009b).

***1911-14***

The two papers forming Freud's comprehensive viewpoint of paranoia and schizophrenia are *Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)* (1911) and *On Narcissism: An Introduction* (1914b). The first was dedicated to the study of the case of a psychotic German judge, President Schreber, who had suffered a number of breakdowns and was hospitalized three times. The second, which expanded the theory presented there furthermore, was a rather theoretical paper.

The surname Schreber was a familiar one in the German-speaking world at that time. President Schreber's father, Daniel Gottlob Moritz Schreber had been a renowned German physician and aspiring social reformer (Dalzell, 2011; Maleval, 2000). He was also a

professor at the University of Leipzig, the same university where, seventeen years after his death, Kraepelin would attend Wundt's psychology lectures. His son, Daniel Paul, went to law school. He became a judge and rose relatively quickly to the position of court president. President Schreber had gotten married at the age of thirty-six but did not have any children. The Schrebers would only adopt a girl relatively late in life (Dalzell, 2011; Maleval, 2000).

At the age of forty-two, Schreber suffered a defeat in an electoral bid for a seat in the German parliament, the Reichstag. He then presented a moderate psychotic episode. It led to his hospitalization. He was transferred to the psychiatric hospital of the University of Leipzig in Sonnenstein and was there treated by the renowned psychiatric professor Paul Flechsig, who had dismissed thirty-year-old Emil Kraepelin for being unfit for psychiatric work (Briole, 2012). After his treatment, Schreber returned home and was believed to have made a full recovery (Dalzell, 2011).

A second crisis occurred nine years later. It followed his appointment as president of a five-judge panel at the Supreme Court of Appeals in Dresden – hence the title 'President' by which he is known in psychoanalytic literature, his full title being 'President of the Senate' (*Senatpräsident*). This hospitalization would last for almost ten years. During that period he wrote his autobiography, *Memoirs of my Nervous Illness* (Schreber, 1903), which had attracted the attention of Jung, Bleuler, and, subsequently, Freud.

Schreber suffered a third, and final, breakdown in 1907. It followed his mother's death, his wife's stroke and his having been asked by an association to grant them exclusive rights of his father's intellectual heritage; in fact, it seems that this last relapse was characterized by auditory hallucinations and physical deterioration (Maleval, 2000). He was once again admitted to the asylum, where he died after four years (Dalzell, 2011).

Schreber's diagnosis was 'severe hypochondria' in his first two hospitalizations. However, his doctor during the second relapse diagnosed 'paranoia' (Dalzell, 2011). The second hospitalization was longer and apparently more of a torment for him than the first. His relapse had started with the idea that occurred to him one night in June 1893 – that it would be a fine thing to be a woman engaging in copulation (Schreber, 1903). His memoirs would be constructed around this idea and used in support of an appeal for his release.

Schreber believed he was a victim to God's wish to turn him into a woman. He had to become God's wife and restore mankind, which had in the meantime vanished, by producing a new race of humanity (Schreber, 1903). He had developed a comprehensive

system in order to substantiate this idea. Different roles were assigned to himself – eventually, as redeemer – and to figures like Professor Flechsig and God – gradually, as persecutors. His system involved ideas such as: 'God nerves,' an 'anterior' and a 'posterior God Realm,' an 'upper' and 'lower God' and even a new language, the 'fundamental language' (*Grundsprache*), a form of antiquated German full of euphemisms and neologisms. His emasculation phantasy, the idea that generated the delusion, acted as the starting point for Freud's discussion of his case.

Freud's hypothesis was that Schreber's delusion had not been the primary manifestation of his disease. It was a secondary process, the symptom addressing the disease. The delusion was an attempt at self-healing responding to the condition's causal factor, which Freud believed to be repressed homosexual 'impulses' (Freud, 1911). In Schreber's delusional ideas of becoming God's wife there was manifested a repressed desire for men like Professor Flechsig, a desire that had started with his homosexual feelings for his then dead brother and father (Freud, 1911).

Freud is, therefore, interested in explaining Schreber's breakdown and delusion on the basis of his theories on defense and sexuality, which were the pillars of his approach to the neuro-psychoses of defense (1894; 1896a). He argues that what appear as morbid phenomena were produced from the patient's resistance against the attack of homosexual libido, which he had also suggested for dementia praecox in 1908 (1991). The defensive struggle against the phantasy – whose object was Flechsig – took the form of the delusion (Freud, 1911). To explain how this happened, Freud established the theory of *narcissism*.

He suggested that the libido normally passes from auto-eroticism to object-love through the stage of narcissism (Freud, 1911). Psychoses like Schreber's are linked to fixations of the libido throughout that course. This happens in the following way: The individual is required to select a love-object that unifies their sexual instincts. That object is initially the self. This is the stage of narcissism. It takes its name from Narcissus, the young man in Greek mythology who admired his own reflection on the surface of a lake. The stage following narcissism, which leads to heterosexuality, is the choice of an external object, a love-object with different genitalia (Freud, 1911).

Therefore, the homosexual desire Freud notes in Schreber's case is related to a return and fixation of the libido to a stage prior to object-love. The paranoid defense, which has generated Schreber's impressive delusion, emerges from it. He uses the image of

individuals with the same genitalia as his love-objects, and this generates the delusional system that revolves around the idea of God turning him to his wife, defending himself from homosexual inclination coming from himself.

This takes place in paranoia. Defense in dementia praecox or paraphrenia, on the other hand, which is separate from it, must be sought for at a stage even earlier than narcissism. Freud writes:

> 'This attempt at recovery, which the observers mistake for the disease itself, does not, as in paranoia, make use of projection, but employs a hallucinatory (hysteric) mechanism. This is one of the two major respects in which dementia praecox differs from paranoia; and this difference can be explained genetically from another direction. The second difference is shown by the outcome of the disease in those cases where the process has not remained too restricted. The prognosis is on the whole more unfavourable than in paranoia. The victory lies with repression and not, as in the former, with reconstruction. The regression extends not merely to narcissism (manifesting itself in the shape of megalomania) but to a complete abandonment of object-love and a return to infantile auto-eroticism. The dispositional fixation must therefore be situated further back than in paranoia, and must lie somewhere at the beginning of the course of development from auto-eroticism to object-love. Moreover, it is not at all likely that homosexual impulsions, which are so frequently – perhaps invariably – to be found in paranoia, play an equally important part in the etiology of that far more comprehensive disorder, dementia praecox.'
>
> Freud, S. (1911) 2001, p. 77

The detachment of dementia praecox from the factor of homosexuality is an aspect of the condition that will mark its psychoanalytic conceptualization in both Freud and Lacan's approach. This is because, for Freud, homosexuality concerns a person's capacity for establishing a relation to otherness, in what he here calls the choice of a person with the same genitalia to project libido to. The schizophrenic will be treated for a long time as the person in whom this might not play 'an equally important part'.

On the other hand, Freud will not maintain the idea of victory lying with repression in schizophrenia (dementia praecox). In 1915 he will express doubts on the correct use of this term for this condition (Freud, 1915). In addition, three years after his study on Schreber, he will change his mind on the differentiation between dementia praecox, which he has suggested calling paraphrenia, and Schreber's diagnosis, paranoia. This is what he suggests in 1911:

> ‘Our hypotheses as to the dispositional fixations in paranoia and paraphrenia make it easy to see that a case may begin with paranoid symptoms and may yet develop into a dementia praecox, and that paranoid and schizophrenic phenomena may be combined in any proportion. And we can understand how a clinical picture such as Schreber’s can come about, and merit the name of a paranoid dementia, from the fact that in its production of a wishful fantasy and of hallucinations it shows paraphrenic traits, while in its exciting cause, in its use of the mechanism of projection, and in its outcome it exhibits a paranoid character. For it is possible for several fixations to be left behind in the course of development, and each of those in succession may allow an eruption of the libido that has been pushed off – beginning, perhaps, with the later acquired fixations, and going on, as the illness develops, to the original ones that lie nearer the starting-point.’
>
> Freud, S. (1911) 2001, pp. 77-78

For Freud (1911), Kraepelin was justified in merging what was hitherto called paranoia with catatonia and other forms of the disease to create dementia praecox. His reservation, shared in the past by Bleuler (1911) and Jung (1906), concerns the name used for the disorder. He finds it ‘unhappy’ (Freud, 1911). Yet, he thinks the same of Bleuler’s schizophrenia too. He does not disagree with the creation of this concept, yet he objects to its name’s connotations and suggests labelling it, instead, paraphrenia. The two conditions share a similar nature and they are differentiated with regard to the stage of libidinal fixation. Freud writes that even the suggestion of the new term for dementia praecox, paraphrenia, was there in order to signify the common ground with paranoia (1911).

Yet three years after this study, in his paper dedicated entirely to the study of narcissism, Freud would deviate to some extent from this approach. In his *On Narcissism: An Introduction* (1914b), he developed further the concept of narcissism and wrote about paraphrenia as a term that signified a different concept to that of 1911.

On the first page of this paper, Freud (1914b) remarked that the attempt to substantiate the knowledge of dementia praecox or schizophrenia under the libido theory had given rise to the theory of narcissism. He also refers to Schreber once more. In discussing the therapy attempted by the German judge’s delusion, Freud suggests a new conceptualization of paraphrenia and the clinical entities it consists of (1914b):

> ‘Our chief means of access to it [narcissism] will probably remain the analysis of the paraphrenias. Just as the transference neuroses have enabled us to trace the libidinal instinctual impulses, so dementia praecox and paranoia will give us an insight into the psychology of the ego.’

Freud no longer suggests using paraphrenia as a term separate from paranoia. In 1911, 'paraphrenia' was a new term for dementia praecox or schizophrenia as linked to, but also distinct from, paranoia. In contrast, its use here signifies an umbrella term that includes both paranoia and dementia praecox, corresponding, in fact, to the first pole of the Kraepelinian dichotomy, which Freud had praised in 1911. This does not seem to clash with Bleuler's (1911) view of a syndrome or group of schizophrenias either.

Yet it is important to note that Freud (1914b) is now separating those disorders from the 'transference neuroses', hysteria, anxiety neurosis and obsessional neurosis. This introduces a split in the old 'neuro-psychoses of defense', which will create the group that we now call psychoses. In fact, thanks to the introduction of narcissism, paraphrenias will be contrasted, as 'narcissistic neuroses', with the other neuroses, as an effect of the patient's inability to develop transference, a fundamental for psychoanalysis. This will, in fact, be the gravestone for the treatment of paraphrenics (paranoiacs and schizophrenics) through psychoanalysis, since they will be considered unfit for it, due to their narcissistic propensity (Freud, 1917a).

It seems that as an effect of those developments in Freud's thinking, the schizophrenics are kicked away from the 'other scene'. Not only are they considered unfit for psychoanalysis, but they cannot even reach the narcissistic target that paranoiacs do.

Nevertheless, it seems that Freud does not close all doors concerning treatment that can come about for paraphrenics. In 1911 and 1914 he explained why he considered the paranoiac's megalomaniac delirium, which others took for a morbid expression, to be self-healing. For dementia praecox he had suggested hallucination, but in the following year he would suggest something different.

### *1915-1919*

Although Freud's theoretical approach to schizophrenia and paranoia was presented in 1911 and 1914, it seems that his 1915 paper *The Unconscious* should stand out regarding the treatment for schizophrenia that psychoanalysis must take interest in. In the first half of the 1910s, Freud analyzed in detail his approach to schizophrenia based on the libido and

defense mechanisms. What is different in the paper in question is that he is now, for the first time, linking the libido to the status of language in schizophrenia.

Freud's (1915) aim in *The Unconscious* is basically to summarize the layout of his so-called first topographical theory: to expose the division of the mental life into conscious, preconscious and unconscious and outline the dynamics between them and mechanisms at play, such as repression (Freud, 1915). Freud says he has gathered the findings to substantiate his theory from dream life and transference neuroses. He argues that a study of the mechanisms at play in schizophrenia can contribute to the understanding of the enigmatic 'Ucs', which he does not stop characterizing as an 'assumption'. This is a fundamental principle in psychoanalysis and not irrelevant to the Lacanian conception and treatment of schizophrenia: the unconscious is a supposition, not a fact; 'it is ethical and not ontic' (Aflalo, 2015, p. 32).

Freud returns to the particular status of the speech of schizophrenics, highlighted as early as in the formulation of this category by Kraepelin (1899) and Bleuler (1911). He attempts to explain this phenomenon by use of the mechanisms he used to analyze the paranoid phenomena in Schreber's case.

Schreber's paranoid delusion had emerged from an attempt to make up for the loss of object-cathexis by libido having been cathected to the self. In schizophrenia, in the place of 'self', we need to read 'words'. Freud (1915) writes about dreaming and schizophrenia: the same processes that are at play in the dream – that is, condensation and displacement (Freud, 1910) – happen in the schizophrenic's words, followed by the respective cathexis of the libido. This may go on until it reaches a single word, 'if it is especially suitable on account of its numerous connections, it takes over the representation of a whole train of thought' (Freud, 1915 p.199). He adds that:

> 'If in schizophrenia object-cathexes are given up […] the cathexis of the *word*-presentations of objects is retained.'
>
> Freud, S. (1915) 2001, p. 201

As a result of the aforementioned dream-like processes, Freud writes, the schizophrenic is characterized by a 'predominance of words over what has to do with things' (1915, p 200). Therefore, if paranoiacs channel libido to their own selves and images of

similar others (narcissism), in schizophrenics this happens with word-presentations, which in Lacan's teaching will be somehow replaced with signifiers. Borrowing Hegel's terminology, Lacan will say that for the schizophrenic, for the psychotic, moreover, the Word is the Thing, instead of its murder. Yet this is not the only part of Freud's rethinking of schizophrenia that will mark Lacan's perspective on the psychoses.

Another of Freud's suggestions will help Lacan formulate the boundary between psychosis and neurosis, a major element in the first period of his teaching. Freud (1915) writes that it might be worth rethinking and modifying the formula of repression, the term he had used for the transference neuroses and which he had suggested were at play in the neuro-psychotic form of schizophrenia (Freud, 1911). Lacan would pick up on this many years later and suggest a different type of negation – instead of repression – that takes place in psychosis, in contrast to neurosis (and perversion).

How about treatment, however? If schizophrenics treat things like words and cannot perform a recovery in the fashion of Schreber, what can they do? This is the point where the examples from the discourse of Kraepelin and Bleuler's hospitalized patients must be given some credit: according to Freud, the cathexis to the word instead of the object is, by itself, a first step in the reparation that schizophrenia involves. He writes:

> 'It turns out that the cathexis of the word-presentation is not part of the act of repression, but represents the first of the attempts at recovery or cure which so conspicuously dominate the clinical picture of schizophrenia. These endeavours are directed towards regaining the lost object […] but then find themselves obliged to be content with words instead of things.'
>
> Freud, S. (1915) 2001, p. 203

Therefore, instead of hallucination being the mechanism that a schizophrenic uses in an attempt at therapy (Freud, 1911) – in contrast to the paranoiac's projection, which leans on narcissism – Freud (1915) now highlights the significance of the cathexis of the libido to word-presentations, which lies in the field that extends from 'auto-eroticism' to 'object-love'.

Of course, this treatment comes about similarly to Schreber's self-healing, that is, as a singular attempt initiated by the patient. Although this viewpoint opens a window for a treatment within the clinic of schizophrenia, which will be discussed further below in the light of Lacan's teaching, it closed the door in the face of the clinician who aspired to treat this former neuro-psychosis of defense through psychoanalysis.

Indeed, the psychoanalytic treatment of schizophrenia of the first two decades of the 20th century, which had begun enthusiastically at the Burghölzli, Bellevue and elsewhere, came to a halt. Discouraged by Freud's pessimism about the treatment of psychoses, his followers withdrew for some time from the idea of being able to treat schizophrenia through psychoanalysis (Alanen, 2009a). If a cure can be brought about in schizophrenia, this will start from the way the person himself or herself treats word-presentations. The psychoanalyst cannot do much about this, since he or she will never be able to occupy the position of the target of object-love. The curtain has fallen for good at the 'other scene.'

Nevertheless, whereas Freud's publications of the 1910s (1914b; 1915; 1917a) were indicating that a psychoanalytic treatment was impossible with a schizophrenic, some psychoanalysts of the second generation undertook seeing schizophrenics based on psychoanalytic theory. One of the first to do this was Victor Tausk, a Viennese journalist, lawyer and doctor who had a peculiar relationship with the founder of psychoanalysis. One of the clinical examples Freud had used in *The Unconscious* had come from the former's clinical practice (1915).

In an example Freud had borrowed from Tausk, the latter was referring to a patient complaining of her eyes having become 'twisted' after quarreling with her husband, whom she reproached as an 'eye-twister'. In another case, the same patient had felt a jerk while standing in church, pushing her to change her position. That feeling was related to another reproach to her lover: he had misled her concerning his position and urged her to change, metaphorically, her position instead (Freud, 1915). Freud agreed with Tausk's remarks that those physical changes had corresponded to the metaphorical meaning of 'eye-twister' and 'changing positions'. Something else that should not escape our attention is a schizophrenic property, which Freud (1915) does not forget to note – neither had Bleuler (1911) – and which will return in its psychoanalytic conceptualization and more specifically in the way it is viewed in the later Lacan: that the eyes are body organs. Freud remarked:

> 'Some reference to bodily organs or innervations is often given prominence in the content of those remarks.'
>
> Freud, S. (1915) 2001, p. 197

The challenge for the schizophrenic in Lacan will be to acquire those bodily organs and the whole body against language: to feel – in fact, enjoy – them as their proper body

organs instead of words, as Freud suggests happening. It seems that this is what Freud was describing already when in 1911 and 1914 he compared dementia praecox to hysteria, where symptoms related to the body are predominant.

Tausk, on the other hand, did not point to the same direction. He seems to have contributed to contemporary psychoanalytic approaches to schizophrenia thanks to his idea of a weak ego with difficulties maintaining boundaries, which was taken up by Paul Federn (Sledge, 1992). Yet Tausk himself did not claim to have cured schizophrenia with psychoanalysis. He only argued that, through his examination, he was able to prove that the organization of libido that has been termed narcissistic takes place in the developmental stage preceding object-finding. In fact, he remarked that one of the symptoms he was able to isolate in schizophrenia was the 'loss of ego boundaries' (Tausk, 1919, p. 194).

Other students of Freud's who contributed to the formulation of a psychoanalytic theory of schizophrenia up until the 1920s were Ferenczi, Abraham and Federn (Dalle & Weill, 1999). Yet the work of the second wave of psychoanalysts to treat schizophrenic patients was no longer based on the first topography, which compared schizophrenia to a dream, but on the second, which was gradually developing. Freud would formulate it in the first half of the 1920s. The way those psychoanalysts tried to implement that theory for their treatment of schizophrenia is discussed in the following sub-chapter, since Lacan opposed their approach in defense of his own view of psychosis and its treatment.

### *1923–1924*

That influential theory, summarized in *The Ego and the Id*, was introduced by Freud in 1923, although it had already been sketched for some time, in his papers of the previous decades. In it, Freud (1923) presented an 'amplification' to the theory of narcissism.

It is important to highlight – and Freud does so himself in the first lines of this paper – that his second topographic theory does not in any way cancel out the first: the division of the mental life into conscious, preconscious and unconscious (Freud, 1923). The ego, which had been referred to numerous times in the theory of the libido, is where consciousness is attached. It is, according to Freud (1923, p. 25), what can be called 'reason and common sense', whereas the id, which is for the most part unconscious, is where 'passions' are contained; libido rests there. Repression derives from the ego trying to defend

itself against the requests of the id. Thus, psychoanalysis is considered as an instrument that helps the ego achieve a progressive 'control over the id' (Freud, 1923, p. 30).

Yet, the ego does not only have the id to fight, but two more factors: the ego ideal or super-ego and the external world. The first is an outcome of the well-known Oedipus complex. In effect, it is the agent that the ego has created so that its oedipal wishes can be repressed. It is the mental life's censor, a moral and ethical preacher which has, as a prototype, the prohibiting character of the father. On the other hand, the external world or reality is mainly what the ego must adhere to. The ego is, therefore, caught between three factors, not two:

> 'We see the ego as a poor creature owing service to three masters and consequently menaced by three dangers: from the external world, from the libido of the id and from the severity of the super-ego.'
>
> Freud, S. (1923) 2001, p. 56

The 'amplification' of the theory of narcissism suggested in this paper concerns the formation of the ego, in relation to the use of this term in Freud's earlier theories of the vicissitudes of the libido. Here is what Freud writes about this:

> 'At the very beginning, all the libido is accumulated in the id, while the ego is still in the process of formation or is still feeble. The id sends part of his libido out into erotic object-cathexes, whereupon the ego, now grown stronger, tries to get hold of this object-libido and to force itself on the id as a love object. The narcissism of the ego is thus a secondary one, which has been withdrawn from objects.'
>
> Freud, S. (1923) 2001, p. 46

The idea of the weak ego, which, as was seen above, tries to serve three masters, will have two significant impacts on the treatment of schizophrenia: a theoretical and a clinical.

Concerning its clinical implication, some of Freud's influential followers, such as Melanie Klein, would suggest a psychoanalytic treatment of schizophrenia based on the idea of strengthening that weak ego (Leader, 2011). This is what Tausk (1919) had also been implying.

Its theoretical effect is found in two papers that Freud wrote the following year, *Neurosis and Psychosis* (Freud, 1924a) and *The Loss of Reality in Neurosis and Psychosis* (Freud, 1924b).

In those papers the 'genetic' difference between neurosis and psychosis is that neurosis comes from a conflict between the ego and the id, whereas psychosis is generated from the conflict between the ego and the external world (Freud, 1924a). The phenomena that result from these conflicts are that neurosis ignores reality, whereas psychosis disavows it, trying to replace it with something else (Freud, 1924b).

It is clearly observed that not only the psychoses (paranoia and schizophrenia) are radically differentiated from the neuroses, but that they are also excluded from the field of the unconscious, since their cause is their conflict with the external world and not with the id, which is partly situated in there. They, thus, seem now closer to the neurasthenias than to the neuro-psychoses of defense (Freud, 1894; 1895b; 1896a).

Those developments, however, concerning how the psychoses are treated do not seem to have met with unquestioned approval from Freud's direct and influential followers, like Melanie Klein. Klein did not adhere to a radical differentiation between the psychoses and the neuroses. Lacan, on the other hand, who would start formulating his own theories on psychosis a few years later, will defend such a distinction, even though his own teaching will implicate an open dialogue with Klein as well.

In fact, one day in the year that she published her *Psycho-Analysis of Children* (Klein, 1932), which supports this direction, and while Freud was preparing his *New Introductory Lectures on Psycho-Analysis* (1933), the founding father of psychoanalysis received in the post a French psychiatrist's thesis on paranoia. He sent a postcard thanking the author but wrote nothing about the thesis on it (Roudinesco, 1997).

The sender was the thirty-two-year-old Frenchman Jacques Lacan, who was finishing his psychiatric formation in Paris and would soon enter an analysis with Rudolph Lowenstein (Roudinesco, 1997). In his extended theoretical and clinical work on psychoanalysis and psychosis, we find indications for a treatment of schizophrenia that extends beyond the Tauskian and Kleinian suggestions about the ego, one that Lacan contends that he has found in Freud: the status of the subject and the signifier. What the first psychologically inclined psychiatrists and psychoanalysts had underlined regarding the condition of schizophrenics – their relation to words and their body – will prove to be the

compass for a treatment potential distinct from the post-Freudians' stress on the ego, an idea about which Freud had already expressed his doubts in 1911.

## I. 3. From the ego to the subject

### I. 3. a. A long and entangled pathway

Lacan's conceptualization of psychosis and its subtypes was a dynamic process lasting for almost fifty years (Miller, 1987; Vanheule, 2011a). It should not, thus, come as a surprise that what he was suggesting in the thesis he sent to Freud changed very soon, generating a theory that would not be maintained for long either. Lacan never stopped questioning his own understanding of psychosis (Miller, 1987). There is at least one impressive shift in the way he views psychosis almost every ten years (Ribolspi, Feyaerts & Vanheule, 2015; Vanheule, 2011a).

In this he reminds one of Freud, whose endeavour also included theoretical impasses and reformulations during an activity lasting for more than forty years. Discontinuity seems to mark both psychoanalysts' theoretical formulation (Miller, 2003a).

### I. 3. b. The imaginary: The predominance of the image

***Paranoia and personality***

Lacan's first theoretical formulation of psychosis dates before his direct involvement with psychoanalysis. His first relevant monograph, the thesis he sent to Freud, was produced when he was a trainee psychiatrist at the Hospital of Saint Anne in Paris. It was influenced by his psychiatric masters, mainly Gäetan Gatian de Clérambault, whereas there were also direct references to Freud.

Lacan's dissertation was based on the case of a woman named Marguerite Anzieu, whom he nicknamed 'Aimée'. She was a psychotic patient hospitalized at Saint Anne's.

Lacan saw her almost every day for an entire year (Roudinesco, 1997). He used the content of interviews with her and her case history in support of a new diagnostic category: 'self-punitive paranoia'. He argued that Anzieu's homicidal attempt against a French actress, Huguette Duflos, was directly related to her personality (Lacan, 1932). That attempt, which was linked to the patient's paranoid delusion, was seen as a breakthrough in her psychosis, leading to her eventual treatment.

This approach of Lacan's is consonant with Freud's theory of psychosis presented in the preceding sub-chapter. In paranoia, in contrast to schizophrenia, the subject can 'cure' himself or herself through a secondary projection of the libido to the other, as happened in Schreber's case. The libido in Aimée's case was projected to the French actress, having been cathected to that of herself and initially projected to her sister's. Lacan, thus, makes her a female version of Schreber. In the place of the sequence 'Schreber–brother–father–Flechsig–God', we find 'Marguerite–sister–Huguette Duflos'.

Despite the absence of focus on schizophrenia, the reader is encouraged to keep in mind its title: *On Paranoid Psychosis and Its Relations to Personality* (Lacan, 1932). Forty years later, Lacan would admit regretting having picked it, for a reason that is not irrelevant to the orientation of treatment for schizophrenia and is discussed at the end of this chapter.

Four years after completing his thesis and having, in between, started analysis, Lacan presented a new psychoanalytic theory at the IPA congress of 1936, held in Marienbad. The concept he introduced would permeate his work: it was the so-called theory of the 'mirror stage' (Roudinesco, 1997). Inspired by the work of French developmental psychologist Henri Wallon (Feyaerts & Vanheule, 2015), the mirror stage describes a phase during which the ego is formed through the process of identification. It shows how the imaginary constitution of the 'me' is formed (Nobus, 1999).

### *The mirror stage*

The theory of the mirror stage was introduced as part of the individual's 'normal' development. However, it is significant for the understanding of paranoia and schizophrenia too, since it amplifies Freud's ideas of 1911. This might be better understood in connection with Lacan's following publication, presented further below: *Family Complexes* (1938).

The mirror stage constitutes the model for what Lacan calls the imaginary. This is one of three registers that he will later suggest as making up human subjectivity, next to the symbolic and the real (Lacan, 1953a).

When this theory was being developed, the ego, which has a significant part in it, was dominating psychoanalytic theory. It had played an important role in the fierce debate between psychoanalysts Anna Freud and Melanie Klein concerning the psychoanalysis of children. Abandoning the importance of the ego, would be the step that differentiated Lacan's

approach to schizophrenia – and psychosis in general – from that of post-Freudian psychoanalysts.

In his speech at Marienbad, Lacan placed emphasis on the fact that the human infant, in contrast to animals, is born prematurely. It presents deficits, such as inability for motor coordination. Yet there comes a point, at the age of six months at a minimum, when this changes. The baby becomes capable of recognizing, in front of the mirror, its image as a totality, a *Gestalt*. Eventually it exhibits a series of gestures that produce a 'playful experience' between the movements reflected in the image and itself standing in front of the mirror. This image of totality contrasts with the feeling of the fragmented body preceding this stage. The recognition of the infant's body as a complete image gives birth to a jubilant sentiment and produces the Freudian Ideal-I. This form will give rise to the agency of the ego as well as secondary identifications (Lacan, 1949).

The impact of the mirror stage is not simply limited to the human being's first experiences. According to Lacan (1949), the outcome of identification with an image of totality determines the subject's destiny:

> 'The mirror stage is a drama whose internal pressure pushes precipitously from insufficiency to anticipation – and, for the subject caught up in the lure of spatial identification, turns out fantasies that proceed from a fragmented image of the body to what I will call "orthopedic" form of its totality – and to the finally donned armor of an alienating identity that will mark his entire mental development with its rigid structure.'
>
> Lacan, J. (1949) 2006, p. 78

The alienating identity that the mirror stage gives birth to will be of immense importance for the destiny of the psychotic subject, as is described in Lacan's following publication, three years later. This happens because it is obvious that the mirror stage corresponds to the generation of narcissism, which is vital for Freud's differentiation between paranoia and schizophrenia, as well as between neurosis and psychosis. The fragmented body that precedes the birth of the ego is the destiny of the schizophrenic subject, an aspect of which is seen in complaints about physical phenomena, such as Tausk's patient with the 'twisted-eyes' (Freud, 1915) and Jung's patient, who complained about her spinal cord having been removed (1906). This idea will pervade Lacan's teaching and dominate the contemporary Lacanian conceptualization of schizophrenia.

Nevertheless, back in the 1930s, the presentation of the theory of the mirror stage, from which this hypothesis stems, did not receive an enthusiastic response. Ernest Jones, who was chairing the panel, stopped Lacan after ten minutes (Lacan, 1946). Overall, the immediate reaction of the community of the International Psychoanalytical Association to his announcement was rather disappointing (Roudinesco, 1997). Nevertheless, the mirror stage still appeared in Jean Laplanche and Bertrand Pontali's (1973) 'orthodox' psychoanalytic dictionary *The Language of Psycho-Analysis* – which Lacan (1976a) later claimed to have almost ruined psychoanalysis in its entirety – next to his related concept of the imaginary and two concepts from his next period of teaching: the symbolic and foreclosure.

But Lacan did not give up. Two years after Marienbad, he attempted to explain further the status of schizophrenia and paranoia in relation to the mirror stage on the occasion of a paper requested from him on the effect of family on human cognitive development by the editors of the *French Encyclopedia* (Roudinesco, 1997). He composed the article *Family Complexes: The Role of Family in the Formation of the Individual* (Lacan, 1938). In it, Lacan (1938) configured a sequence of complexes appearing during child development and their possible morbid outcomes. He thus attempted to combine contemporary psychoanalytic knowledge consonant with Freud's ideas – but basically dominated by the perspective of Melanie Klein – with his own innovations earlier in that decade. But what exactly was this groundbreaking approach of Klein's that Lacan would later oppose in his teaching (Guéguen, 1992)?

### *Melanie Klein*

Born in Austria, Klein had emigrated to the United Kingdom in the 1930s, invited by Ernest Jones. Her 'Merovingian' (Lacan, 1953b, p. 67) rivalries with Freud's daughter regarding the psychoanalysis of children came to mark the history of the psychoanalytic movement even before Freud's death.

Klein had undertaken her formation with Ferenczi and with Abraham, who had contributed to the concept of the object and its significance for the psychoanalytic view of schizophrenia through his correspondence with Freud (Dalle & Weill, 1999; Miller, 1983). Based on her extended and innovative work with children, Klein had developed a theory of early human development that utilized the stages of the formation of the ego and its relation to objects, originally an idea of Freud's. For her elaboration of the 'positions' that mark human

development, she would use terms that characterize psychotic states, as in the 'schizoid-paranoid' position.

Klein considered one of the aims of psychoanalytic work to be to relieve anxiety, which is present from the beginning of one's life. She would, thus, try to alleviate it drastically by interpreting the content of her young analysands' discomfort (Klein, 1932; 1961). This had been one of the major points of disagreement with Anna Freud (Laurent, 2003). Freud's daughter had been arguing that what needed interpretation was not the content of one's anxiety, but the defense to which the individual has recourse. Therefore, her approach was to divide the child's ego and cause anxiety in him or her by obtaining the position of the super-ego (A. Freud, 1936). For Klein, on the other hand, in the early stages of development there are no ego or super-ego formations.

Klein held that, during its first year, the infant passes from two positions, which lead to Oedipus: the schizoid-paranoid and the depressive (Klein, 1932; 1946). These are not called stages or phases – as in Freud, who was speaking about the oral, anal and phallic phases of the development of the libido – for a reason that marks her original view of psychosis: they are, indeed, periods where fixation points for the psychotic types are to be found, but they are also loci to which the individual can return at any point in life (Klein, 1946). Therefore, individuals are not done with it as soon as the next stage has been reached. They run the risk of returning there.

The first position initially took its name from paranoia and was only later supplemented with the prefix 'schizoid'. According to Klein, when the human being first goes through this position, during its first months, it experiences great states of persecutory anxiety (Klein, 1932). Those are projected onto the first object, the mother's breast, which is split. Hence, the characterization 'schizoid' (remember the meaning of schizo in Greek from Bleuler's definition of *schizo*phrenia: 'to split' or 'cleave'). The object is seen as both good, when it is remedying the infant's need, and bad, when it does not. The paranoid aspect of this position corresponds to the sadistic and persecutory anxieties projected onto the object, which corresponds to the organization of the ego. The splitting of the object reflects the infant's own splitting. The development of the ego is based on the internalization of the object from the beginning of post-natal life (Klein, 1960).

The second position, which follows the schizoid-paranoid, is the depressive position. It arises from feelings of guilt about the destructive and sadistic fantasies and

feelings towards the primary object (Klein, 1932). This is a second important step in the organization of the ego, after the successful processing of the schizoid-paranoid position. Whereas the previous period offers the prototype for schizophrenic psychoses, the depressive position acts in the same way for the manic-depressive disorder (Klein, 1960). When that position has been processed too, the infant arrives at the stage of the Oedipus complex. This is set rather early, at least compared to Freud.

The Oedipus complex is the well-known story about the child feeling love for the parent of the opposite sex and rivalry for the one of the same sex (Freud, 1900). For the boy, it is resolved by the fear of castration by the bearer of the phallus, the father, through identification with him and the formation of the super-ego or ego-ideal. Klein (1932) locates the first phases of this stage much earlier in human development than Freud, even as early as the first half of the infant's first year. Moreover, she argues that the phallus is not initially considered as being part of the father, but phantasized by the baby as belonging to the mother's body – in fact, to an amalgam of father and mother – among other contents, like babies. Therefore, the infant's sadistic impulses are projected, following the mother's breast, onto the mother's whole body (Klein, 1928; 1932). Klein (1932; 1946; 1960) argued that although the first two positions, when worked through, are part of normal human development, they also form the basis of any psychosis that might occur in the person's life; the first concerning schizophrenia and paranoia, the second concerning manic depression.

Therefore, by speaking of 'positions' instead of stages, Klein seems to deviate from Freud's radical differentiation between the neuroses and psychoses, as well as from his indication about psychotic patients being unfit for psychoanalysis. This approach is observed in a remark of hers from the early 1930s:

> 'I have come to the conclusion that the concept of schizophrenia in particular and of psychosis in general as occurring in childhood must be extended, and I think that one of the chief tasks of the children's analysis is to discover and cure psychoses in children.'
>
> Klein, M. 1930, p. 244

Klein's innovations, therefore, included the abandonment of a radical differentiation between psychosis and neurosis and a suggestion for its psychoanalytic treatment. This view seems to derive from nowhere else but the significance of the ego that needs strengthening, which Tausk had suggested already from the 1910s. For the moment

Lacan would not deviate significantly from an approach like this, but that would change within the next decade.

### *Family Complexes*

In his *Family Complexes*, published a few years after Klein's influential publications of the early 1930s, Lacan formed his own theory of the stages of human development as if he were in a dialogue with her. A few years later, he would pave the way for a psychoanalytic praxis that depends not on the significance of the ego, but on that of the subject.

In his article for the *French Encyclopedia*, Lacan defines a complex as 'being understood with reference to the object' (Lacan, 1938, p. 12). According to Lacan, the sequence of stages in human development depends on the subject's response to an object, which is not different from Freud's idea of the progress of the cathexis of the libido. For Lacan, the fundamental element of the complex is an unconscious representation, an *imago* (Lacan, 1938). The way this imaginary concept is treated defines the progress of human development. The individual undergoes three basic complexes: the 'weaning complex', the 'intrusion complex' and the 'Oedipus complex', which appear in this order in normal human development (Lacan, 1938). Paranoia and schizophrenia appear in relation to problems in processing those complexes. This approach resonates in the theoretical formulations on object relation and its role in human development introduced by Klein's analyst, Karl Abraham (Miller, 1987).

The weaning complex is the primary complex, appearing in the child's first year. Lacan argues that the subject's emotional condition at this age is not mature enough to recognize its own body and the external world (1938). Thus, this complex is located before the mirror stage, which, for its part, identifies with the complex that follows it: intrusion complex.

Lacan highlights the absence of a self- or ego-formation in the weaning stage, since the mirror stage has not yet taken place. The infant is left with only the primordial form of the maternal imago (Lacan, 1938). Later on in this article, Lacan affirms that schizophrenia is caused by regression to this stage (Vanheule, 2011a). It is obvious that this complex is deducible from Klein's work (Guéguen, 1992). The infant's only imago is *mother*.

Schizophrenia corresponds to regression to this primary stage, in which, Lacan argues, we do *not* find Freud's auto-eroticism. This stage even precedes that (1938).

The second complex is characterized by intrusion. It occurs when agents of otherness enter the individual's world. They participate in family life in a way similar to the child. Those agents are usually its brother(s) or sister(s). Thus, the prevailing imago in this stage is that of *sibling*. Its image is being perceived as a competitor. Lacan writes about the appearance – the intrusion, in fact – of an 'other as object' (Lacan, 1938, p. 25). Libidinal homosexual demands trigger the emotional relationships of love and identification toward this object regardless of the sibling's sex. The other's image is, thus, perceived by the subject as a figure prone to identification through which the subject forms its own image of the self, the ego formation, which takes place through the mirror stage (Lacan, 1949). The product of this process is, thus, apart from a primordial ego, a 'narcissistic world' (Lacan, 1938, p. 31). A secondary function related to identification is aggressiveness. This occurs because, consonant with the theory of the mirror stage, the recognition of the individual's complete image on the mirror precedes his or her comparison to the fragmented body (Lacan, 1938; 1949). Lacan writes clearly about schizophrenia for the first time when outlining the implications of the intrusion complex and the traumatic character of the sibling's invasion:

> 'If he is surprised by the intruder while still disorganized by weaning, this experience will be reactivated every time he sets eyes upon him. He then regresses in a way that will reveal itself according to the fate of the ego as a schizophrenic psychosis or as a hypochondriacal neurosis.'
>
> Lacan, J. (1938) 2003, p. 35

This differentiation between the psychotic types can explain a number of phenomena in the clinic of schizophrenia, where we observe the precarious status of the other's image with which the subject identifies. It is not infrequent in the clinic of schizophrenia to come across cases when a vacillation of that imaginary agent can have detrimental effects for the subject, indicating the unstable nature of imaginary identification alone. This figure is often a close friend or a relative.

Take, for example Amelia, a young schizophrenic woman hospitalized in her early twenties. Amelia's hospitalization, following her first psychotic breakdown, came when her father was diagnosed with cancer and started visiting hospitals for chemotherapy. Very soon

the girl started saying she was ill, believing she was suffering from AIDS or some other incurable disease, and she stopped taking care of her physical appearance and, gradually, of her body. As her father's image gradually faded due to his illness, her ego lost that point of specular dependence. It thus started showing signs of the fragmented body that precedes the mirror stage, when the body is not jubilantly perceived as a totality.

For Lacan of this period, schizophrenic psychosis is thus viewed as an outcome of an inability to process an invasion of otherness (in the form of sibling). This seems totally in accordance with Freud's (1911; 1914b) theory about the 'therapeutic' outcome of narcissism in paranoia, from which the schizophrenic is excluded.

In effect, the successful undergoing of the intrusion complex will establish the system of the paranoid ego, if the individual processes the intrusive imago. This attributes to the imago the property of persecutor. Lacan argues that this has happened in President Schreber and his first two paranoid case studies, 'Aimée' (1932) and the Papin Sisters (1933), whereas other deviant identifications of the ego occurring at this stage produce the typical demands of homosexuality or sexual fetishism (Lacan, 1938).

The third stage in Lacan's theory of human development does not have to do with psychosis, since it is linked to the already configured Oedipus complex. The imago at stake is that of the parent, more specifically the *father*. Lacan (1938) discusses the typical Oedipus complex in combination with the castration complex and Freud's myth of the primordial horde of *Totem and Taboo* (1913) and identifies the emergence of neurosis at this stage (Lacan, 1938).

This is where one of Lacan's disagreements with Klein can be identified (Guéguen, 1992). For Lacan, the imago of the Oedipus complex is not the mother and father, as an amalgamated formation where the phallus, among others, is to be found. The father is strictly the bearer of the phallus for both boys and girls. There is, moreover, no feminine position in both sexes owed to that early parent formation; the father is the single locus of the phallus the individual must process.

In the last part of this article Lacan discusses extensively the impact of family complexes upon psychopathology. His analysis concerns two distinct groups: psychoses and neuroses. A further development of his early conceptualization of schizophrenia is found in this part, when he presents the three complexes and a relatively more elaborate reference to paranoia and its self-punitive type.

Lacan suggests two options for the delirium related each time to a different complex: a) the 'normal genesis' of the object in a specular relation to the other; and b) subjective participation in the fragmented body (Lacan, 1938, p. 47). Those conditions point towards paranoia and schizophrenia respectively, in the way Freud had discussed them in his papers of the 1910s and Klein described them in her positions of human development of the 1930s. In addition, in the closing paragraph of *Family Complexes*, Lacan (1938, p. 65) says he agrees with the contemporary psychiatric belief in the possibility of the aggravation of paranoia 'towards paraphrenia', which Freud (1911) had also noted in his study on Schreber.

It seems, therefore, that Lacan's first theoretical approach to schizophrenia and his establishment of the register of the imaginary are in accordance with Freud and – partly – with Klein. Despite his occasional disagreements with both psychoanalysts, he will agree that the schizophrenic is lacking the ego formation that exists in paranoia and – let us not forget this – in neurosis. However, when he turns from the study of images to that of signifiers, Lacan will shift the question of the treatment in schizophrenia from the importance of the ego to that of the subject. This is presented below.

### I. 3. c. The symbolic: The predominance of the signifier

*Family Complexes* (Lacan, 1938) was published just one year before the outbreak of WWII and Freud's death in London, which both happened within a fortnight. Lacan published nothing during the war. His teaching commenced after more than ten years of silence, in the early 1950s, and lasted for almost thirty years. Its first decade took place in the Hospital of Saint Anne.

However, what is considered as the inaugural paper of his teaching was not read at Saint Anne's, but at a conference in Rome. Thus, it is known as the *Discourse of Rome*, its original title being *The Function and Field of Speech and Language in Psychoanalysis* (Lacan, 1953a). There we find the cornerstone of this period of Lacan's teaching: his contention that 'the unconscious is structured like a language'.

Near the end of the 1940s, Lacan interacted with disciplines other than psychiatry and psychoanalysis, such as philosophy and linguistics, Ferdinand de Saussure's structuralism, Roman Jakobson's linguistics, and Claude Lévi-Strauss's social anthropology. His reading of Freud's writings on psychoanalysis and the psychic life was affected by them

(Ribolspi, Feyaerts & Vanheule, 2015). The teaching this interaction generated suggested a 'return to Freud'.

As was seen above, Lacan's fruitful period of publications of the 1930s had been dedicated to a study of the importance of images for the creation of the ego (Lacan, 1949) and human development (1938). This is when the register of the imaginary was configured. These were the years of Lacan the phenomenologist (Miller, 1987). Thanks to his meticulous re-reading of Freud during the 1940s and 1950s, Lacan found the elements he would use to explain the constitution of a second register: the symbolic.

### *The subject and the Other*

The symbolic order is, in a few words, the field of language 'plus law' (Leader, 2011, p. 49). It is speech deprived of its imaginary connotations. This is the only 'ordered' register of human life. Every aspect of the symbolic fits in a category and obeys rules, laws and orders. Unlike the imaginary, which is established in the mirror stage, it has nothing to do with the image. Think about how the imaginary resists obeying rules – although not like the real, the third register to be studied later in Lacan's teaching: no pause can be inserted in the mirror, to state that this is you and this is your image, end of the story. Without the symbolic's intervention, one's constitution popping from one side to the other can be eternal.

The symbolic is a component of human subjectivity that is conditioned by the function of the signifier, which is governed by specific rules that were suggested but not clearly formulated by Freud (Lacan, 1958a). Lacan reads Freud in pursuit of the coordinates of the symbolic and, prominently, the *signifier* and the *subject*. The next few paragraphs are dedicated to their analysis, since their status in psychosis led Lacan to discuss the orientation of its treatment.

In his seminar of the same year as the *Discourse of Rome*, Lacan said that nothing else is at stake in psychoanalysis but 'recognizing what function the subject takes on in the order of the symbolic relations which covers the entire field of human relations' (1953b, p. 67). To specify the nature of the symbolic order in psychosis, we have to turn to the basic differentiation Lacan suggests in his *Discourse of Rome* between speech and language.

Lacan suggests that whereas the psychotic subject uses speech, it is not, therefore, outside language, it is 'out of discourse'. Instead of speaking, it is being spoken. The subject

in madness is ‘in a language devoid of dialectic’ (Lacan, 1953a, p. 231). What does this phrase, as well as the term ‘subject’ stand for?

Let us, first, take language. In language per se, there is no subject. For example, the language that we will speak exists before our birth and our constitution as subjects (Lacan, 1957a). It is ignorant of our existence (Miller, 2009b). Our coming to this world will have absolutely no effect on its corpus.

Our subjective constitution takes shape after we gradually grasp language through symbolization, which generates the function of the signifier and its passive effect, the subject (Evans, 1996). Let us turn to an example from human development, in fact to an example from Freud, which Lacan uses in the *Discourse of Rome*. It is taken from Freud’s influential text *Beyond the Pleasure Principle* (1920) and concerns a game invented by his one- and-a-half-year-old grandson.

In a few words, that boy would throw away a reel attached to a string and pull it back, reenacting, by means of symbolization, his mother’s absence for a few hours. The two acts of the game were accompanied by the phonemes ‘ooo’ and ‘da’ respectively, which for Freud – and the boy’s mother – corresponded to the words *Fort* and *Da*, German for ‘there’ or ‘gone’ and ‘here’ respectively. The second act was less frequent than the first, which sometimes consisted of the boy simply throwing his toys out of sight and saying ‘ooo’. Freud (1920) suggested that by means of this game the boy was trying to assume an active role with regard to the unpleasant condition of his mother’s absence – in contrast with being its passive observer, he was trying to become ‘master’ (Freud, 1920, p. 17).

What Lacan saw in the boy’s game was a gradual acquisition of the signifier and the abandonment of language in the primary status described earlier, when it ignores the person’s existence. By using ‘Fort’ and ‘Da’, the young boy was inserting a lack in the field of language, signifiers were used and their effect, the subject, emerged. In effect, he was being represented by the signifier ‘fort.’ Freud’s testimony (1920) can be used to confirm this hypothesis, when he writes that the boy once presented himself to his mother using the sound ‘ooo!’ This will become Lacan’s definition of the signifier: far from being simply a word, it is what represents the subject for another signifier (Lacan, 1960a). Using Freud’s remark about the boy trying to become a ‘master’, we might call ‘fort’ a master signifier in this case. That simple game shows the gradual generation of subjectivity through the use of the signifier, the

entrance to speech and the abandonment of language as an exterior and pre-existing closed circuit addressed to no one.

The subject emerges, therefore, when the person starts using the signifier by inserting a lack in language. The new field of language created is what Lacan will call the symbolic Other or big Other, for which he will give a number of definitions, such as the 'battery of signifiers' and the 'treasure trove of signifiers' (1960a, pp. 682, 694). Yet, the big Other is more than that. It is also:

> 'the Other of language, the Other of universal discourse, the Other of truth, the third party in every dialogue, a point of reference for agreement and disagreement, the Other of good faith and the Other of speech, fundamental interlocutor, a field to which discourse without its interpersonal direction is addressed.'
>
> Miller, J. A. (1979) 2003, p. 19

The big Other is, therefore, the locus of language following symbolization inserted thanks to the signifier. The subject, in fact, is defined as such by being *subjected* to this Other, the field of signifiers. To emerge as such, the person has to succumb to the big Other and lose that original condition where 'pure' language instead of the signifier prevailed.

This conceptualization of language regulated by law as the big Other will mark Lacan's theory and practice of psychoanalysis for a long time. He will (Lacan, 1953a; 1957a; 1958a; 1960a) refer to the unconscious as the Other's discourse, a reflection of Freud's 'other scene' (1900). In a way similar to what Freud's grandson did to mark his mother's absence, the subject borrows everything from the Other – not simply its language, but also his desire. Lacan will later say that desire is the Other's desire (Lacan, 1958b). Everything for the subject comes from the Other in this period of Lacan's teaching.

The status of the subject, the signifier and the Other also guides Lacan's new approach to psychosis, which stems from his re-reading of Freud and is contrasted to his theories of the 1930s (Lacan, 1956a). He is now arguing against focusing on the imaginary relation, which Klein, Anna Freud and others had stressed (Lacan, 1953b), in favour of the symbolic relation. The concepts that make that up present a particular status in psychosis, observed in the discourse of psychotic patients. Of course, this status, especially as far as schizophrenia is concerned, had been already described in the past by its pioneers, Kraepelin (1899) and Bleuler (1911), as well as Freud (1915). Yet Lacan now turns this from a

phenomenological problem, which was his earlier approach (Miller, 1987), to a radical status for the psychotic subject.

Two years after the *Discourse of Rome*, Lacan introduces into his seminar a shape that illustrates the interrelation – and clash – between the imaginary and the symbolic in the person's mental life, whose status must be amended for psychosis. This was the so-called 'schema L'.

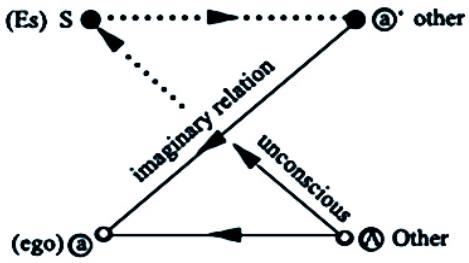


**Figure 1. Schema L in *Seminar II*, p. 243**

The first part of the schema, the imaginary relation, is what psychoanalysis has mainly dealt with ever since Melanie Klein and Anna Freud took over the psychoanalytic community. In the figure above, *a* stands for the ego and *a'* for the specular other. Both come from the first letter of the French word for 'other', *autre*. Between them lies the imaginary relation, which is inaugurated in the mirror stage (Lacan, 1949). This is the already known matrix of the imaginary.

The second axis is the one Lacan added in the 1950s. It consists of the new terms 'subject' (Es) and 'big Other' (A). As was previously noted, the unconscious unfolds between these entities.

However, as was also explained earlier, the symbolic is the field of law; it is governed by specific rules, being in this respect different from the imaginary. It is not simply a game of signifiers, which flow incessantly. This is the meaning of the unconscious being structured like a language: one cannot use language as he or she wishes. They have to follow specific rules, as in grammar and syntax. The signifier, whose structure is 'that it is articulated' (Lacan, 1957a, p. 418) fulfills its role – of representing the subject – by being articulated with other signifiers and forming a signifying chain, like 'Fort! Da!'

Two laws of closed order (Lacan, 1957a) condition the articulation of the signifying chain: metaphor and metonymy. The first stands for the replacement of one signifier with another; the second stands for the 'word-to-word' (Lacan, 1957a, p. 421) combination of signifiers, that is, the way those are articulated within a signifying chain. Lacan calls them the 'synchronic and diachronic dimensions' of the signifying chain respectively (1953a; 1960a). They can be viewed as equivalent to Freud's (1900) condensation and displacement (Lacan, 1957a).

Yet although the signifier is articulated according to those two unbreakable rules, the same does not happen in its outcome: signification. Signification, which leads to the production of meaning, is an effect of the signifier's function but not its primary aim. For example, Freud's grandson used the signifiers 'Fort' and Da' to create the signification that Mummy is gone and she will come back. Yet this is not what those two signifiers alone signify. Somebody else might use the same signifiers to throw a stick to their dog and mean 'fetch, Spot!' Signification is, therefore, personal – unlike the signifier, it can be filled with anything. The arbitrary outcomes of the signifier – signification and meaning – belong to the register that does not obey rules: the imaginary (Lacan, 1956a). Hence, in schema L (Figure 1) the imaginary and symbolic axes are clashing: the propensity for meaning does not identify with the use of the signifier, although – as must be noted – they are somehow articulated.

By use of this symbolic armour, we are now able to examine Lacan's re-thinking of psychosis, in which those instruments appear in a distorted form.

### *The destiny of the paternal signifier in psychosis*

In this, second, approach to psychosis, following his phenomenological period, Lacan will emphasize the dysfunction in the symbolic next to that of the imaginary. He will indicate that the study of linguistic phenomena is the most fruitful lesson for the psychoanalytic conceptualization of psychosis (Lacan, 1955a).

This innovation will eventually have an impact upon the psychoanalytic treatment of schizophrenia. Before Lacan, psychoanalysts would attempt to explain and treat it on the grounds of Freud's cathexis of the libido to the ego and the object. They viewed schizophrenia as an effect of the loss of the cathexis of the libido to the ego due to its weakness and, thus, attempted to strengthen it through identification (Tausk, 1919; Klein, 1932; 1942; Deutsch, 1942). Based on Freud, Lacan will explain schizophrenia not simply on

the basis of a problematic relation to the ego, but to the Other too. This theory was presented in the third year of his seminar (1955–1956), dedicated to a re-reading of Freud's analysis of Schreber.

In *Seminar III* Lacan suggests, as a rule of thumb for the safe diagnosis of psychosis, the presence of disturbances of language (1955a). These disturbances stem from the psychotic subject being barred from the use of speech in terms of the regulated big Other of the symbolic (1953a). Psychosis is a field where the big Other, as, for example, in the form of the unconscious, is excluded. Lacan says that without language being addressed to someone, there would be no problem with psychotics, who would simply speak like talking machines. The problem does not seem to be the use of language per se, but of signifiers addressed to them from the field of the Other.

The core of psychosis should therefore be sought at the level of the signifier, which is linked to the subject's subsistence (Lacan, 1956a). Lacan's example to demonstrate this, as well as the treatment that can occur to counter it, is Schreber. He no longer investigates the German judge's case on the basis of the imaginary, as Freud did, but on that of the symbolic. He argues that the cause and treatment orientation of Schreber's delusion does not lie in homosexuality, which is found on the axis of the imaginary, but in paternity (Lacan, 1955a). He demonstrates this by returning to the circumstantial incidents preceding Schreber's breakdowns.

What were the events that triggered Schreber's hospitalizations? As was noted earlier, the first two had been his failure to be elected to the Reichstag and his success in being appointed president at a relatively young age and the third an appeal to Schreber by an association to grant them the exclusive use of his father's heritage on social reform. It seems, indeed, enigmatic that both a failure at rising to a position of authority and a success can trigger a breakdown, let alone the fact of being asked for permission to use his father's name, which Lacan ignores. Those ambiguous phenomena cannot be explained by a mere focus on homosexuality.

In contrast, according to Lacan (1955a), the answer only comes by highlighting the common theme at stake: *paternity*. It is less important whether the circumstance regarded success or not. What mattered was that paternity came into question from the side of the Other. Schreber's inability to subjectively undertake this position was caused by the lack of a particular signifier related to paternity and its respective imaginary lack.

During this period in Lacan's teaching, not all signifiers are of equal status. There is one signifier that is considered responsible for the 'normative' articulation of signifiers that the subject depends on. This signifier is called the 'Name-of-the-Father' (Lacan, 1953a; 1956a). Whether the subject becomes psychotic or not will depend on its function or dysfunction (Ver Eecke, 2009).

This happens in the following way: during its first experiences, the human being depends on other figures to answer its needs and provide it with the essentials to survive. The infant, having no capacity for signification, cannot understand the desire of this figure upon which its life depends: its mother. Therefore, it stands frustrated before the omnipotence of that agency that can provide or withdraw care at will (Cordié, 1993). This figure is the first Other, the *mOther* (Fink, 1997), which is not regulated in the sense of the symbolic Other. Imagine Freud's grandson before he invents his little game, watching Mummy come and go at her own will. Isn't this a confusing experience, before becoming simply unpleasant?

The only way this can come to an end, according to Lacan (1956a), is through the intervention of the paternal function. The agent of this function is not one's father in flesh and blood, but the signifier Name-of-the-Father. The paternal signifier bears the symbolic function of an element that adjusts the mother's enigmatic desire by naming it. When this happens, desire and law are linked (Solano Suarez, 2006). Since, as has been remarked already, law and desire come from the Other, the Name-of-the-Father is the Other's regulatory agent: the Other of the Other. Of course, the prototype for this operation is the Oedipus complex.

Lacan (1938) had disagreed on this occasion with Klein's interpretation of it, highlighting that its agent is specifically the father as the bearer of the phallus. At this point, however, he modifies his approach. The father is not simply a figure, an image to which the phallus is attributed, like the maternal imago, but a symbolic function. Anything can occupy this position. It is not exclusively – and certainly not necessarily – one's father. It does not matter who performs this role, as long as it protects the infant from the arbitrary behaviour of the primary Other the infant is attached to. In Freud's grandson's case, the function of the paternal signifier could be attributed to the elementary game with the piece of string attached to a reel.

Indeed, one of the effects of the successful function of the Name-of-the-Father is the regulation of the signifying chain. The subject can make a signifying use of the signifier, as was shown on the occasion of the 'Fort! Da!' game. This happens thanks to the

establishment of the so-called *points-de-capiton* or 'quilting points' (Lacan, 1955a). This is where the signifier is quilted on the signified (the meaning it produces) through the course of the signifying chain. Operating on the enigma of the maternal desire (Laurent, 2012), the Name-of-the-Father establishes the first quilting point that stitches the signifier to the signified (Lacan, 1955a). The quilting point is, thus, an outcome of the successful paternal metaphor (Grigg, 2001b).

The signifier's intervention makes language less threatening, since meaning is conditioned by signifying rules. It does not flow. It cannot appear anywhere. The imaginary axis is, thus, regulated by the symbolic. Freud's grandson's mummy cannot come and go at her own will any more. She can of course do this in actuality, but her presence and absence can now be regulated by two phonemes coming from the Other: the signifiers 'gone' and 'here!'

Yet, as was noted above, there exists the possibility for this particular signifier to be absent, as in Schreber's case. There then appear phenomena explicable on the basis of the non-regulation of the Other and a use of the signifiers for reasons that are not semantic. Lacan understands at this point psychosis in relation to the Name-of-the-Father not having acted as the operator of this regulation (Laurent, 2012). It has been, in contrast, rejected by the subject. This happens through the mechanism Lacan will call 'foreclosure'.

This term, *Verwerfung* in German, is borrowed from Freud. *Verwerfung* is used for a fundamental rejection of an element from the subject's system and not simply its repression (Lacan, 1956a). As was highlighted in the preceding sub-chapter, Freud had as early as 1915 expressed the idea that repression might not be suitable for characterizing the negation that takes place in schizophrenia. By borrowing this term from another reference of Freud's, Lacan establishes at this point the radical difference between psychosis and neurosis Freud had been implying since the 1910s.

When the Name-of-the-Father, therefore, is foreclosed, psychotic phenomena emerge. According to Lacan (1954; 1955a), what was not introduced in the symbolic reappears in the real, the register that cannot be accessed via the symbolic or the imaginary. This is the logic behind phenomena such as the delusion of the cut-off finger of the Wolfman, one of Freud's five famous case studies (Freud, 1918; Lacan, 1954). Lacan refers to him in the first lecture of *Seminar III* as an example of the foreclosure of castration (1955a).

Lacan therefore founds his theory of psychotic structure and phenomena upon the ground of a symbolic dysfunction. He, thus, shows that psychosis – and, therefore, its potential treatment – is not a matter of simply curing the ego, which falls within the category of the imaginary, but the symbolic, whose importance has in the meantime been introduced even in his theory of the mirror stage. The discussion, which had dominated the psychoanalytic approach to psychosis via the work of Klein, is moved from the importance of the ego to the primacy of the signifier.

Lacan's audience is encouraged to revisit Schreber's case thus concerning both the cause and treatment achieved. Schreber's dysfunction did not concern exclusively the level of the imaginary – that is, homosexuality, which stems from narcissism – but the symbolic. The paternal signifier did not help him give an answer to the question of paternity arising from the field of the Other (1958a). He thus lacked the symbolic factor to regulate the primordial Other and generate the subjective use of the signifier. Schreber could not say 'Fort! Da!' Well, he may have been able to mouth the very words, since German was his mother tongue, but for him there is no regulating agent upon the field of signifiers that comes from the Other; there is no Other of the Other.

On the other hand, Schreber – and, consequently, the psychotic person – is not incapable of using signifiers (De Waelhens, 2001b). In effect, Schreber's treatment does not only involve the imaginary register, but also a partial – and particular – use of the symbolic. For Lacan (1955a), Schreber builds his solution starting from the mirror stage and the relations that derive from it, and reaches the construction of a new pseudo-symbolic system written in a neo-code, the *Grundsprache* (1958a). What appears as a psychotic phenomenon, therefore, is in fact a treatment attempt related to structure, which cannot but remind one of Freud's remark of 1911.

On the other hand, Schreber's construction also reminds one of Freud's indication about the cathexis of libido to words in schizophrenia of 1915. In fact, Lacan does not forget to note the part played by 'fundamental language' in the German judge's delirium. In 1911, Freud had not neglected it, but he had not yet articulated this suggestion on schizophrenics' discourse. At the end of the day, like Lacan, he is not using Schreber to talk about schizophrenic language, but about paranoid constructions. Yet Lacan does not bypass the fact that in terms like 'soul-murdering' or 'nerve-voluptuousness', one can see that the signifier is utilized for the construction of Schreber's delusion (Lacan, 1955a). The German judge might not be able to use 'Fort' and 'Da' while adhering fully to the Other's discourse – a simple

task, one might think – but he uses some of them and, thus, a subject, a subject distorted and precarious nevertheless, appears. A negativity is inserted into the body of language – not into the German language, but into Schreber's personal language, the *Grundsprache*.

However, at this point Lacan will differentiate the creation of Schreber's 'delusional symbolic order' (Miller, 2009a) from what schizophrenics, for whom 'all of the symbolic is real' (Lacan, 1954, p. 327), do. Unlike the paranoiac, the schizophrenic cannot historicize his experience (Lacan, 1954). In other words, the schizophrenic cannot create a distorted but relatively coherent big Other in the paranoiac's style, to bring one's specular dependence to a halt.

In fact, in *Seminar III* Lacan (1956a) argues that there are two types of compensatory mechanisms for the lack of the paternal signifier: a) the delusional metaphor and b) conformist imaginary identifications. The first concerns cases like Schreber and the structure of his paranoid delusion. The second is related to one among very few references in this seminar to schizophrenia per se: the 'as-if mechanism' that Helene Deutsch (1942) had highlighted on the occasion of 'a significant dimension of the symptomatology of the schizophrenias' (Lacan, 1956a, pp. 192-193).

Helene Deutsch was another influential Austrian psychoanalyst and Freud's analysand, interested in the study of schizophrenia, as that had been inaugurated by Tausk and perpetuated by object-relations theorists like Melanie Klein. In fact, she had been Tausk's psychoanalyst after Freud.

Based on the idea of the weakness of the ego by her now deceased analysand, and after working with schizophrenics, Deutsch had constructed a theory of a mechanism at work in schizophrenic subjects: the 'as-if' personality. This phenomenon characterizes individuals whose life might appear to be complete and normal and yet, in the way they live it, lacks genuineness (Deutsch, 1942). Freud had apparently suggested to Deutsch that she pick another term for this category of hers, since 'as-if' had been coined in a translation from the German by a neo-Kantian philosopher named Hans Vaihinger, but she retained it (Galiana-Mingot, 2010)

In her relevant paper, Deutsch was highlighting the absent or impoverished egos that psychoanalysts prior to her had also described. She argued that schizophrenic individuals who created such artificial personalities did so as a counter-effect of the failure to develop an object-cathexis, an idea consonant, therefore, with Freud and Klein's earlier theories.

Deutsch's (1942) argument derives from her having observed that when a schizophrenic develops a delusional form, this always happens through an 'as-if' phase. She would also suggest that although a standard psychoanalysis cannot take place with such patients, the clinician can help, through a strong identification with them, to achieve far-reaching results. She specifies, finally, that psychoanalysis with 'as-if' individuals seldom succeeds (Deutsch, 1942).

Now although we see Lacan differentiating between the delusional metaphor and conformist imaginary identifications, it does not seem to me that he bars the schizophrenic from treatment attempts imitating Schreber's. In fact, Schreber's diagnosis might not be as clear as it seems.

In fact, Freud himself (1911) had argued that elements from both schizophrenia and paranoia are present in the case of the German judge and he chose to focus on the paranoid aspects evident in the delusion. Lacan highlights the fact that Freud treated Schreber as paraphrenic, i.e. schizophrenic, rather than paranoid (1955a). It seems, moreover, that the existence of a discontinuity in Schreber's case points in that direction too, rather than to mere paranoia (Laurent, 2007a).

One might be able to suggest, therefore, that a schizophrenic Schreber (De Waelhens, 2001a; 2001b) treated – temporarily, in fact – the disturbed field of the signifier through his delusional attempt as illustrated in his memoirs. However, let us not forget that a few years after having finished the memoirs and being released from the asylum, Schreber suffered his third relapse (Dalzell, 2001), which was not devoid of physical phenomena, such as auditory hallucinations and bodily deterioration (Maleval, 2000). Having abandoned the pseudo-symbolic system built during his second hospitalization, his relation to God was not enough to keep him away from the asylum.

To sum up, it seems that if Schreber is viewed from the schizophrenic aspect of his case history, including the years after his second hospitalization and the writing of his memoirs, it can be assumed that what made his system relatively therapeutic was the creation of a personal discourse that, through a utilization of schizophrenic language, would substantiate the identity 'God's wife'. Wasn't Freud suggesting something like this in *The Unconscious* (1915) when he highlighted the therapeutic attempt at a cathexis of libido in word-presentations?

If, in the end, Schreber's relation to God did not generate a solid construction through the projection of libido to the other's image, this might have been due to the fact that, as a schizophrenic, he presented a fundamental dysfunction in processing otherness as an object (Lacan, 1938). Libido was, then, projected to the units of the *Grundsprache*.

Lacan's theory of psychosis of the 1950s did not stop in *Seminar III*. It was developed further in a paper, published two years later, entitled *On a Question Prior to Any Possible Treatment of Psychosis*. That paper was included in his famous *Écrits* (Lacan, 1958a). According to Ver Eecke (2009), this is where Lacan's first theory of psychosis is actually formulated.

### *The first metaphor*

In the very first line of this paper, Lacan (1958a) argues that psychosis had yet to be reconceptualized by psychoanalysis in spite of fifty years of Freudianism having been applied to it. He claims that the privilege of his own contribution to the psychoanalytic approach to psychosis, following Freud, was that he had come up with a 'structural analysis' (Lacan, 1958a, p. 449).

Two years after *Seminar III*, Lacan's teaching is still under the predominance of the symbolic. In this paper, therefore, he is highlighting the effect that the subject's relation to the signifier had upon both the understanding of human subjectivity and the status of psychosis (Lacan, 1958a). Based on his hitherto limited references to the Name-of-the-Father and the idea of foreclosure, Lacan formulates the theory of the paternal metaphor. This theory, illustrated below, shows the comprehensive way in which he conceives of the causation of subjectivity. The effects of its failure for the subject are developed further than in *Seminar III.*

$$\frac{\text{Name of the Father}}{\text{Desire of the Mother}} \cdot \frac{\text{Desire of the Mother}}{\text{Signified to the Subject}} \rightarrow \text{Name of the Father} \left( \frac{(\text{A})}{\text{Phallus}} \right)$$

**Figure 2. The paternal metaphor in 'On a Question Prior to Any Possible Treatment of Psychosis', *Écrits*, p. 465**

In the theory of the paternal metaphor, the Name-of-the-Father is given the role of the regulator of the primary Other's enigmatic desire. An example of such an operation was

presented earlier, in the game 'Fort! Da!' What is new compared to *Seminar III* is that phallic signification emerges by the replacement of the desire of the mother by a signifier.

Phallic signification means that the Other, represented in this primary form by mother, can become desirable (Vanheule, 2011a). The Phallus is introduced in the second phase of the operation. Having held an imaginary role in the past (-φ), it turns into a positive factor (Φ). It will act for significations in the same way that the Name-of-the-Father does for signifiers (Menard, 2009). Its place in the shape above shows its relation to the symbolic Other. The Phallus (Φ) organizes signification and thus, meaning; phallic meaning is one of the effects of the paternal metaphor (Grigg, 1999).

It needs to be clarified without further ado that when Lacan says 'phallus', he is not referring in any way to the actual phallic organ, the penis, in the way this term is used by Freud or Klein. He initially speaks of an image (-φ) and then a signifier (Φ).

Therefore, to the Kleinian theory that the child initially attributes the phallus to the mother's body – a point of disagreement with her already from the 1930s – Lacan suggests that the child wants to be what the mother desires, to become the phallus itself in order to satisfy her desire (Lacan, 1958a). He claims to have taken this idea from Freud when the latter suggested that the castration complex was the pivotal point for a symbolic process in both sexes (Lacan, 1958a). In the shape above, we can see that the phallus generated from the paternal metaphor is not imaginary; it does not simply have to do with an imaginary agent that supplements mother, but with what regulates significations, the field of language – in other words, a signifier (Φ). As far as psychosis is concerned, since the symbolic axis is fundamentally problematic, the subject subsists primarily in the place of -φ.

In *Seminar II*, Lacan had written that the madman is someone who, purely and simply, adheres to the imaginary (1955b), whereas a few years earlier he had suggested that 'madness is experienced entirely within the register of meaning' (Lacan, 1946, p. 135). Is, however, the imaginary enough to keep the psychotic subject going? It seems that it is not. At this point, the side of the symbolic and, more specifically, the concept of discourse are so significant that Lacan writes:

> 'If the Other is removed from its place, man can no longer even sustain himself in the position of Narcissus.'
>
> Lacan, J. (1958a) 2006, p. 460

There might be no clearer summary of what Schreber achieved thanks to his memoirs. Applying this remark to his case as it was analyzed by Lacan in *Seminar III*, we can suggest that the imaginary axis itself is not enough to safeguard the ego's strength, and certainly not the subject's subsistence. Even in a problematic form, an Other is vital for one to be able to sustain subjectivity. This is what, in the end, the paranoiac – and whoever undergoes successfully the mirror stage – succeeds in.

This seems to be an answer to the 'question prior to any possible treatment of psychosis': it is the existence of an Other, a field towards which the psychotic subject can develop 'delusional transference', as President Schreber did (Lacan, 1958a, p. 456). When the Other towards which transference is developed is abandoned, people like Schreber cannot even sustain themselves in the position of the specular other, since that position is, as was remarked above, fundamentally precarious. In contrast to the mirror, where one's image moves eternally from the one side to the other, in the field of the Other there is a pause and an emergence of the subject thanks to the signifying laws.

Isn't this observed in the case of the tormented German judge? His semi-therapeutic paranoid construction constituted a discourse that sustained his existence as subject, built on a language characterized by a personal use of the signifier that covered the void created from the lack of the Name-of-the-Father. When that stopped, after his release from the asylum, his imaginary relations to God and Professor Flechsig did not suffice for him to get by. Unable to sustain himself in the position of Narcissus, he was taken to the asylum after schizophrenia took its course and he died there after four years (Dalzell, 2011; Maleval, 2000).

This, however, presents something that might look like an impasse for the clinician. As was noted above, Lacan's suggestion for the treatment that can take place in psychosis concerns the question of the handling of transference (1958a). Yet, as was remarked as early as in Freud's time, this is not the kind of transference developed in a proper psychoanalysis, where, as Klein and Deutsch were implying, the analyst can represent a kind of otherness.

What is, therefore, the clinician's task when it is not to become an 'other' for the psychotic subject? An indication for this is found in the sixteenth lecture of *Seminar III*. Lacan writes that we have to become 'secretaries to the insane' (1956a, p. 206).

***The importance of secretarial support***

Becoming secretaries to the psychotic. Is that all, one would naturally ask. We are encouraged to drop the suggestion to create an identification based on our own ego, for becoming…secretaries? This might sound like an inferior task, but it is not.

First of all, being a competent secretary to the insane concerns handling skillfully the major role played by transference in psychosis. As above, Freud (1917a) noted the incapacity for transference in psychotics as a factor preventing such subjects from the ability to undergo a proper psychoanalysis. However, this does not mean that psychotic subjects do not develop transference.

In contrast, transference to the clinician can be developed, yet this runs the risk of becoming erotomaniac or persecutory (Allouch, 2015; Grigg, 2015; Maleval, 2015; Voruz & Wolf, 2007). The clinician's task, therefore, is to avoid the development of transference as would happen in a proper psychoanalysis. This might also prove a challenging task.

This is because what the psychotic, as well as the analysand, needs is not something that will offer them one more imaginary point to identify with, especially when the former's concurrent dependence and incapacity for this has been extensively discussed. In fact, the guidance to avoid implicating the imaginary is seen in another frequent remark of Lacan's: to evade aiming at the effect of signification – meaning.

From the early stages of his teaching until the last period of his seminar in the 1970s, Lacan warned the psychoanalyst against comprehension: do not try to understand! If one goes through Lacan's entire oeuvre, a time-consuming task certainly, they will find this piece of advice appearing again and again.

Why is that? In a few words, because understanding belongs to the field of meaning, signification and, thus, the imaginary. It stops nowhere: it goes on and on, it continues eternally, which is something that can also happen with psychotic transference. The psychotic is in need of a pause in his or her continuous wandering and not its perpetuation.

This pause can come about by means of the introduction of a negativity, which will bring about the subject. In neurosis, this negativity is offered by the Phallus (Φ), which puts a stop to the subject's incarnating what will fulfill the desire of the mother (-φ).

Consequently, at this stage in Lacan's thinking, clinicians can support the psychotic subject in inventing his or her own point of reference: try to maintain a cut, a negativity, in the person who is tormented by a continuous wandering, in the absence of the break offered by the Phallus. His or her task as secretary is to introduce a negativity in what appears to the

psychotic as an excessive experience (Malengreau, 2003). If the 'madman is a theoretician of his own experience of madness' (Allouch, 2015, p. 119), the secretary's task is structuring, symbolizing and supporting the subject to construct their theory. How? The elements to do this can be found by looking at the subject's discourse. Lacan suggests:

> 'Like Freud, I hold that we must listen to the speaker, when what is at stake is a message that does not come from a subject beyond language, but from speech beyond the subject. For it is then that we will hear this speech, which Schreber picked up in the Other […]'
>
> Lacan, J. (1958a) 2006, pp. 478-479

The psychoanalyst, therefore, is not discouraged from seeing schizophrenics – not, however, with any unwarranted ambition to cure them, but with the humble ambition of offering them his or her secretarial skills, trying to benefit from their abilities in inventions (Maleval, 2015). At the end of the day, when Freud discussed Schreber he spoke of 'self-healing' and not a treatment brought forward by a clinician through transference –which he also noted for recovery in schizophrenia (1915). But how can this come about in actual terms?

Let us take the example of a nineteen-year-old psychotic person, Paul, who had to see a psychotherapist due to his behaviour troubling his divorced mother and her new family. A tall and overweight young man, Paul believed that his tiny four-year-old half-brother wanted to throw him off the balcony. In addition, his expressed wish to have sex was puzzling the family who did not know how to address it.

Whenever he was encouraged to speak in session, Paul would respond with an unstructured delusion. This included everyone and everything he knew – people, animals and inanimate objects procreating. For example, 'the duck fucks the dog and they give birth to the door', or 'the priest fucks the pen and they give birth to chicken', he would say. It took me some time to realize that some of the elements of those couples were objects present during the session, like the office door or the pen resting on a desk. Signification was unstoppable. The only way to stop Paul from being delusional was to stop encouraging him to speak, which I did for some time with no outcome. So, encouraged by my supervisor, I tried becoming his secretary.

I was advised to support a structurization of that chaotic system, which included me, and tried to do so for some time. After numerous desperate attempts, something caught

my attention: that there was someone escaping being ‘fucked’ in Paul’s system: Satan. ‘Satan fucks everyone but no one fucks him,’ Paul said. So, although this might sound an unorthodox thing to do, I allied with Satan, trying to use him as a regulating agency in the structure in the absence of the phallus. My objective was not the creation of an ‘other scene’ but ‘taming’ what filled those signifiers, which is not simply meaning, and is further explained in the following sub-chapter.

In the next period in Lacan’s teaching, which developed in the 1960s, the area where the clinician-secretary to the insane will be called to act upon will not simply be unstoppable signification, as one might think on the occasion of Paul’s case. Lacan will argue that the use of the imaginary and the symbolic do not suffice to maintain such a discourse. At the end of this period, it will be suggested that if a subject within the clinic of schizophrenia must create a personal discourse to fight the effects of the paternal foreclosure, this must also involve the third component of subjectivity: the real, which could have been lurking behind Paul’s Satan.

## I. 4. From the subject to the parlêtre

### I. 4. a. Lacan of the symbolic excommunicated

Six years after *On a Question Prior to Any Possible Treatment of Psychosis*, Lacan (1964a) taught his eleventh seminar, *The Four Fundamental Concepts of Psychoanalysis*, which constituted a second stage in his teaching (Miller, 2003a). The step towards it was accompanied by an institutional change: Lacan was, in his words, 'excommunicated' (1964a; 1969) from the French Psychoanalytic Society, on the grounds of his controversial teaching and what was being considered as an unorthodox practice of psychoanalysis (Nobus, 1999; Roudinesco, 1997). He thus left Saint Anne's for the prestigious École Normale Supérieure, a Parisian *grande école*.

The four fundamental concepts that gave that year's seminar its title were the unconscious, the drive, repetition and transference (Lacan, 1964a). All of them are related to a focal shift in Lacan's teaching: from the prevalence of the symbolic to that of the real (Verhaeghe, 1999). This fundamental shift shed new light on the understanding of the subject (Vanheule & Geldhof, 2012) and psychosis.

After a few years, when the last period of Lacan's teaching, the so-called 'later Lacan', unfolded, the promotion of one register after the other would be abandoned (Voruz & Wolf, 2007). Miller (2003a) identifies a cut between Lacan's teaching of this period compared to the preceding ones and an attempt to detach himself from Freud. Lacan's later theory overshadowed many of his earlier but even more recent theoretical formulations. Even the unconscious was replaced with the 'speaking being' (a common translation of *parlêtre*), whereas language lost its predominance to *lalangue*. This paved the way for an understanding of the treatment of schizophrenia much different to what had been hitherto developing in psychoanalysis. These developments are discussed below.

### I. 4. b. The real: the predominance of jouissance

#### *Jouissance*

During the period of Lacan's teaching on the symbolic, which had dominated the 1950s, Freud's concepts like the libido and the drive were understood on the ground of desire, demand and the big Other (Lacan, 1958c). Thus, Freud's (1915) remark about schizophrenics'

discourse was treated in a similar way. Yet in the 1960s the libido was rethought of in a different context, which emerged from an effort to conceive of the aspects of subjectivity beyond the symbolic and the imaginary.

One might wonder what the need for this change was, especially since Lacan had spent an entire decade encouraging psychoanalysts to reject the prevalence of the imaginary – which he had emphasized in the 1930s – for that of the symbolic. The truth is that the need to examine subjectivity from a perspective other than that of the symbolic and the imaginary arose from clinical observations.

Freud had been the first to highlight the power of repetition – one of the four fundamental concepts – in the form of 'negative therapeutic reaction' (Freud, 1920). This concept describes the clinical phenomenon of patients who would get worse after a temporary suspension of symptoms (Freud, 1924c).

I have already referred to Freud's first relevant example: 'Fort! Da!' Freud's (1920) attention had not been attracted to his grandson's game by the articulation of the signifiers, but by the boy's intentional revival of a distressing experience. That observation had led him to form the hypothesis of an instinctual urge, independent of the pleasure principle – hence the paper's title – which leads to a return to a primordial, inanimate condition of things (Freud, 1920). He was led to support the existence of a death drive running counter to the sexual drives and drives of life (Freud, 1920).

This is the economy of the libido that Lacan, who, on the other hand, did not adhere to Freud's approach of the duality in the drives, would reformulate (Aflalo, 2015). For Lacan there is only one drive, the death drive (1964a). In contrast to Freud, who wondered why somebody would revive an unpleasant experience, Lacan would bestow upon such experiences a character of painful pleasure, which he called *jouissance* (Evans, 1996). French for 'enjoyment', jouissance is a term that corresponds to Freud's concept of libido concerning its dimension of the real. Whereas Freudian libido, which is not absent from *Seminar XI*, signifies sexual pleasure, jouissance is a type of satisfaction or drive gratification that goes beyond pleasure (Aflalo, 2015; Vanheule, 2011a). It becomes the – unpleasant – satisfaction of the drive (Lacan, 1960b).

The fundamental shift in Lacan's understanding of the real must be noted at this point. In the previous period of his teaching, the real was what resisted signification (Lacan, 1955a-56a), what simply 'ex-sisted', (Lacan, 1954, p. 327). It was, therefore, what could not

be grasped by the symbolic – yet there was no link between it and the jouissance of the living being. In fact, one aspect of it was rather being linked to an experience of the imaginary; in his 1958 paper on psychosis, Lacan referred to 'narcissistic jouissance' (pp. 476, 477). The first Lacan placed jouissance on the side of the imaginary (Miller, 2011).

Now, however, jouissance is subtracted from the imaginary and is linked to the real of the body. Lacan suggests a status of the body that has nothing to do with the image, the form or vision: 'jouissance as such' 'is reduced to an event of the body' (Miller, 2011; lesson of March 2, 2011). Jouissance thus turns into a concept of physical, material nature, having to do less with the body of the imaginary and the desire and demand of the symbolic. It is an aspect of the real, which concerns the body's libidinal life (Leader, 2011) but still resists signification and symbolization (Vanheule & Geldhof, 2012).

Lacan's emphatic introduction of jouissance as linked to the real against the symbolic generated a new approach to the causation of subjectivity and the subject's libidinal route. This change introduced an alternative aspect for the big Other and generated a new significant concept, the object *a*.

The big Other as field of the signifier is not absent from *Seminar XI*. Lacan argues that the subject arises from this field. The emergence of the subject through the articulation of signifiers had already been described in the 1950s. It is depicted in the following shape, in the minimal signifying chain S1-S2, of which Freud's grandson gave us a simple but graphic example.

$$\frac{S_1 \rightarrow S_2}{\not{S}}$$

**Figure 3. Signifying chain and divided subject**

In Figure 3, S1 and S2 are two articulated signifiers. As had been argued in the previous period of Lacan's teaching, the outcome of this articulation is the subject. It is represented in the shape above by a barred S. This was a development of the late 1950s in Lacan's teaching, to show that the subject is divided by language (Evans, 1996). It was Lacan's way to join Freud's two convictions about the subject: that it is being manifested in the language of the formations of the unconscious and that it is marked by division (Aflalo, 2015).

One of this period's innovations concerns the texture of the Other as 'field of [that] living being in which the subject has to appear', besides its symbolic nature (Lacan, 1964a, p. 203). Lacan argues that the Other is the field from which the drive emanates (1964a). Yet the drive is now linked to the corporeal texture of the act (Soler, 2014).

Let us return for a moment to the causation of subjectivity suggested in the paternal metaphor. The entity that required regulation through the intervention of a special signifier was mOther, the subject's first Other. In the successful paternal metaphor, the desire of the mother was named and it became possible for the person to make use of the signifier for means of signification, thanks to the positivization of the phallus. Consequently, subject and regulated Other of the signifier, the two sides of the axis of the unconscious on the schema L, were established. A new alienation was opened for the subject, next to the unregulated Other's phallus (-φ).

In this new theoretical perspective of the emergence of subjectivity, things change, since the field that now requires regulation is not considered any more as primarily imaginary or symbolic. It is rather occupied by jouissance, which is now closer to the real rather than the imaginary. Lacan (1964a, p. 205) writes that the real lack 'situated at the advent of the living being' precedes the lack born from the advent of the subject in relation to the signifier. Therefore, the necessary regulation in the field of the Other through a symbolic intervention does not concern primarily the signifier, not separated yet from the signified, but jouissance. The Other of the signifier succeeds this. According to Miller (2009b), the subject is an effect of inserting the symbolic into the real, in 'the jouissance of the body undifferentiated from the surrounding world' (Grasser, 1998, p.2).

The way in which the subject emerges from the field of jouissance is analyzed in *Seminar XI* in two operations Lacan defines as 'alienation' and 'separation' (Lacan, 1964a; 1964c). Necessary for the constitution of the subject (Glowinski, 2001), they are characterized by a temporal ordering (Miller, 2007). They will help us read Freud's (1915) remark on schizophrenics' discourse and body from a different viewpoint.

### *Alienation and separation*

In contrast to the paternal metaphor, this theory of the causation of subjectivity has everything to do with the drive (Verhaeghe, 1999). The operation of alienation produces a subjective formation within the Other of the drive that the child is entirely attached to,

whereas separation generates an agent that makes the subject believe it can recuperate a part of it. How does it work?

Alienation establishes the subject divided by the signifier (Miller, 2007). In Lacan's words, it realizes the subject in its signifying dependence in the field of the Other (1964a). Remember Freud's grandson's game. The introduction of a minimal signifying chain like 'Fort! Da!' starts evacuating the locus of the drive from jouissance, and producing the Other of S1-S2 and the subject (Lacan, 1964c). Thus, the child assumes an identity of some kind thanks to the intervention of the signifiers of the Other (Verhaeghe, 2008). It is alienated by the signifier, having chosen to make sense or meaning instead of being (Glowinski, 2001). Meaning is, indeed, promoted in this operation. Freud's grandson attempts to turn from being what his mother is lacking to creating meaning about her desire by his alienation by the minimal signifying chain. This is achieved by images linking to words (Verhaeghe, 2008).

After alienation comes separation. This operation concerns the subject's actual parting from the otherness they are attached to in this primary stage. As was described in the process of alienation, this otherness has been marked by the intervention of the signifying chain in the field of jouissance. Yet signifier, image and jouissance are still relatively undifferentiated. This is still what the psychotic experiences. In separation, the subject parts from the minimally regulated Other it is attached to and incarnates its lack. The lack that the separation of the subject from the Other constitutes generates desire in that field; thus, the subject leaves jouissance for desire. Thus, the neurotic subject is established. The construction it will make use of to access that lack is the object *a.* This is the cause of desire that will condition its libidinal life (Lacan, 1964a; 1964c). The subject will assert itself as that object (Miller, 2007).

Have we seen such an entity in Freud's grandson's game? It seems we did. Apart from the phonemes 'ooo' and 'da', there is an actual object in the operation, the reel attached to the string, which represents a primary object. Lacan writes that at the end of the day, it was not a pure activity of mastery that was taking place in that game, but an alienation, which is practiced with the help of the reel, that is, the object *a* (1964a). This is not the mother's body itself reduced to an object – as Klein was suggesting – but a part of the subject (Lacan, 1964c).

Thus, in contrast to the previous period in Lacan's teaching, the emergence of subjectivity from *Seminar XI* onwards is not without a secondary product. If it were,

repetition would not make sense, since signification would have been able to fully absorb jouissance. What remains, according to Lacan, from the completed intervention of the signifier onto the human being is the object *a*. The object *a* represents a minimum quantity of jouissance that cannot enter to the symbolic (Vanheule & Geldhof, 2012). It is a small entity signifying the subject's relation to the real. It lingers, and motivates the subject's desire. Lacan will use it in his quest for the ways through which a circumscription of the real can occur (Voruz & Wolf, 2007).

Lacan (1964a; 1964c) will even create a myth to explain the emergence of the object *a*, which is linked to the partial drives: the 'lamella'; the primordial form of the libido as 'pure real' (p. 717). The lamella, which he also calls *h*omelet (h stands for *homme*, French for 'man') is an imagined thin-layered organ condensing the organism's primordial status of jouissance. An effect of separation is for the subject to aim at restoring this lost status of the organism 'further than the body's limit' (Lacan, 1964c, p. 719) that can be only partially attempted through the object *a*.

We observe, therefore, that jouissance and the new formulation of the spectrum of the real bring a significant alteration to Lacan's conceptualization of subjectivity. In the past, the subject had been thought of as a mere effect of signification; the small other was considered a specular image and the Other was thought of as the field of the signifier, which regulates the former. Now, the divided subject is an effect of jouissance; the object small *a* is its agent and the unregulated Other is primarily a field of jouissance. This new theoretical formulation, however, does not seem to cancel out its preceding theory. It acts as something supplementary to it. The subject is not divided by either the signifier or jouissance but by both. Specular others maintain their status. Finally, the Other can be both the field of the signifier and the field of jouissance. Lacan (1964a) speaks of a conjunction of the subject as it appears in the field of the drive, and as it does in the field of the Other.

The supplementation of Lacan's theory of the causation of subjectivity will lead to a different approach to psychosis too. What derives from that theory is that separation does not take place in psychosis. The subject remains un-separated from the signifying chain (Rodriguez, 2001). Yet the same happens with jouissance, since the object *a* is not produced and it therefore does not leave the subject's body. Thus, Lacan will argue that the madman has the object *a* in his pocket (1967a).

It might seem that these effects have been partly referred to in Lacan's previous teaching. The regulation of the signifying chain and the signifying use of the signifier were what the psychotic subject was deprived of as a result of the paternal foreclosure in Lacan's thinking. Yet, thanks to this new focus on jouissance, the problem is not any more seen in psychosis as the result of the non-regulation of the imaginary by the symbolic but the non-regulation of the real too. Incomplete separation leaves the subject attached to the amalgamated symbolic and real – let alone the imaginary – that alienation has partly established. Therefore, schizophrenic subjects do not simply have to tackle the inconsistent, 'mad Other' (Vanheule, 2011) of the symbolic, but also the real, jouissance that is linked to the body. In other words, the schizophrenic is treating actual body organs (eyes, spinal cord etc.) like words not only because the signifier has not regulated the imaginary, the signified, but also due to the signifiers' real aspect; jouissance.

At the beginning of the next decade, Lacan would clarify this in stating that the schizophrenic is found without a ready-made way to relate to the body and organs, from which subjects who are not called schizophrenic benefit: the four discourses.

### *In and out of established discourses*

The theory of discourses was introduced five years after the configuration of alienation and separation of *Seminar XI*. It was presented in Lacan's *Seminar XVII*, *The Other Side of Psychoanalysis* (1969–1970). In it, Lacan was trying to answer the question of the subject's articulation to the signifier and its jouissance.

In *Seminar XVII*, Lacan (1969) introduced four exclusive types of discourse: the discourse of the master, the hysteric, the psychoanalyst, and the university (or academic discourse). They are a psychoanalytic writing of the four basic types of social bond that exist in Western civilization (Gallagher, 2002; Laurent, 2012). Each of them delineates a fundamental type of relationship (Verhaeghe, 1994). Lacan (1972a, p. 17) says 'discourse should be taken as a social link, founded on language.'

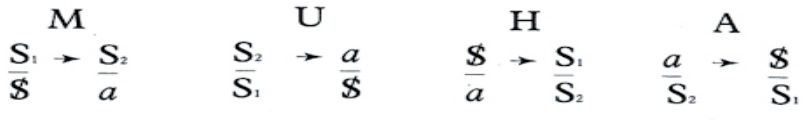


**Figure 4. Discourses of the master (M), the university (U), the hysteric (H) and the analyst (A)**

The master's discourse (M), depicted first in Figure 4, is the prominent discourse. It acts as matrix for the remaining three (Lacan, 1969). Discourses are not produced randomly. This is because the formulae of discourse are not mere depictions of operations. They are governed by specific rules. Thus they are configured as algorithms. The positions occupied by the four different terms in the algorithms are:

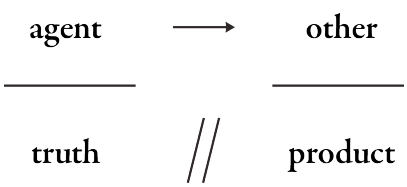


**Figure 5. The positions in the formulae of discourse**

In Figure 5, we observe that the position in the upper left side is that of agent, in lower left it is truth, in upper right it is the other and in lower right it is the position of the product (Lacan, 1969). The form of the composites of those positions – S1, S2, *$* and *a* – changes whenever they occupy a different location in the four discourses.

An example seems appropriate at this point. Let's take one about the master's discourse, in which the master signifier acts as the agent whose truth is the divided subject, it addresses the other of knowledge and the object *a* is produced (Lacan, 1969). Paul Verhaeghe (1994) gives one I find simple and understandable: A father tells his son to work hard at school; the son, instead, brings home nothing but failures. In this example the agent is the father, the other is the son and the product is failure. The most important part of every discourse, however, its moving force, is what lies on the lower left side: truth, which, according to Lacan, is always half-said (1969). What triggers the father to ask for such a performance from his son? It is not merely him as a master, but a truth unknown even to him – unconscious – that motivates the discourse. In this case, it is the fact that himself he is divided: the divided subject is in the place of the truth.

Another enlightening example is Éric Laurent's (2007b) reference to the compilation and writing of the Homeric epics in Sixth-Century-B.C. Athens, commissioned by him whom Laurent calls the first tyrant. The master who commissioned such a task, Laurent (2007b) remarks, a task that would praise the heroic deeds of the Athenians' ancestors, was motivated by nothing other but his own truth. That was the fact that heroic

eras, where he could himself emerge as hero, had been long gone. Another example for the master's discourse from ancient Greek history is Lycurgus, the harsh Spartan lawmaker (Soler, 2014).

Other historical examples Soler (2014) suggests are Charlemagne for the discourse of the university, Socrates for that of the hysteric and, of course, Freud for the analytic discourse.

As observed in Figure 4, the remaining three discourses are generated by a quarter turn of the coordinates of the master's discourse on the right or the left. The composites always maintain their position with regards to each other. Of course, one could claim that the social bond presents many more modalities than the four discourses described above. However, for Lacan, no other turns of the master's discourse can take place and no arbitrary positioning of the four components or their function is allowed. These are the four established ways that a subject as speaking being can use in the social bond. [8] In fact, discourse defines the position of the subject even before the subject utters any statement (Rodriguez, 2001). They are already there, like empty bags with a predefined structure, waiting for the subject to fill them (Verhaeghe, 1994).

This, however, presents a challenge for psychotic subjects, since the composites of the four discourses are not present in a form that can fit those algorithms. Since separation has not taken place, there is no object *a*, divided subject *$* and segregated S1 and S2 to fill those empty bags. How do they relate to jouissance, therefore? Concerning the subject's use of established discourses, Lacan will refer to the schizophrenic subject in a way that cannot but lead us to further differentiate it not only from neurosis, but from paranoia too. This reference, which links schizophrenia directly to the real of the body, is found in a text of 1973 entitled *L'Étourdit* (1973a).

*L'Étourdit*, included in his *Autres Écrits*, is a paper in which Lacan discusses the impasses of the signifier and suggests a treatment of the real beyond meaning (Fierens, 2002), which establishes a 'second return to Freud' (Soler, 2003). The schizophrenic subject is referred to on this occasion with regard to the use of discourse. This reference can act as a return to Freud's indication of not only what is at stake in schizophrenia, but also the treatment that can take place with such subjects.

[8] Nevertheless, Lacan (1972c) added a fifth type, the *capitalist's discourse*, a few years later

This extract on schizophrenia from *L'Étourdit* is found in the part where Lacan discusses an aspect of the real and its effects on the subject's body: the inexistent sexual relationship.

That there is no relation between the sexes is one of those famous aphorisms of Lacan's that may have generated the greatest controversy of them all (1972a, p. 17). Yet there is much more to it than simply an affirmation of the impossibility of a man relating sexually to a woman. By naming this an 'aspect of the real', Lacan (1973a) shows that this cannot enter the symbolic but has a direct effect on the subject's relation to the libidinal body. Indeed, nothing about the relation between the two sexes can be found in the unconscious. The only relation possible for Lacan is the one to the object cause of desire, the object *a*, which is a proper part of the subject detached in the operation of separation.

Yet, as was argued above, separation does not take place in schizophrenia. What happens then, when the subject is missing the object *a* – condenser of jouissance? Lacan writes:

> 'It is from there that proceeds the exclusion of the real… of this real: that there is no sexual rapport, this from the fact that an animal has a habitat that is language, that habitating is also what for his body makes an organ, an organ which, for thus ex-sisting to it, determines it by its function, this from before it finds it. It is even from there it is reduced to finding that its body is not without other organs, and that their function for each, is a problem for it, by which *the so-called schizophrenic is specified as being taken beyond the help of any established discourse*.'[9]
>
> Lacan, J. (1973a) 2001, p. 474

In the aforementioned passage Lacan initially describes the 'animal's' – schizophrenic or not – problem with language. Speaking beings must obtain the use of their bodies, their organs and their functions by first 'habituating' language. Language is, therefore, the first of those organs whose use must be obtained by the subject.

This comment alone demonstrates the vast shift in Lacan's teaching about the subject and language that took place between the 1950s and the 1960s: from the unregulated field of the signifier to the unregulated field of jouissance that is linked to the body, discussed earlier.

[9] There is no official translation of *L'Étourdit* in English, so I have used the unofficial translation by Jack Stone and cited the pages from the French original

This challenge is therefore also the same for the – 'so-called' – schizophrenic subject. This subject is not – as in the past – by definition excluded from inhabiting language and obtaining its body and its organs. Its exclusion from it concerns the way this is done. The schizophrenic subject is described as, in doing so, taken beyond the help of established discourses, which are the modalities used by divided subjects to articulate with their jouissance (Laurent, 2012). Its 'lack of help' from the established discourses shows that discourse does not work for everyone.

This happens due to the absence of the sexual relationship, which is the real of discourses (Miller, 2015). If the four discourses illustrate one's attempt to articulate with their jouissance, they are bound to portray an impossibility, since the real cannot be grasped through language. Discourses are built, therefore, around holes. Verhaeghe (2008) specifies those holes of social constructions – which Lacan will call 'semblances' – as, first and foremost, the father, the sexual relationship and the sexual difference (p. 117). Discourse, therefore, is always a discourse of semblance, often translated as 'make-believe' in English (Soler, 2014). This means that discourses only exist in the context of the discourse that produces them, which is presented as true, whereas it is not (Braunstein, 2015).

The schizophrenic, therefore, is not someone who presents a deficit in front of reality, but a disbelief in artificial constructions like the established discourses. Hence, the atypical form of the composites of the established discourses in schizophrenics.

As was observed in the theory of alienation and separation of the 1960s, the introduction of the signifying chain results in the emergence of the subject divided by the signifier and jouissance and the production of the object *a*. Yet, when separation is unsuccessful, jouissance does not leave the subject's body. As a result, signifier and jouissance, or words and things (Freud, 1915), are not segregated. Thus, the subject is not represented by one signifier but, instead, by a swarm of signifiers (Miller, 2001; Sauvagnat, 2000; Soler, 1999). Moreover, the object *a* as regulator of jouissance is not ballasted. It can appear anywhere. According to Miller, the lack of help from one of the established discourses signifies the lack of a position for the object *a* (2001) for the schizophrenic. Discourse 'gives us our bodies', notes Soler (2014, p. 178). Not having been regulated via an established discourse, jouissance can overwhelm the subject at any point.

Therefore, a subject who is not schizophrenic – which makes one think of not only the neurotic, but the paranoiac too – can make use of the modalities of established discourses

to tackle the real of the inexistent sexual relationship, of which Lacan identified four exclusive aspects, to assume its body, its organs and their function. Those four discourses offer a ready-made access for subjects divided by the signifier and jouissance to undergo that process. The schizophrenic, on the other hand, is deprived of this treatment of jouissance that established discourses offer. However, this seems to leave a possibility for treatment open.

***A discourse that is not established***

As was remarked above, the schizophrenic subject is not described in the extract from *L'Étourdit* as deprived of the help from *any* discourse but the established ones. It must find a way to assume the function of its body, its organs and their function without the help of established discourses. We read nowhere that there is not a way other than the established for a subject to assume their body organs and those organs' functions.

Therefore, the definition of the so-called schizophrenic subject that can be drawn from this extract is that of the subject who has to invent a singular, out-of-ordinary way to exist as a subject who has a body. The fact that the schizophrenic cannot be helped by the established discourses shows, therefore, that there is no standard means for them to become divided by the Other and articulate with their jouissance.

The schizophrenic subject is not, therefore, necessarily doomed. If he or she can invent a way to 'acquire' language, and through this their body and its function, they can somehow deal with the jouissance deriving from the hole that the real creates in the symbolic. What is at stake, therefore, is to preserve the body against the onslaught of language, something that does not seem to be the challenge for other psychotic subjects, like paranoiacs, since Lacan is not talking about the 'so-called' psychotic, but about the schizophrenic subject. It seems that the paranoiac makes use of a discourse linked to otherness, although he or she creates this alone, in the style of Schreber's delusional metaphor. The paranoiac, just like the neurotic, may not be in need of an original modality in assuming the organ of language and their body, as they seem to adhere to some form of otherness starting from a successful processing of the mirror stage.

Not far from the end of this teaching – and his life – Lacan will use a case example of a subject who, despite his inability to make use of the established discourses, proceeded to an instrumentalization of the organ of language that allowed him to obtain his body. It seems that in this case, where the Other did not hold a central role, the subject's body was won over

from jouissance inhabiting language. Moreover, this kind of language was treated in a way that deterred psychotic phenomena, despite this structure. That was the case of the Irish writer James Joyce.

Joyce's invention is studied in relation to the articulation of four elements, but not the components of established discourse that link the subject to the Other. Instead of S1, S2, *$* and *a*, what attracted Lacan's interest was how the real, the symbolic and the imaginary were linked thanks to a fourth element that allowed the subject's subsistence: the *sinthome*. This offered Joyce the capacity for an acquisition of the body image of a different kind to the established. A development in Lacan's teaching beyond the theory of the established discourses that might be useful in our study of schizophrenia in relation to Joyce is that although there might not be such thing as a sexual relationship, there 'is something of the One' (Lacan, 1973c).

A question I try to answer below is whether this One can be utilized by the schizophrenic in a direction similar to that of Joyce, in order to tackle the problems of their subjective constitution beyond established otherness.

### I. 4. c. Sinthome

For a long time Lacan had been supporting the idea of the supremacy of one register – imaginary, symbolic or real – over the other along his structural differentiation between neurosis and psychosis (Voruz & Wolf, 2007). Yet, with time, his interest shifted to the connection of the three registers that subjects achieve regardless of their structure. In an introduction to a German edition of his *Écrits* appearing the same year as *L'Étourdit*, he wrote that there is not a *unique meaning* deriving from a given structure (Lacan, 1973b).

This new approach brings a radical change to the way psychosis is approached, since the cornerstone of the psychoanalytic view of the mental life is now considered a subject's singular symptom. Its significance for the treatment of schizophrenia has to do with the fact that such a formation helps the subject to keep hold of its body and the body's organs against language outside reference to established otherness, a fundamental deficit for the schizophrenic since Freud (1911).

***Borromean knotting***

The concept of the sinthome was introduced in Lacan's *Seminar XXIII*, taught in 1975–1976, based on references to topology and knotting. Using mathematical theory and knots, Lacan presented an approach to the equal relation between the real, the symbolic and the imaginary (Vanheule & Geldhof, 2012).

Lacan suggested the idea of a symptom that represents subjectivity itself (Cordié, 1994). This symptom bore no reference to an Other (Skriabine, 2009). Unlike, therefore, the good old neurotic's symptom, which is linked to the Other's discourse in terms of the 'other scene' of the unconscious, the sinthome speaks of the subject itself as One. This innovation should not escape our attention in pursuit of the treatment for the schizophrenic subject, since in 1958 Lacan pointed to transference toward an Other as an answer to a question prior to any possible treatment of psychosis.

To illustrate the effects of this new concept, Lacan used a design borrowed from the coat of arms of the Borromei, an Italian aristocratic family (Lacan, 1975a). Both topology and the coat of arms of the Borromei had been introduced in *Seminar XIX*, *ou pire* (Lacan, 1972b), and Lacan (1972–1973) had been developing their study ever since. The Borromean knot, shown below, illustrates the coordinates of this new concept. For Lacan (1973c), it is a metaphorical use of the fact that we only move forward 'on the basis of the One' (p. 128):

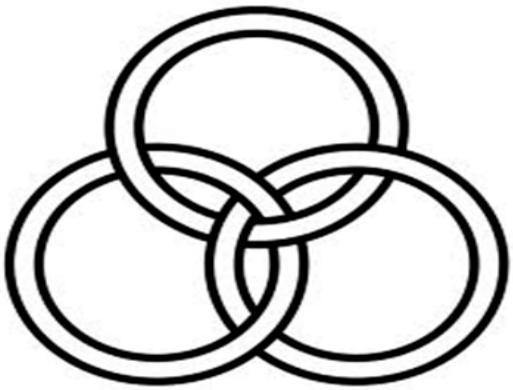

**Figure 6. The Borromean knot**

Lacan's attention was drawn to the Borromean knot by the way the three rings are held together in this shape. Its particular quality is that if one of them is removed the remaining two are also disconnected from each other. This, fourth, knot created from the

interrelation of the three corresponds to the new conceptualization of the symptom he was suggesting.

In contrast to the past, its theoretical foundation requires treating the real, symbolic and imaginary as equal and interconnected registers. In fact, their properties for Lacan in *Seminar XXIII* are respectively what ex-sists (real), hole (symbolic) and consistency (imaginary). When those are disconnected from each other – not, therefore, knotted in a Borromean fashion – then a fourth knot must be created among them, the sinthome (Lacan, 1975a).

Of course, the symptom was not a new concept in psychoanalytic theory. Freud treated it as an unconscious formation with metaphorical meaning (1926). That was also Lacan's view before this groundbreaking suggestion of the mid-1970s (Morel, 2003). The symptom is, moreover, still used widely in the mental health domain, treated as a disorder's morbid expression that calls for eradication.

This is exactly what Lacan tried to orientate his audience against by his new view of the symptom: the sinthome is not something clinicians should try to remove or cure (Voruz & Wolf, 2007). Lacan (1976b) writes: 'Their symptom is the most real thing many people have' (p. 7). It represents the One's most intimate mark, what organizes subjectivity (Vanheule, 2011a; 2011b) in terms of a compromise between the subject and the jouissance inhabiting it (Aflalo, 2015). The subject is, therefore, no longer viewed simply as subjected to the Other of the signifier. Subjectivity is achieved by the symptom knotting the three registers – imaginary, symbolic and real – and keeping them together in a way comparable to the three rings in the coat of arms of the Borromei (Lacan, 1975a). This is illustrated in Figure 7.

> 'The ex-sistence of the symptom is what is implied by the very position, the one that supposes this enigmatic link of the Imaginary, the Symbolic and the Real.[10],
>
> Lacan, J. (1975) 2005, p. 19

[10] There is no official translation of *Seminar XXIII* in English, so I have used the unofficial translation by Cormac Gallagher and cited the pages from the French original

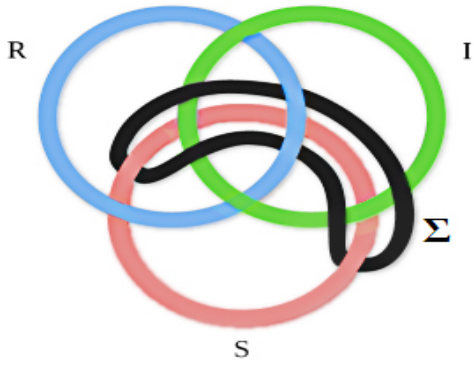


**Figure 7. The symptom (Σ) as a knot of R, S and I**

Therefore, the symptom requires delicate care instead of eradication for the following reason: disconnecting the three registers that make up subjectivity by lifting a single ring leads to detrimental effects for the subject. In Lacan's new formulation of the sinthome, the subject *is* the symptom. Hence, the title of two lectures on Joyce he gave during and after this seminar: *Joyce the symptom* (Lacan, 1975a; 1975b). When the symptom is removed, therefore, the same happens for the subject.

Thanks to this new approach to subjectivity, the phenomena encountered in psychosis are viewed as outcomes of the disconnection of the three registers (Vanheule, 2011a). Psychosis is not viewed any more, therefore, in terms of foreclosure of the paternal signifier in Lacan, but as an effect of un-knotting (Thurston, 1999). It is the effect on subjectivity of the disconnection of the three registers. As is shown below, the sinthome in Joyce was constructed to tackle that fundamental deficit and avoid the further manifestation of psychotic phenomena, such as the detachment of the body image. Yet this does not cancel out Lacan's previous theory; the theory of knotting seems to substitute for the function of metaphor (Soler, 2014). Consequently, the old forms of the symptom have not been eradicated.

### *Ordinary and extraordinary symptoms*

Indeed, the singularity of the sinthome is not significant only for the psychotic subject, who is faced with the absence of a standard connection of the real, symbolic and imaginary. In the first pages of *Seminar XXIII*, Lacan argues that 'the Oedipus complex, as such, is a symptom' (1975a, p. 22). Yet, this is not the first time this idea appears in Lacan's teaching.

In 1963, Lacan (1963) had started teaching a seminar entitled *The Names of the Father* (in the plural). He intended to develop the idea that paternity, connected to castration and the Oedipus complex, is not a unique solution, the sole factor of metaphor (Thurston, 1999). He had hinted at this idea already in *Seminar VI*, *Desire and its Interpretation*, when he said that the big secret of psychoanalysis is that there is no Other of the Other (1958c). Yet, after his 'excommunication', he had decided to never return to that idea again.

Nevertheless, in the 1970s he articulates something from that old story. He argues that the belief in the Father, the common denominator of Oedipus complex and paternal metaphor, is a commonplace symptom. It is a ready-made solution that 'common mortals' (1976c, p. 147) use to make sense of the world and subsist as subjects.

Therefore, a Name-of-the-Father – against *the* Name-of-the-Father – is a symptom. It can be an intimate way to resolve jouissance with meaning (Lacan, 1975a). The established discourses, where the Name-of-the-Father returns (Brousse, 2009) and from which the schizophrenic is excluded, therefore, are offered for the use of ready-made symptoms.

As was noted above, Lacan suggests a new way to write this new conceptualization of the symptom: sinthome, an older version of the same French word, which has been maintained in English (Lacan, 1975-1976). Apart from being a medieval synonym of 'symptom', 'sinthome' name also plays with the similar-sounding *saint-homme* ('saint man') (1975b) and Saint-Thomas. The reference to the Catholic saint is used in relation to Joyce, who was interested in Saint Thomas Aquinas's theory of clarity.

Lacan's study of Joyce in *Seminar XXIII* is a profound investigation of a subject's extraordinary way of knotting the real, the symbolic and the imaginary, producing a new consistency at the level of jouissance (Dravers, 2005). Joyce needed to establish such a consistency in the absence of the object *a*, the regulating factor of jouissance produced by separation for subjects who escape psychosis and inhabit the established discourses.

For Lacan (1975a), Joyce starts the writing endeavour that will produce the sinthome in order to address the consequences of his father not having been a father for him. The radical lack of Joyce's father was a recurrent theme in his case.

If Joyce had been a subject for whom the symbolic father worked, a Name-of-the-Father would have been used. Thus, he would not have needed to invent a fourth element to knot the imaginary of the body to the real and the symbolic. A ready-made type of symptom would have been generated by his insertion into one of the established discourses. In contrast,

Joyce had to come up himself with an invention that tackled the lack of an established unifying element of the three registers. He was excluded from the commonplace belief in the Father and its privileges, such as the entry to the established discourses. Lacan posed the question of how he compensated for this in the first lecture of Seminar *XXIII*, a question that occupied his thinking extensively:

> 'How can artifice explicitly aim at what is represented at first as a symptom?'
>
> Lacan, J. (1975) 2005, p. 22

How does Joyce's art, therefore, transform what is first imposed as symptom? In other words, how are the effects of the absence of a Borromean knot, i.e. of subjectivity, avoided through artifice?

***Lalangue***

A recurrent reference in Lacan's approach to psychosis had been that symptoms like elementary phenomena are a manifestation of a reappearance of the non-symbolized in the real (Lacan, 1954; 1955a). Thanks to the emphasis placed upon the concept of jouissance in the 1960s, that reappearance can be viewed as one of unregulated jouissance. As was seen in the previous sub-chapter, what exists before the advent of the subject is no longer simply an unregulated array of signifiers, a mixture of the symbolic and the imaginary, but the field of jouissance. This field, which the subject encounters during its alienation, is a language that traumatizes, ravages (Miller, 2006). It is a language rooted in the real (Soler, 2003).

Lacan (1973a) will suggest a new name for it – *lalangue* – and will argue that it is not built for communication, highlighting its distance from language. He will even go as far as to say that language does not exist and that it is, rather, an attempt to know something about the function of lalangue (Lacan, 1973c).

Lalangue refers to the singular way through which a subject incorporates common language (Biagi-Chai, 2014). It appears at the beginning of one's life, before one starts becoming gradually constituted as a subject (Fink, 1995). Thus, lalangue traumatizes the subject's body before it meets the Other's discourse. It is the subject's first partner (Gault, 2007). It is a symbolic without metaphor (Soler, 2014). Lacan (1954) has described this

occasion in the past as the 'first moment of symbolization' (p. 320), as an intersection of the symbolic and the real unmediated by the imaginary. Yet at that period the real was not conceived of in relation to corporeal jouissance, but simply as what resists signification.

During the period when he introduces lalangue, Lacan (1973c; 1975a; 1976a) will speak of a 'moterialism', making a pun on *mot* ('word') and 'materialism', hinting at the material impact of lalangue striking the person's body, its material constitution. Lalangue troubles one's body and soul (Briole, 2003). Doesn't this pun remind one of Freud's (1915) reference to words having a material quality in schizophrenia? Soler (2014) writes that the schizophrenic may dispense with the symbolic, 'but not with lalangue' (p. 28).

On the other hand, lalangue establishes the person's singularity, so to speak – the subject's relation to his mode of jouissance (Biagi-Chai, 2014). This relation to jouissance is more primary in relation to the object *a*, since it is not established through separation but through alienation, the subject's first encounter with the language or the Other's signifiers: it may be what generates the mark of the One, which Freud had called the *einziger Zug*, 'unary trait', and which in the past Lacan (1960a) was discussing as the Other's insignia, but later described as a commemoration of an eruption of jouissance (1970, p. 77): 'The body in the signifier leaves a trait,' says Lacan (1976a, p. 23), 'and a trait that is a One.' This might be a body beyond the mirror stage, in its Aristotelian definition of 'what maintains itself as one', that Lacan encourages us to return to (1973c, p. 142) and from which the schizophrenic subject might not be excluded this time.

If, therefore, there is no sexual relationship, which causes specific problems for the schizophrenic, there is the One, which is a mark left in the person's first contact with language, and from which no subject is excluded. Yet whereas, thanks to repression, neurotic subjects are not conscious of it, for psychotics this does not necessarily happen. In fact, by their having 'unsubscribed' from the unconscious, it seems that lalangue returns continuously in language.

However, even if schizophrenic subjects are excluded from the unconscious, as they are also excluded from the established discourses, there is no similar indication about the new term Lacan invented to replace the Freudian unconscious: *parlêtre*, which is sometimes translated as 'speaking being'.

The parlêtre or speaking being concerns the real aspect of the unconscious (Miller, 2015; Soler, 2014). It is not any more an idea made from the imaginary and the symbolic, but

a convergence between the unconscious and the id (Miller, 2015). As far as what is at stake for the schizophrenic is concerned, the body in the parlêtre changes register (Miller, 2015). There is a different relation to the body in it to the one built thanks to the mirror stage. The parlêtre has his body, rather than being it (Miller 2015), thanks to a jouissance grasped through speech. It is not an articulation of signifiers according to specific rules, like the unconscious, but it is contaminated with the jouissance of lalangue.

Joyce is an exquisite paradigm of how a parlêtre managed to acquire his body leaning on a sinthomatic operation upon lalangue (Miller, 2015). In *Seminar XXIII*, Lacan (1976c) refers to an incident from Joyce's childhood that might remind one of the danger that the schizophrenic subject is running in relation to the body (Lacan, 1973a). This incident is included in Joyce's semi-autobiographical *Portrait of the Artist as a Young Man* (Joyce, 1916). Psychotic structure, shown in the disconnection of the imaginary from the real and the symbolic, is implied there.

In *A Portrait of the Artist as a Young Man*, we read of Joyce's schoolmates tying him to a fence and beating him up. The author says about the incident that he had no bad feelings against his torturers. He had only felt that 'some power was divesting him of that suddenwoven as easily as a fruit is divested of its soft ripe peel' (Joyce, 1916, p. 87). This description illustrates graphically the un-knotting of the imaginary (in the form of the body image) from the two other registers, the real and the symbolic. If Joyce cannot be helped from the established discourses to hold onto his body, his body runs the danger of slipping away. Hasn't Lacan written that the problem for the speaking being is to obtain its body, its organs and their function and that the schizophrenic is taken beyond the help of the established discourses to do so?

Joyce's way of addressing the disconnection of the imaginary from the other two registers was the construction of a fourth ring. That ring gave him a body by knotting the real, the symbolic and the imaginary. Joyce achieved this in creating the sinthome (Leader, 2011) depicted in Figure 8. It is observed that the otherwise disconnected rings are held together by the imaginary knotted to the real and symbolic thanks to the black ring, which represents his ego.

***A new ego***

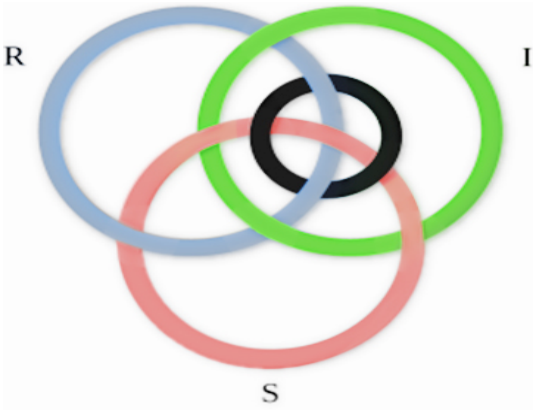


**Figure 8. Joyce's sinthome (in black)**

According to Lacan (1975a), the outcome of Joyce's artistic creation was the construction of an ego, which lies in him being 'The artist'. His aspiration is explicit in Joyce's quote that he wanted academics to study him for at least a few hundred years (Ellmann, 1983; Lacan, 1975a; Leader, 2011; Miller, 2012). The identity of artist is linked to this symptomatic function. Joyce subsisted as subject by identifying with this sinthome, his ego, hence *Joyce the symptom* (Lacan, 1975a; 1975b).

Yet this construction did not merely comprise Joyce having a megalomaniac or narcissistic belief that stemmed from a specular other. It does not find support in the image (Morel, 2003). That could have made him a paranoid subject. The success in his artistic activity concerns first and foremost an instrumentalization of language through writing. His sinthome was a formation produced during a work in progress comprising an elaboration upon lalangue, which gave it a literary value (Gault, 2007). Joyce's symptom compensates for his relation to lalangue (Soler, 2014). In effect, language and literary style in Joyce's work change continuously. The creation, therefore, of the sinthome started with it and was based on his processing an elaboration of lalangue as traumatic.

Lacan writes that it is difficult not to see that a certain relationship to the word is increasingly imposed on Joyce (1976c). The elaboration of language in the sense of lalangue is fundamental for the creation of the sinthome. Elements of this are already evident in *Ulysses* (Joyce, 1922). Yet it is in his final piece, *Finnegans Wake* (Joyce, 1939), that language is literally decomposed, it becomes a 'litter'. It is a 'language of a new world, a "newspeak"' whose role is not to be spoken; it does not say anything' (Gault, 2007, p. 76). Joyce's writing transformed language in an enjoyment lying outside meaning (Grigg, 1999). Soler (2003) highlights that this is where Lacan finally found the supreme display of what

Freud had perceived about schizophrenics' discourse: their propensity to treat things as words, outside meaning. In fact, in *Seminar XXIII* Lacan is discussing words imposed on Joyce just after referring to Joyce's daughter, Lucia, another so-called schizophrenic whose father believed her to be 'telepathic' (1976c, p. 96).

The importance of Joyce's ego might rightfully beg the question as to what makes it so unique. It is not the first time in the present study that we encounter ideas of grandeur in psychotics, as for example in the case of Schreber claiming he is God's wife and the Swiss seamstress stating she is Helvetia and Germania.

Lacan's equation of the ego with psychosis was an old story. It had concerned paranoia. In his doctoral thesis, he had argued that his paranoid patient's solution lay in her personality (1932). In addition, in *Seminar II* (1955b, p. 247), Lacan had said that paranoia 'as compared with schizophrenia' always has a relation to the alienation that the ego creates. Why wasn't Joyce simply a paranoid subject, therefore, one whose writing endeavour was used in order to substantiate his grandiose belief of being 'The artist', as supposedly happened in the case of Schreber as 'God's wife'? Because, as above, 'The artist' primarily involves the subject believing in himself, without reference to the other's image –note that to become 'God's wife', Schreber needs a God first.

In fact, Lacan differentiates between the coordinates of the sinthome and paranoia in terms of knotting by equating paranoid psychosis to personality. In *Seminar XXIII* he admits regretting having linked the two terms in the past in the title of his thesis (Lacan, 1932) but not because he considers them irrelevant. On the contrary; he finds them identical: a personality is the same as paranoia (Lacan, 1975a).

However, albeit that paranoia and sinthome produce a similar outcome (i.e. the real, the symbolic and the imaginary do not stand disconnected), this does not happen in the same way. Paranoid psychosis 'consists in I., S. and R. being one and the same consistency' (Lacan, 1975a, p. 53).

The effect that the fourth knot brought in Joyce's case, therefore, is supported in paranoia by the continuity of the three registers. Consequently, in paranoia the subject is not in need of a fourth ring, as Joyce was. The three registers have merged together to form one thing: personality. The challenge may be the same, the successful outcome may seem similar but it is not; neither is it achieved in the same way. Joyce's ego is not the outcome of this

solidification of the three registers, but an 'open ego' that can allow 'experience and enjoyment' to flow through it (MacCannell, 2015, p. 216).

In fact, to further portray the difference between Joyce and a paranoid construction dependent to the mirror stage, it seems that this ego is related to a narcissism of a different kind.

In his first lecture on *Joyce the symptom* Lacan (1975a) used another term to describe the beneficial effect of Joyce's writing upon obtaining his body, which he called *escabeau*. In the future, he would write this in various ways, such as *est-ce cas beau*? ['is this case beautiful?'], *est-ce cabot*? ['is it a mutt?'], or even *SK…beau* (Soler, 2014, p. 63). This concept is the stepladder, the small pedestal on which the parlêtre ascends to make himself *beau*, beautiful. It is a mixture of Freudian sublimation with narcissism (Miller, 2015). Mostly, it has to do with the body, which is raised to the dignity of the Thing through a process that lacks the specular character of the mirror stage. It has to do with what Éric Laurent describes as 'modified narcissism' (2015a, p. 6).

Miller (2015) suggests that Lacan was attracted to Joyce by his capacity to conjoin the sinthome – which does not lean on meaning, whose matrix is the mirror stage too – with the beautification of the escabeau; a narcissistic construction, therefore, that attributed his body to him by raising it upon a small pedestal.

Thus, if a psychotic subject is, indeed, condemned to either be megalomaniac or not be anything (Biagi-Chai, 2014), it seems that the coordinates of the paranoiac's narcissism are, following schizophrenia, much different to those of the sinthome too.

### *Paranoia // schizophrenia*

It seems, in fact, that based on those remarks from the later Lacan, we are led to further disengage schizophrenia from paranoia, a story as old in psychiatry and psychoanalysis as Kraepelin's textbook (1899) and Freud's study of President Schreber (1911). It seems that we must take a similar path for sinthome and paranoia.

Paranoia consists of the three rings (R, S and I) having formed a rigid construction, one ring that supports the subject's personality, founded narcissism depending on otherness. In schizophrenia, on the other hand, the subject is lacking a fourth ring to knot the real, the symbolic and the imaginary. The necessary narcissistic position could, thus, pass through the

construction of a small pedestal. We return therefore to both Freud (1911) and Lacan's (1938) remarks about the schizophrenic's incapacity to lean on narcissism founded upon established otherness.

Another radical difference between the two – mentioned earlier – which, in my opinion, also makes Joyce's case resemble schizophrenia rather than paranoia concerns the role played by the Other in the subject's invention. In a publication of Schreber's *Memoirs* in English contemporary with *Seminar XXIII*, Lacan defines paranoia by using the concepts 'Other' and 'jouissance':

> '[…] a more precise definition of paranoia […] identifying jouissance in this place of the Other as such.'
>
> Lacan, J. (1975c) 2001, p. 215 [my translation]

From this point onwards, Lacan will emphasize paranoia as the identification of jouissance in the Other in the form of a fundamental evilness: *κακόν* – Greek for 'evil' (Miller, 2001). This is realized in persecutory figures in paranoia, like God in Schreber's delusion: a figure that incarnates the enjoying Other. Paranoia makes a bad Other exist (Miller, 2010). A quilting point is established between the Other and jouissance. In fact, if the persecutor is not defined or limited, then one cannot speak of paranoia (Deffieux, 2014).

This is not, however, the form in which the Other appears in Joyce. If we understand Joyce's only Other as the amalgamated formation of real and symbolic –as depicted in Figure 8, borrowed from Lacan's *Seminar XXIII* – the effect of his sinthome is not to make an evil Other exist.

In fact, it seems that this did not happen in Schreber either. In *Seminar III*, Lacan (1955–1956) had emphasized that the quintessence of Schreber's writing was the invention of his God. Yet, as was seen earlier, that formation where jouissance was identified did not prove helpful in the end. At some point, Schreber suffered the third relapse, which being God's wife did not deter. On the other hand, in *Seminar III* Lacan (1955–56) had also shown how Schreber's discourse comprised a treatment by means of language – by inventing his 'fundamental language'. Couldn't this invention be viewed as an elaboration of lalangue? The element in his invention that favoured treatment might have to be rethought, especially when viewed in relation to Freud's reference to recovery in *The Unconscious* (1915). The

channeling of the libido to words may have been more therapeutic than the one to images of specular others.

It seems that the aforementioned radical differentiation between the paranoid and sinthomatic solutions constitutes the coordinates of the schizophrenic's discourse more relevant to the sinthome. The treatment by means of lalangue that subjects like Joyce achieve does not take place through the real, symbolic and imaginary having merged into one ring. It takes place in another direction that knots the parlêtre to the body without depending on the narcissism of the mirror stage.

Therefore, if the schizophrenic subject is deprived of the help from the established discourses as an effect, among others, of the absence of the object *a* –condenser of jouissance – the utilization of the jouissance of lalangue might create an alternative discourse than can help them address the same challenges described in *L'Étourdit* (1973a).

Alongside the maintenance of a setting where the subject is welcome to speak – not in any way in the sense of neurotic transference – the potential 'secretary to the insane' might benefit from inventions that utilize this aspect of schizophrenia.

In the next two chapters, I present and discuss an example of how another subject achieved such a construction, in attempting to enrich the clinician's knowledge of how this can be applied and to answer the question as to whether a treatment of the schizophrenic body can be based on a sinthomatic construction, a hypothesis reached here.

## I. 5. Summary

For a considerable part in the more than hundred-year-long history of schizophrenia, psychoanalysis has treated this concept as a poor relation of paranoia. Although the psychoses are not disposed to psychoanalytic treatment for Freud or Lacan, the capacity for the projection of the libido or jouissance to a formation of otherness was considered as a breakthrough in paranoia. The schizophrenic's incapacity to achieve such a process was, equally, viewed as excluding such subjects from a chance to get over the challenge to acquire their body against language, which generates the well-known schizophrenic bodily symptoms.

However, in the later Lacan we find a new conceptualization of subjectivity and the subject's relation to the body, which does not depend on established otherness but on the One. There are limited references to the schizophrenic subject during that period. Yet we are led to conclude that a psychotic subject's capacity to acquire its body is not limited to the paranoiac's dependence on the other's image. This new form of the subject, along with the *parlêtre*, *lalangue*, the *sinthome* and the *escabeau*, have not been excluded from the clinic of schizophrenia. Thus, in the following chapter they are implicated in the study of a treatment by a schizophrenic subject who temporarily acquired his body against the amalgam of language and jouissance in a way different to that of neurotic and paranoid subjects.

# Chapter Two: Rise and fall of the Body in Georgios Vizyenos

## II. 1. Introduction

In the evening of April 15, 1896, citizens of Athens and international guests attended the closing ceremony of the first modern Olympic Games. In the following day's newspapers, next to euphoric articles on the revival of an ancient Greek tradition, there was a distressing announcement: the poet and professor Georgios Vizyenos, admitted to a psychiatric hospital four years earlier, had passed away the same night.

Not many were surprised by the writer's death. For the past four years newspapers had been reporting on his deteriorating condition following a dramatic admission, itself triggered by psychotic symptomatology: megalomaniac and erotomaniac delusions, intense physical excitation channeled to incomprehensible speech and writing and two suicide attempts. Those symptoms had appeared in the writer's early forties, following the vacillation of the body's 'covering' stemming from his extensive and multi-dimensional writing activity.

His life and work are studied in the present chapter in the form of a psychoanalytic case history. They are presented as an example of the acquisition of the schizophrenic's body and organs without reference to established otherness.

For Lacan, the privilege of the case history is that it is identical to the progress of the subject, that is, 'to the reality of the treatment' (1951, p. 178). The study of Vizyenos' life and work in light of Freud and Lacan's conceptualization of schizophrenia presented in *Chapter One* can thus offer the 'secretary to the insane' an example of an orientation in treatment that can be supported or encouraged in working with such subjects. My aim is 'a biography enlightened by psychoanalysis' (Biagi-Chai, 2014), which focuses on the relation between the subject and the real, Lacan's two major contributions to the study of human experience and psychosis.

The present chapter consists of four sub-chapters: in the first, I describe the writer's childhood and youth, in which we see his attachment to mOther. In the second, I analyze what helped the subject acquire its body despite Vizyenos' exclusion from established discourses. In the third, we read how his edifice collapsed and the organ of language took over his body, whereas the fourth is a summary of his case history quilted with instruments from the later

Lacan’s theory of knotting; lalangue, parlêtre, sinthome and escabeau, all of which pertain to the One rather than the Other.

## II. 2. Psychotic structure: the effects of paternal 'poverty'

### II. 2. a. The paternal failure

*Vizyenos* was not the real surname of the unfortunate writer who died on the last day of the first modern Olympic Games. It was a signifier with which the subject renamed himself in late adolescence. This signifier played an important role in his avoiding the psychotic symptoms that finally led to the asylum shortly after his forty-third birthday.

In the present sub-chapter, I present evidence for a psychotic structure as analyzed in *Chapter One*. In researching the writer's childhood and youth, I have come across indications of the symbolic paternal lack and unnamed desire of the mother, as well as the corresponding problems in signification. These conditions do not help the schizophrenic acquire his body, as would have happened should he been able to enter the established discourses, in which the Name-of-the-Father returns (Brousse, 2009).

### II. 2. b. The family constellation

#### *The paternal hole*

George – short for 'Georgios' – Vizyenos was born in 1849 (Athanasopoulos, 1992; Koutrianou, 2003; Moulas, 1980). His birthplace was Vizýi, a Greek village in Eastern Thrace, modern-day European Turkey. It is not really clear what his surname was at birth: Sýrmas or Michaelides.

According to the first version, *Sýrmas* was his father's surname and Michaelides a secondary construction he might have adopted or been given in his early school life. Although in the short story *The Only Journey of His Life* Georgios will write that Sýrmas was the surname of his maternal great-grandfather (Vizyenos, 1884a), this was not true; it was probably that of his paternal grandfather (Koutrianou, 2003).

On the other hand, since George never referred to Sýrmas as his surname, *Michaelides* could have been his father, Michael's, actual surname. This name includes the patronymic suffix 'ides'. This is a very old suffix in the Greek language. It is even used in the first verse of Homer's *Iliad*, where Achilles is called Pelides, that is, the son of Peleus (2014). 'Ides' stands for 'son of'. Consequently, 'Michaelides' means 'Michael's son'. Regardless of

which of the two was George's surname at birth, he would later drop it for Vizyenos, for reasons explained below.

The obscure nature of George's father's surname does not clash, however, with the remaining information we have about this man. Not much is known about him. We know that he had come to Vizýi from another Thracian village, Kryónero, and ran a grocery shop for some time. After closing it he became a peddler, like his father-in-law, known in the village as Grandfather Georgie. Like his wife, Michael was an Orthodox Christian, spoke Greek and followed the Greek traditions (Vizyenos, 1881) despite living just a stone's throw from the capital of the Ottoman Empire.

George was the second son and third child born in the family, which had two more boys, Hristákis and Michael, and two girls, both named Annió (Athanasopoulos, 1992).

One of the few things we read about Michael's relationship with George comes from one of the autobiographical short stories the latter wrote in his early thirties: that due to a girl born directly after him and her having received more care and tenderness, his father frequently called him 'his wronged one' (Vizyenos, 1883a, p. 9). We do not know if this is exactly true, but it seems that George is indeed lacking something on the part of his father – not simply care, but his symbolic function.

According to Vizyenos' biographers, Michael died of typhus while returning from a business trip to Bulgaria when George was five (Athanasopoulos, 1992; Moulas, 1980). However, according to his own account, that happened two years earlier (Vizyenos, 1881).

His father's death is an event to which the adult Georgios keeps returning. He will write about it in poems, short stories and even in a document attached to his doctoral dissertation. Yet it seems that in his case – since very little is known about his siblings either – this does not primarily concern the symbolic absence of a father, but his imaginary aspect. Identifying the paternal function with the father's image, which disappears with Michael's death, shows the symbolic failure that will mark his subjectivity: the paternal hole. In the long run, it illustrates the failure of the signifier Name-of-the-Father to name the desire of the mother and introduce phallic signification, whose failure will not take long to manifest itself in George's childhood. Thus, unable to acquire his body through established discourse, Georgios will later have to craft a discourse of his own.

The effects of paternal foreclosure are found in Georgios' own words. In a note written in Latin at the age of thirty-two, he describes the effects of his father's absence in his CV attached to his thesis in philosophy:

> 'In my third year of age my father, a poor man, passed away and left me, an orphan, in poverty, beside my miserable mother.'
>
> Vizyenos, G. (1881) 2004, p. 42; 2009, p. 205 [my translation]

Our attention concerning this purely enlightening extract should not be attracted by the father's real absence – the mere fact that three-year-old George's father died. People who never meet their father do not necessarily become psychotic and vice versa. The real father's absence is not in any way incompatible with the existence of the paternal signifier (Lacan, 1958a). I do not believe that the foreclosure of the paternal signifier is indicated in Michael's death per se, which could, on the contrary, stand for its presence, since the symbolic father is the dead father for Lacan (1958a). It is in the adjectives 'poor' and 'orphan' and the noun 'poverty' used in this citation, which reappear frequently in Georgios' writing, that we have to look for the kind of father that exists in his personal cosmos.

In effect, the reference to poverty does not even reflect the family's actual economic and social background. It seems that they were not particularly poor according to the time's standards, since they were able to build a house with two floors, which was infrequent at the time (Koutrianou, 2003; Paschalis, 2009). In addition, George's father's death only leaves him partly an orphan, since his mother is alive and well. Those adjectives seem to show the hole in paternity, rather than the family's unfortunate condition: the father for him is not the bearer of the paternal function, but a 'poor' figure.

The effects of the foreclosure of the paternal signifier will become obvious very soon, in young George's particular relation to the use of metaphor, which is discussed below. The Name-of-the-Father, which was foreclosed, did not transmit to him the capacity for symbolization, the murder of the Thing by the Word, which, much later in his life, will manifest in schizophrenic symptomatology.

Yet we do not need to go as far as his breakdown to view the direct effects of paternal foreclosure. Looking at the status of the first Other, mOther, suffices to show that

George grows up condemned to incarnate the imaginary phallus, which the infant assumes can fulfill her desire.

***Mother's desire (x)***

As was described in *Chapter One*, the function of the paternal signifier is to name the desire of the mother, which constitutes an enigma for the child. The positivization of the phallus that the paternal metaphor produces puts an end to the subject incarnating it. In George's case, it seems that his mother's status was not that of a regulated Other stricken by the bar of desire, but an enjoying Other, the mother Lacan (1970) compares to a crocodile with open jaws, ready to devour the child.

Michael's wife was called Despoinió. She was better known as Michaliéssa or Michálena, which stand for 'Michael's wife'. Michaliéssa will be the leading character in two short stories Georgios will write in the first half of the 1880s. In those stories he offers the reader a magnificent portrait of his mother and her psychic life (Moulas, 1980): an unfortunate, hard-working, superstitious and at the same time deeply religious woman who strives to raise her children alone.

It is true that Michael's widow struggled to raise her four children properly (the first girl was lost at a very young age). However, whereas she complained of having been deprived of the joys of marital life, events from family history do not lead us to suggest that this woman's enjoyment – in the Lacanian sense of jouissance – suffered the bar of privation. In contrast, it seems that no limit was put to it.

As is written in Vizyenos' most famous short story, *My Mother's Sin* (1883a), Michaliéssa accidentally killed her forty-day-old baby girl Annió in bed, a true story (Papakostas, 2004). Tired from a wedding feast, she tried to breastfeed her in bed and awoke having smothered her. In Georgios' second autobiographical short story, *Who Was My Brother's Killer?* (Vizyenos, 1883b), she is associated with the actual death of the narrator's older brother, Hristákis. Having initially expressed second thoughts, she consents to his taking a position that she knows to be dangerous while at the same time she nurses – unintentionally once more – her son's future killer (Chryssanthopoulos, 1994). As for George's second sister, also named Annió, who was quite sickly, she had apparently died in the presence of him and his brothers during a magic ritual performed by Michaliéssa (Vizyenos, 1883a).

Michaliéssa will outlive all her surviving children too. Michael, her youngest son, died of apoplexy during Georgios' first year at the asylum. Moreover, she will live for eleven more years after the writer's death in 1896. She will stay with her daughter-in-law, Michael's widow, who will marry another man. She will die with pure clarity of mind and ask to be buried in white, saying that she wishes to do so because she spent most of her life dressed in black, since she was a widow and a mourning mother (Xiréas, 1949). However, only young or unmarried people are buried in white in Greece, which makes her wish unusual and peculiar, regardless of her justification.

I believe we can form the hypothesis that the failure of the paternal metaphor, through which the desire of the mother is named (Lacan, 1958a), left George attached to that figure of unregulated desire, which later on in Lacan's theory will be attributed the texture of jouissance. This is, at least, what we read in his short stories, in which he is elaborating upon actual events in his family history (Chryssanthopoulos, 1994; Papakostas, 2004).

Mother's desire not being named by the 'poor' paternal signifier leaves the phallus (-φ) in the negative ($\Phi_o$). It leaves the child, therefore, in the position of a substitute for it (-φ). George will, thus, be what she is missing – and, consequently, what she is having – but as for his being, this will not be named for him. At least not from the side of the father, who cannot act as the Other's Other.

Indeed, what we could imagine young George experiencing before leaving his village at the age of ten, when no one intervenes between him and Mother, is that he is something at her disposal: one of those children that his mother can have or lose, like his two sisters and later on Hristákis, Michael and, finally, himself. As was seen above, in his CV he will write that he was left eternally 'beside his miserable mother'. His destiny, therefore, was to be what mother had or not: –φ.

It seems that the Other's first names he is given, probably with his father's permission, were incapable of stopping that condition. The signifier(s) following him in childhood, George, 'Michael's George', 'Michaliéssa's tiny George' (as he is called after his father's death) and, probably, Michaelides, only indicate *who belongs to whom*.

Let us take his first name first: George, which is short for Georgios. Until recently, it was a somewhat unbroken rule in Greece that grandchildren were given their grandparents' first names. Since Georgios was the family's second male child, his brother Hristákis had apparently been given the paternal grandfather's name. So what was left for him was the

name of the maternal grandfather, Grandfather Georgie. Yet, to his bad luck, that name was the inheritance of a story about a child being something acquired by someone else in a rather unusual way.

George's mother had not been Grandfather Georgie's biological daughter. Michaliéssa had not even been born in Vizýi, but in St. Stephen, another Thracian village, near the modern-day Turkish-Bulgarian border. She probably came from a wealthy family (Koutrianou, 2003) but had lost her parents at a very young age and had ended up at a provost's house in a town called Tzógara (Athanasopoulos, 1992). This was where Grandfather Georgie found her and took her back to his village, adopting her. George took his name, therefore, from his mother's foster father.

Thus, besides inscribing him on his mother's lineage, the name Georgios comes from the story of someone who obtained a child in a very simplistic way. Grandfather Georgie, who has no children, acquires one during his trips as a peddler, as if that child was merchandise. 'Michael's George', as he is called in the village, is only its metonymy.

***Children's bodies***

As if the nickname 'Michael's George' was not bad enough for his subjective constitution to start with, aged three or five he becomes 'Michaliéssa's tiny George', a nickname indicating accurately his quality as mother's imaginary phallus. Isn't this the child's status before the operation of the paternal metaphor? The child is what mOther is missing and what can fulfill her enigmatic desire; it belongs to her.

As was discussed in *Chapter One*, this was the way Lacan supplemented Klein's theory about the mother as container of the phallus (1958a). If metaphor is linked to the question of being and metonymy to its lack (Lacan, 1957a) we must not be surprised to encounter this metonymy (Georgios–Michael's George–Michaliéssa's tiny George) that does not give a name to this subject's being beyond what the primary Other can lack and have. It seems that the unsuccessful paternal metaphor in George's case left him on the side of being what mOther has.

It seems, moreover, that his body image did not enter an established dialectic with the other's image, such as his brothers and sisters, but remained attached to mOther. This is exactly what Lacan was already suggesting (1938) from the 1930s concerning the schizophrenic: he is characterized by a return to the weaning complex, where only the

maternal imago lies, due to his inability to process and establish otherness through the imago of the sibling.

In fact, it seems that Georgios' siblings did not avoid a similar destiny (of the signifier simply confirming their identity as what belongs to mOther) either. This propensity in the family's constellation is seen in the case of his siblings' naming, which is not mediated by a regulatory factor such as the Name-of-the-Father – let us not forget that in the later Lacan (1975d) the father is he who names. Chryssanthopoulos (1994) writes that, for this family, name-giving goes *hand in hand with metonymy*.

Georgios was preceded by Hristákis and the first Annió. As noted above, she was accidentally killed by Mother as an infant. The daughter born after George was also named Annió. Thus, the only sister he knew was not worth a signifier of her own (Chryssanthopoulos, 1994). She was named after a dead sister, to replace the void in the desire of the mother.

Yet the same could have happened for him too. If we take his narration in *My Mother's Sin* (Vizyenos, 1883a) to be true, Georgios was expected to be a girl, to replace the dead daughter. This can only be an assumption, yet it is implied that he came into this world not in order to be someone, but to replace a daughter had and missed, not entitled to the status of a being but destined to fulfill a pre-existing void. If that wish was indeed expressed, his status as imaginary phallus is confirmed once more: his function in this world is to replace what was once had and lost by his parents. No proper name was reserved for him.

Therefore, if during the mirror stage or the processing of the intrusion complex, George could only pick the body of one of his siblings as a specular other (as Lacan suggested in 1938), that could have been the image of a body preceding this stage. He would not find a *Gestalt* that belonged to him or the sibling, but the fragmented body of a dead (first Annió) or sickly child (second Annió), of the void in the desire of the mother he came to this world to fill.

It seems that the same meaning is perpetuated by the signifier Michaelides, which, as was explained above, means 'Michael's son'. Even if this had not been indeed his surname at birth, the fact that he is marked by it at school or shortly after school, when he leaves the village at the age of ten, shows that this is a destiny he cannot escape – for the moment.

Up to this point I have been basing my argument on the hypothesis that the coordinates of the paternal metaphor failed in George's case. Since this operation takes place

very early in one's life, we can only approach it through its effects. Therefore, if one finds the hypotheses formed based on testimonies from Georgios' literary activity to be extreme, there are other descriptions from his childhood that show his problematic relation to metaphor, which is linked to the predominance of the imaginary (-φ) over the symbolic phallus (Φ). A few incidents from his childhood life until the age of ten, when he left his village to make a living, show that as an effect of the failure in the first metaphor, he resisted the Thing's replacement with the Word.

### II. 2. c. The failure in metaphor

#### *What is an apple tree?*

Apart from George's resistance to the effects of the use of metaphor, two incidents from his childhood also show that his early relation to language is marked by what Freud (1915) wrote about schizophrenics' discourse: the cathexis of libido to word-presentations, which Lacan (1953a) linked to the Word not having killed the Thing and all the symbolic being real (1954). Moreover, those events indicate the status of a particular signifier that will motivate the invention that will help the adult Georgios acquire his body.

Aged thirty-six, Georgios published a small short story in which he described an incident from his school life at Vizýi. He highlighted how particularly painful he found it to have to learn the katharévousa and replace with it his village's dialect (Vizyenos, 1885a). *Katharévousa* was an artificial form of formal Greek used until the last quarter of the 20th century as the Greek state's official language. It was a compromise between ancient and spoken Modern Greek, the *demotikí*, George's original language. The name of this classicizing hybrid strictly speaking means 'purifying', since its role was to purify Greek by ridding it of external influences (Merry, 2004).

In this story, we can get a glimpse of the subject's relation to the word being perceived as thing. Georgios writes:

> '"What kind of things is this tree, sir?" I asked him, pointing toward it [the apple tree] with my finger.
>
> […]

> I swear before gods and men that I did not ask about the name – I knew the name– but about the *thing*: All I wanted to know was what kind of thing that tree was, nothing else.'
>
> Vizyenos, G. (1885a) 2001, pp. 508-509 [my translation]

In the same short story, Georgios is also describing by use of a psychological theory the incapacity of proper, that is, dead and void signifiers – even more when he is obliged to learn a hybrid of a language – to replace the lively language he has learnt as a young boy:

> 'The apple tree –that is, as the psychologists say, the representation of the word apple tree entered my being simultaneously with the representation of "tree" and at a time when all my senses had their doors wide open and happily welcomed anything and everything coming from my mother or my close relatives to dwell inside my head […] But this one [apple tree], though dwelling securely within me for so many years now and already having acquired its household and its friends –representations with which it had cohabitated for so long and which it had cultivated so many ties of kinship- one day sees Madame Apple-Bearing Tree, entering my head all of a sudden, all alone yet so arrogant, and saying to the apple tree *"Get up so I can take your place!"* "What?!" said the apple tree, "and how can that be? I have been here for so many years now, the space I occupy was free when I came and I took possession of it by right of precedence" […] "Out, stranger! You are not one of us! We do not know you! We do not know you!"'
>
> Vizyenos, G. (1885a) 2001, p. 510 [my translation]

In this narrative we seem to encounter an enlightening description of the subject's contact with both possible resonances of lalangue and the language of the Other, the artificial classicizing Greek the teacher promotes. We read of the subject remembering having resisted letting go of the signifiers 'coming from his mother or close relatives' for those coming from the side of established discourse, the strict schoolteacher's dead language. Speaking about lalangue, Lacan (1976d) specifies that it is not learnt, but 'received' from the mother (p. 12). Couldn't this be a graphic example of the schizophrenic subject's resistance to dispense with lalangue (Soler, 2014), to abandon it for a language made for communication and devoid of jouissance (Lacan, 1972a) or libido (Freud, 1915)?

I believe we are offered more evidence in support of arguing this point from the next example from Georgios' childhood life. Young George seems to encounter difficulties with the function of metaphor not only at school but in his free time too.

***What is play?***

This second example comes from Georgios' doctoral dissertation. There he narrates how his attempt to play generated an outcome with actual properties:

> 'As a ten-year-old boy I built an oven while playing in our yard. Its cause had been the building of a similar oven in the neighbour's yard, where I had observed attentively all the stages of the building process. When, after three years, I returned home from abroad, my oven was still standing there and I was delighted to hear that it was being used all that time for baking bread. Was, therefore, that building activity of mine a game or labor? What kind of mental operation was taking place inside me? Was I urged to build from the need to rejoice in the certainty of my individual value, after the perseverance at school, in a playful activity? In an activity that would have no other significance than being the respective expression of mental mood, which arose from my serious activity? (See Schaller, p. 84). But at school that very year we were missing a teacher and I was not at that point occupied with something else. I took up building as an objective activity of general power, but was it the struggle against my own self, my deliberate deliberation on my physical individuality that gave me the satisfaction during and after its completion? Yet, both during and after its completion, neither I nor anyone else had the idea to conceive of the result as something objective with general power. Only after the oven had endured bad weather during the winter was it appreciated and used for actual reasons. I, however, had not sacrificed, during its construction, only a part of my drives to those general objective causes but, on the contrary, I had above all exploited all my entity, which, like every child, asked for activity. My only motive to come up with that result was on the one hand the existing drive to action in every being and on the other the drive to imitate adults in something. All the feelings of pleasure that I experienced during the activity of building could not have come from anywhere else than from the satisfaction of those drives. If I had been weak enough or did not know how to tame the material, my activity would have remained a game; it would have even remained a game if I had built the construction in such small dimensions that it would make its actual use impossible, or if it hadn't been used as such.'
>
> Vizyenos, G. (1881) 2009, pp. 159–61 [my translation]

I could not think of a better description of how in psychosis the real resists being mediated by symbolic processes: Georgios narrates how the drive was not channeled to the creation of what could have been a work of sublimation, a game, but a concrete object! Instead of playing a game, he builds an actual oven, where people bake real bread. This does not, of course, show that he is ignorant of the metaphorical character of play, but that he resists adhering to it. The oven was not built on purpose; he was carried away towards an actual creation.

This seems similar to the incident with the apple tree: the same way that the proper signifier 'apple-bearing tree' – devoid of jouissance – is resisted, the process of play,

preferring the symbol to the Thing, is refused too: an oven cannot be something other than an oven, similarly to the apple tree, which cannot be anything but an apple tree. 'Apple-bearing tree' is nothing but semblance, exactly like a childish oven. In *Chapter One* I have highlighted the schizophrenic's resistance to believing in make-believes, the motive forces of discourse and the social bond.

In the first chapter, it was also described how and why one of the effects of the failure in the paternal metaphor is that meaning is not localized. The absence of that first act of signification upon the desire of the mother does not put meaning under the predominance of the phallus.

However, as was seen in *Chapter One*, this definition of the use of the signifier – and its corresponding subjective formation – was not maintained in Lacan's teaching. In the 1960s, the concept of jouissance showed that what required regulation was not primarily the field of meaning, but jouissance. From that point onwards the schizophrenic subject was not viewed as incapable of making meaning, but of dispensing with lalangue (Soler, 2014), which is linked to the corporeal effect of language on the body. As Georgios wrote in the excerpt above, he knew very well what 'apple tree' meant, and it seems that the same happened for the meaning of 'children's play'. His question concerned *the thing*.

In fact, those two examples do not only show George's particular relation to metaphor. Both signifiers are linked to a third one, which is of greater importance to him. It is also vital for our reading of his case, since it is linked to the status of the body, to acquire which against language is the challenge for the schizophrenic, as was noted in *Chapter One*. This signifier is the *child*.

***What is a child?***

Earlier it was suggested that the child in young George's case – and in that of his siblings, apparently – is something that belongs to mOther in the sense of imaginary phallus. Therefore, the 'narcissistic jouissance' obtained through the mirror stage does not steadily occupy the body of the child, which remains an imaginary factor attached to her. Yet, as we can assume from Lacan's theory of jouissance of the 1960s, it is not simply the jouissance of narcissism that is not attached to the child's body, but also the corporeal enjoyment that remains trapped in the signifier 'child'.

Thus, an effect of the failure of the paternal metaphor is not simply the absence of signification for this signifier. 'Child' is a concept linked to jouissance, a version of the Thing not having been killed by the Word. I believe we can even think of it as a *holophrase*, borrowing Lacan's (1964a) reference to the solidified signifier of mentally deficient children, which consists of the absence of an interval between S1 and S2. In his lecture on the symptom at Geneva, Lacan (1976a) linked the autistic to the schizophrenic in that there is something in them 'which freezes' (p. 20). Yet, instead of signifier and signification, we will suggest the freezing of signifier and jouissance.

Thus, the subject's imaginary constitution is not simply a factor that has not entered a dialectic with a specular other's image, but also one detached from the corporeal aspect of this signifier, its material texture in terms of the Thing. This aspect of the child's body is not yet attached to its proper image. This leads me to the hypothesis that the foreclosure of the paternal signifier leaves George agape in front of the real that concerns the child's body. The paternal hole in this subject corresponds to a hole in the symbolization of the child, from which jouissance emerges. Thus the child is a 'frozen' signifier with no clear imaginary constitution, since that is one with mOther.

This is not suggested retrospectively, due to the assumption that Georgios is a schizophrenic subject in whose discourse words are confused with things due to the cathexis of the libido to them (Freud, 1915; Lacan, 1954). As was specified in the previous chapter, this does not concern every signifier and it does not always manifest in schizophrenics. The evidence to proceed to this suggestion comes from Georgios' adolescent and adult life. After building his oven by the side of the apple tree, he will leave his village and never stop writing about and researching the meaning of childhood (Moulas, 1980). We have already visited a few examples: the short stories in which he narrates his family's tragedies, the one where he speaks about his problems at school, and his thesis, in which he describes his playing as a young boy. We could summarize his research and writing as looking for an answer to the question: *what a thing is it to be a child?*

It seems that during the aforementioned writing activity, analyzed further below, Georgios was capable of a breakthrough relating to the status of his body as the factor of mOther's lack, what she has and then loses. In the thirty-year-long wandering that will follow his departure from the village, a different status for his body will emerge. This status, which he will create based on his writing on the One, will last for more than two decades. Although it will not make the phenomena deriving from schizophrenic constitution disappear, it will

allow him to preserve his body against language, which is the challenge for the ‘so-called’ schizophrenic (Lacan, 1973a) until the active manifestation of psychotic structure.

## II. 3. The beautification of Vizyenos' body

### II. 3. a. A discourse on the One

The period separating George's childhood and adolescence, in which we identified evidence of a psychotic structure, from the later unfolding in schizophrenic symptomatology, coincides with the literary activity of Georgios Vizyenos.

The reader might have noticed that in the previous sub-chapter I mainly used his first name to refer to the writer. This did not happen only so that his case would resemble a psychoanalytic case history. It was because what he created to tackle the challenges stemming from the schizophrenic's lack of help from the established discourses concerning the body (Lacan, 1973a) was built around, and thanks to, the signifier by which he entered Greek literature. If *George Sýrmas* or *Michaelides* is a child belonging to Mother, *Georgios Vizyenos* is a signifier giving the subject's body a status different to the one it had held in the past.

As was suggested earlier, detached from the unconscious as the Other's discourse, the subject cannot come up with a sufficient answer to the question 'What am I to the Other?' (Lacan, 1958a), which in his case is 'what is a child?' Georgios will, thus, spend thirty years creating his own, singular 'unconscious', for which a term from the later Lacan, might be more suitable: the parlêtre. This is not an established discourse, the discourse of the Other in the form of the social bond, but a discourse built upon the unary trait, the One. This will create a pedestal for Georgios to stand on acquiring his body in a narcissistic rise different to the one of the mirror stage. Lacking the standard composites of the established discourses, the subject will create his own discourse that will attempt to name the jouissance of the signifier 'child'.

### II. 3. b. The subject's entrance onto the world's stage

#### *The first steps*

George left Vizýi at the age of ten or twelve. His older brother had become a peddler, like their father and maternal grandfather, and took him on a trip to Constantinople, modern-day Istanbul (Athanasopoulos, 1992).

In Constantinople, George became an apprentice at the tailors' guild, working in a shop owned by an uncle of his. To his great discomfort, he could not go to school regularly

since he had to spend long hours in the workshop (Vizyenos, 1881). The job was harsh and the uncle was strict (Athanasopoulos, 1992; Vasiliádis, 1910). He remained there until the tailor's death, which happened after two or three years.

The adolescent George then sought the protection of a man called Tselembís Yangos Georgiades. Georgiades was a Cypriot merchant he had probably met at his uncle's store (Athanasopoulos, 1992). Under Georgiades' protection, he will apparently compose his first poems.

Patronage was a fading tradition in the 1860s, an effect of the advances in nineteenth-century society (Mooers, 1991). However, Georgios benefited extensively from what it could offer him. Starting with Georgiades, from the mid-1860s until the mid-1880s, he was never left without a patron or somebody negotiating his finding one. Georgiades was followed by the Cypriot Archbishop Sophronius II, and Sophronius by Bishop Lycurgus of the Greek island of Syros, the headmaster Georgios Hassiótis, Professor Elias Tandalides and the renowned Constantinopolitan banker and philanthropist Georgios Zarífis.

It has been suggested that Vizyenos was looking for a paternal substitute for his dead father in those figures (Athanasopoulos, 1992; Dimiroulis, 2009; Moulas, 1980). In my opinion, they were not substitutes for the father's symbolic function, which for him is a hole, but for his imaginary aspect, which is under mOther's shadow. His first and last patrons in particular, a prosperous merchant and an affluent banker, are people who give generously, instead of taking away and forbidding. They do not fulfill the father's role in the sense of the oedipal myth or paternal metaphor. They do not say no in the sense of the Name-of-the-Father, which in French sounds identical to the no-of-the-father (*Nom du père*/ *non du père*).

George's paternal lack, which, as was suggested above, is symbolic, could not be compensated for by the actual presence of a patron. Georgios does not believe in a symbolic function born by a paternal figure but only in an image who owns, who has or loses. In effect, he shows no reservations about changing his patron for a new one when he finds one who can serve better his aspirations, one who can give more; the 'father' he believes in seems to be a motherly figure who gives, rather than one who forbids.

Since his successive patrons live in different cities and countries, Georgios will not hesitate to change his location and profession to gain their protection. Therefore, from being a tailor's and merchant's apprentice in Constantinople, he will soon become the novice Georgios in Cyprus, under the protection of Archbishop Sophronius. There he will work as

school guard and chanter and attend lessons at the secondary Greek School of Nicosia (Indianos, 1934).

Yet Georgios writes that in spite of wearing the monk's cassock, he did not take his vows (Vizyenos, 1881), since he had never been interested in becoming a clergyman. He simply seized the opportunity offered by his appointments to study the classics.

However, something significant seems to have taken place in Cyprus, in parallel to adopting the formal, Christian version of his name: Georgios. The names from classical literature he meets in Nicosia will become the prototypes that will motivate his creativity. It is their brightness that he will try to assume, as will often become apparent in his writing style. They will be the matrix for his body's narcissistic rise**,** which does not depend, however, on an image, but is a brightness stemming from their position in language, in relation to the signifier. The dead and sickly bodies of first and second Annió will be replaced by the bright names of classic writers.

On the other hand, established discourses, in which he does not believe, will only be used as instruments by Georgios. Thus, with groundbreaking honesty, which reminds one of the schizophrenic's lack of belief in semblances, we see him almost confessing that he did not hesitate to exploit a paternal figure like the archbishop in order to fulfill his aims. His disbelief in the semblance of the ecclesiastical version of the master's discourse is reflected in a sentence he puts in his mother's mouth in *My Mother's Sin*. Mother has just confessed having killed baby girl Annió to the highest figure of religious authority in the Eastern Orthodox Church, the Patriarch of Constantinople:

> 'The Patriarch is a wise and holy man. He knows all God's plans and wishes, and he pardons everybody's sins. But what can I tell you? He's a monk. He never had children, so he cannot know what a thing it is to kill one's own child!'
>
> Vizyenos, G. (1883a) 1988, p. 23

Consequently, at the age of twenty-three, Georgios does not hesitate to leave Cyprus forever for another location. A Holy Synod was summoned in Constantinople, which he returned to as part of the Cypriot archbishop's entourage. During the synod, he met Lycurgus, the Bishop of Syros and confessed to him, another member of the church with high authority (!), an aversion to becoming a monk. Lycurgus then introduced him to Georgios Hassiótis, the headmaster of the Lyceum of Péran, a Greek neighbourhood (Hassiótis, 1910).

Hassiótis will become Georgios' new patron, encouraging a relocation to the Constantinople area and a change in his attire and professional status. To achieve his aim, Georgios has even cited a heart-rending quatrain starting with the following stanza:

*Alas, I am a poor child*
*In the wheel of this word*
*I'm an orphan and a stranger*
*And I shall remain illiterate*

Vizyenos, G. (1873) 2003, p. 250 [my translation]

Hassiótis (1910) is deeply moved by Georgios' 'honesty', which is not exactly sincere, since, once again, he already has a patron and has attended some classes at school. Nevertheless, Hassiótis agrees to support Georgios. The twenty-three-year old novice registers at the Theological School of Hálki, one of the Princess islands. Hassiótis has to pay an extra amount so that his protégé will not be assigned to the priesthood (1910). Georgios leaves behind the signifier 'novice' to become a student of theology.

Before the change in his status, however, he has changed his name, as is observed in a letter he sends to Cyprus from the Patriarchate. Instead of Michaelides, his surname is now – and will remain so until the end – *Vizyenos*.

***The subject's name***

As was explained earlier, *Michaelides*, Georgios' surname in childhood and/ or adolescence, entailed no codification, but a clear meaning: that the person who bears this signifier belongs to Michael, an imaginary figure under the shadow of mOther. 'Michael's George' and 'Michaliéssa's tiny George', his nicknames at the village, show exactly the same thing, as does *Georgios*, the name of the man who acquired a child during one of his peddling trips.

*Vizyenos*, however, the name that Georgios gives himself in Cyprus, describes a different kind of identity. This ancient Greek adjective is a signifier that, strictly speaking, means 'man from Vizýi'. The origin of the name by which the subject chooses to call himself resembles the brightness of the dead figures he found in studying classical literature.

The village Georgios was born in was an ancient Greek colony in Thrace. In a paper he wrote a few years before his psychotic breakdown, *Monks and the Worship of Dionysus in Thrace* (1888a), he described an ancient coin found in the area that read 'Vizyenon', which means 'of the Vizyenoi' (the plural of 'Vizyenos'), the city's ancient inhabitants.

This signifier with which he renames himself seems to mark a break with the array of signifiers that were naming the child's destiny as imaginary phallus. Its use serves an attempt to diverge from that lineage of belonging to somebody else. It establishes his entitlement to a body of his own. It is not at all accidental that he subtracts this name from the village's history.

As was highlighted a few pages earlier, neither of Georgios' parents had come from Vizýi. Both had 'adopted' that village as a residence. Therefore, as soon as he has the chance, he proceeds to a break with that metonymy that only makes him something belonging to somebody else. His new name is not simply that of someone who belongs to somebody; he comes from somewhere. He is a 'Vizyenos', a man from Vizýi, instead of being a possession of Michael or Michaliéssa, who do not have actual roots in the land of Vizýi. Therefore, the signifier 'Vizyenos' codifies what Georgios *is* and helps him bring to a halt the metonymy of those who have him (Grandfather Georgie, Michael, and Michaliéssa). He thus attempts a naming of the child's body through the symbolic, which was not bestowed on him by the paternal signifier. At the same time, the roots in the ancient Thracian soil he tries to create will offer his body a narcissistic boost by imitating 'the classics'.

In effect, that signifier's origin, the ancient history of Vizýi and Thrace in general, will be a field he will exploit extensively in his career as a writer, trying to raise himself to the level of the classics. If we had to sum up the body of written work that the use of the name Vizyenos will accompany, we would have to talk about two themes: childhood and Thracian heritage (history, culture and folklore). These will constitute the topics of poems, fiction and scientific papers and studies that he will write as Vizyenos. Thus, this new name of his will become the 'Other' in the 'Other' that his writing will establish. Yet this otherness is merely artificial – that is, self-made – and, basically, for own consumption. Both its composites will come out of his own hands. Nevertheless, although neither an established discourse nor a paranoid construction will be created, his writing will create an imaginary covering for the corporeal aspect of his body – not through other's specular images but through equating himself with the ancient writers he encounters in Cyprus.

Georgios has already written some poems when his new name appears in his correspondence from Constantinople (Indianos, 1934). We can assume that the two appeared at the same time: the signifier 'Vizyenos' creates a quilting point upon the signifier 'poet', which becomes a signified. Yet the name Vizyenos will not be simply used for Georgios' representation in the field of Modern Greek literature. It will not remain a literary pseudonym. It will become the subject's name. From now on, it will represent him in his journeys, studies and his contact with the social bond. In fact, Georgios will believe himself to be Vizyenos before that signifier creates quilting points with the swarm of other signifiers that will come to represent him: novelist, researcher, psychologist, professor etc.

***The first success and the first stumble***

At the theological school, Georgios met professor Elias Tandalides, a blind poet who taught Greek (Athanasopoulos, 1992). He liked Georgios and supported him in writing poetry. Meeting Tandalides and registering at that school influenced his poetic production, bringing it under the *Phanariótes* influence.

The Phanariótes were the affluent Greek community of Constantinople, who often occupied high positions in the Ottoman Empire. They used their influence and resources to support young Greeks' studies in Constantinople, Moldavia and Wallachia (Demaras, 1972). They favoured the form of Greek Georgios was refusing to learn as a young boy to replace the language he learnt from 'his mother' (Vizyenos, 1885a, p. 510). His education at Hálki took place in that style. Nevertheless, whereas he was trained excessively well in it, he neither incorporated it fully, nor did he side with it wholeheartedly, as will be shown later on.

Under the supervision of Tandalides, Georgios published a first poetry collection in 1873, entitled simply *Poetic juvenilia*. Most of the five poems it consists of are written in demotikí, the rival of katharévousa (Merry, 2004). Apart from one, dedicated to the theological school, Georgios' poems in *Poetic juvenilia* are written in the first person and are about his early experiences in life, such as the death of his father. The themes of being an orphan and a poor child pervade the collection. This is his first published attempt to articulate something about the child's being in writing. He dedicates *Poetic juvenilia* to Hassiótis (1910), his first secular patron after Georgiades, and publishes it in Constantinople.

Its circulation makes him known to the city's Greek elite. He becomes deeply liked by the Phanariótes, since he is writing in a style this community is accustomed to. This is the

first piece of evidence that, by leaning on his utilization of the formalism of language, writing provides him with an acknowledgment, on the part of the social Other, of his being as something different from what one has: the poet Vizyenos. We can read this as the creation of the first step of a pedestal in the sense of the escabeau (Lacan, 1975b). This publication distances the body from the status of merchandise and lifts it to a bright object crafted by himself.

Among his admirers in Constantinople was Iphigenia Antoniadou, a wealthy widow (Athanasopoulos, 1992). Antoniadou and Tandalides spoke about Georgios to Georgios Zarífis, a Constantinopolitan Greek banker and renowned philanthropist (Mansell, 1995). Zarífis offered him his generous patronage. The young poet and student of theology accepted it gratefully and dropped that of Hassiótis (1910) after asking his permission.

Two months after meeting Zarífis and securing his financial support, Georgios will leave Hálki for his village. He stops wearing the cassock and spends the summer as the protégé of the Greek financial colossus (Athanasopoulos, 1992). He will never return to Constantinople to complete his studies there. He leaves for Athens in the autumn to register as a final-year high-school student (Papakostas, 2004).

Although his debut in the social circles of Constantinople was quite promising concerning his narcissistic pedestal, in Athens things were not so easy. In fact, the first ray of light that covered his body as Vizyenos was dissolved by the cautious Athenian establishment.

Georgios arrived in the Greek capital at the age of twenty-four. He brought with him an epic-lyric poem called *Kódros*, which he had started composing under the supervision of Tandalides (Athanasopoulos, 1992). *Kódros* is a long poem written in katharévousa. It describes in a rather pompous style the story of a mythological king of Athens. Georgios sent the poem to the Voutsinaíos poetry contest the following year (Moulas, 1980). The Voutsinaíos was a declining institution that had started in 1862 (Mackridge, 2009). Therefore, in his debut in the Athenian poetic establishment, the signifier ‘Vizyenos’ is quilting the signified of a young epic poet. The first verse of his poem are a call to the Muse for inspiration, which cannot but bring to mind the first verse of Homer’s *Odyssey* (2014), a similarity for which he will be later attacked (Moulas, 1980; Varelas, 2014):

*Leaving small Helicon,*

*Oh Muse, daughter of the sky,*
*Become my initiator*
*To the century of demigods*

Vizyenos, G. (1874) 2003, p. 273 [my translation]

Georgios won the first prize in the contest (Athanasopoulos, 1992; Moulas, 1980). However, instead of ensuring him a recognition by the social Other similar to the one that his *Poetic juvenilia* had achieved in Constantinople, this award became the occasion for a vacillation of the narcissistic pedestal he had started creating there.

The audience and his fellow-competitors started protesting loudly about the announcement of the results (Vasiliádis, 1910). The main reason for this response had apparently been the fact that the writer of *Kódros* was a 'turko-merítis'[11] who had not yet finished high school (Athanasopoulos, 1992). In addition, it was obvious that *Kódros* has been composed in complete accordance with Phanariotism, a tradition clashing with the modernistic spirit in Athenian letters of the late 1870s (Alexiou, 1995).

Regardless of whether or not the protests were fair, Georgios does not leave them unanswered. He responds aggressively, composing a scornful quatrain describing the Athenian poets' reaction to his award (Vasiliádis, 1910). He will give an even more elaborate answer in his next poetry collection. If my reading of the narcissistic function of his pedestal is right, however, what is at stake is much more than his reputation as poet; falling from it could make the body vacillate and turn him back to a prior state with no identity other than what fulfils the desire of the mother.

This is highlighted by another aspect of the criticism Georgios faces in Athens. A considerable part of the Athenian social and literary elite will never acknowledge the classic beauty he wishes his written works to cover him with. In contrast, their criticism will intentionally target this quality of Vizyenos'. Their polemic spirit, in fact, will denounce not only his writing but his physical appearance.

It is probably true that Georgios was not an attractive man. On the occasion of this first trip to Athens, a close friend of his gave the following detailed description of the mature high-school student's looks:

[11] A person of Greek descent coming from a region still under Turkish rule (Barbeito, 1995)

> ‘A weird fellow appeared in Athens. Having a particularly eastern profile, he was one of those privileged people, who become inscribed in one’s memory for good. Eyes slit, like a Chinese man, arched, oblique, coal black eyebrows and a mignon figure but with exaggerated jowls like a refugee from Roúmeli.’
>
> Vasiliádis, N., 1910, pp. 307-308 [my translation]

The same goes for his opponents, who will often exploit this impression to justify their commentary against his character and literary production, often making particular reference to his prematurely bald head:

> ‘He will beg, once more, for luncheons and socializations, so that he can exhibit his baldness, he can sweeten his Chinese eyes and push to improper jumps that proverbial belly of his, which, we are certain, no English lady would ever accept in her salons.’
>
> ‘Frou-frou’, (1882) 1994, p. 4 [my translation]

This scornful reaction that Georgios had to face from his first months in Athens opposes further the narcissistic effect of the signifier ‘Vizyenos’ and the written products that supported it: his body’s beautification against the hateful remarks of critics and public who were attacking the imaginary, whose attachment to the subject is excessively precarious in schizophrenia, as was discussed in *Chapter One*. Commenting on his ugliness might have been a reminder of the equation of his body with that of a dead baby, the one he came into this world to replace, or the sickly sister’s body, which was dedicated to the same goal.

In 1923, Freud wrote that the ego is serving three masters (see *Chapter One*). On this occasion, we see that the signifier ‘Vizyenos’ must defend the acquisition of Georgios’ body against three masters too: mOther and her metonymical figures, jouissance ‘frozen’ in the signifier child, and the social Other, who is fiercely attacking the imaginary by exploiting his unattractive looks. Thus, it was at the same time hard and highly important to safeguard the subsistence of his self-created identity, hitherto based on *Poetic juvenilia* and *Kódros*.

After graduating from high school, Georgios became a student at the School of Philosophy of the University of Athens. This was a step toward his postgraduate studies abroad, thanks to which he would research the child’s being from a new perspective. Soon disappointed by the conditions at the Greek university, he decided to continue his studies abroad (Vasiliádis, 1910). Satisfied with the award at the poetry contest, his patron agreed to this plan.

In October 1875, Georgios leaves the Greek-speaking world for the first time, to continue his academic studies in Germany. The distance he thus took helped him repair his temporarily damaged body image.

***An ironic rectification of the pedestal***

At the age of twenty-six, Georgios registers at the Royal Augustan Academy of Göttingen in Lower Saxony. He was now only a hundred miles away from Kraepelin and five hundred from Freud. Both were studying medicine, the first in Leipzig, the second in Vienna. Unlike theirs, however, Georgios' command of German was not good. Confined to his room, he was only able to speak it satisfactorily after hard work (Athanasopoulos, 1992; Sideras & Sidera-Lytra, 2009).

However, since the radical rupture with the Other is the foundation of psychosis (Guéguen, 2013), this confinement had hardly any impact on his creativity. In contrast, during that first, lonely year, he composed a new poetry collection to supplement his pedestal. It was entitled *Ares, Mares, Koukounáres* (Athanasopoulos, 1992; Moulas, 1980). This is a slang expression in demotikí meaning 'blah-blah', 'bunkum', or 'rubbish'.

The use of the demotic and the abandonment of the language of Phanariótes, should not escape our attention. It shows the limited extent of Georgios' true attachment to the cradle of Constantinopolitan writing. He only used literary styles in his own interest: to create his own discourse and to cover the hole left in the signification of 'child' by the paternal foreclosure.

In fact, the collection's title, *Rubbish*, is nothing but an ironic reference to the Athenian establishment, which had attacked his attempts at epic poetry with those very words and had exploited, at times, his physical appearance. The title comes from a homonymous poem in which he agrees, in a sarcastic tone, that his poetic attempts are rubbish. One might not be totally wrong in attributing this poem to the schizophrenic's irony, which attacks the foundations of the social bond as semblances (Lacan, 1966b; Miller, 2001). Georgios then submits the collection to the same poetry contest and, truly ironically, wins the first prize again!

He studies at Göttingen for three semesters and, after a year and a half, moves to Leipzig and then Berlin. His main academic interests are the history of philosophy, aesthetics, psychology and psychiatry (Athanasopoulos, 1992). Among his academic professors at

Leipzig was Wilhelm Wundt (Vasiliádis, 1910). It is quite likely that Georgios met the two psychiatrists I referred to in *Chapter One*: Emil Kraepelin, also a student of Wundt's and then in his third year of medical studies, and Paul Flechsig, President Schreber's future doctor, who was appointed professor in psychiatry at Leipzig the same year Georgios registered there. A third possible encounter with a figure referred to in *Chapter One* was with the Swiss Ferdinand de Saussure, a student in Leipzig and Berlin (Kantzia, 2012). It is from him that Lacan would borrow terms like the 'signifier' to form his theory of the symbolic.

Georgios continues building his pedestal by composing poetry in parallel with his academic studies. He finishes another collection in 1877, called *Hesperides*. Some elements from *Bosporean Breezes*, a new title for *Ares, Mares, Koukounáres*, are apparently included in the new collection. He sends it to the next Voutsinaíos, but this time his entry does not win the first prize; it is only given a plaudit.

*Hesperides* consists of three ballads whose subjects are inspired by folk songs, ancient legends and rural tradition. It seems that Georgios' interest in folkloric themes had already appeared in the previous collection, which was never published. The admittedly short repertoire of *Hesperides* is dedicated in its totality to similar subjects (Moulas, 1980).

Like *Bosporean Breezes*, *Hesperides* is never published either. Some of the poems it contains will apparently survive in a different form in his following – and last-published – poetry collection. Yet what we do know is that they were written entirely in katharévousa. Having used demotikí in a sarcastic tone in the previous collection, Georgios now returns to the language of Constantinople. This change accompanies two new signifiers that the signifier 'Vizyenos' will represent: 'lyric poet' and 'folklorist'.

In the past it has been highlighted that there was no academic record to provide information about the duration or content of Georgios' studies in Berlin, where he went from Leipzig in 1879 (Athanasopoulos, 1992). Yet more recent research by Sideras and Sidera-Lytra (2009) has proven that not only did this happen, but also that he apparently started composing his doctoral dissertation there.

As if his wandering could not stop, in 1880, aged thirty-one, he returns to Göttingen. He registers for one more year at the Augustan Academy and finishes his thesis, which he submits in 1881. Its title was *Children's play in terms of psychology and pedagogy* (Vizyenos, 1881). His supervisor, Professor Herman Lotze, had expressed reservations about the topic's suitability for a doctoral thesis in philosophy. Nevertheless, Georgios insisted on

doing it and the dissertation was accepted and published in Leipzig (Athanasopoulos, 1992; Moulas, 1980). This new publication links a new signifier to the signifier 'Vizyenos': that of 'child psychologist', which is, indeed, not too relevant to his studies. Yet this thesis will be referred to by a number of German and Spanish doctors within the next two decades (Varelas, 2014)! In addition, this publication will give him the chance to claim another ancient writer's brightness. In his CV, from which an excerpt was presented earlier, he is alluding subliminally to the Roman writer Sallust (Paschalis, 2009). Yet, more importantly, Georgios is finally starting to symbolize something about the jouissance in the signifier 'child' under the signifier 'Vizyenos'.

Why, indeed, would he insist on researching the topic of children's play, when Professor Lotze was probably right in considering it irrelevant to philosophy (Sideras & Sideras-Lytra, 2009)? I believe that Georgios' determination in this matter demonstrates not only his incapacity to adhere properly to academic discourse, but also his need to process a symbolization of the signifier 'child'. An example was presented in the previous sub-chapter, where Georgios is trying to analyze the function of the drive in the child's activities. This is the first time after *Poetic juvenilia* that he articulates something about the child's being under the signifier 'Vizyenos'. In contrast to the past, however, he does not refer to the image of the orphan child anymore, but to its physical, corporeal aspect.

For example, he describes the child's original inner force when it takes up playing: 'what lied inside the child until now was a dark, intensive, and formless drive to physical-mental activity, with no measure or target' (1881, p. 178). Would one be wrong in reading in this description an aspect of the jouissance in the child? In fact, with the help of a metaphor Georgios develops a guideline on how the jouissance in the child's body can be tamed. He writes that if the human body is like a machine, play can act like valve mechanisms, which can defuse the vapour running inside the machine (Vizyenos, 1881, p. 126). He also offers advice on how to avoid unwanted disturbances in the child's growing body. He writes that parents should not suddenly shake the baby's body when playing with it, in fear of causing them spams; as for adolescents, they should avoid swings or rotating cars in fear of sexual over-excitation (!) (Vizyenos, 1881, p.174, 183).

Georgios also refers to a number of incidents from his own childhood – like the one with the oven – and writes something that can highlight more than anything his own status as a child. He argues that one will be able to understand his arguments 'if they were, like me, *a child in body and soul*' (Vizyenos, 1881, p. 150). Next to his thesis, his attempt to elaborate

something on the child's 'body and soul' will happen in the next two literary genres he will deal with.

His next claim to bring the jouissance of the child under the signifier 'Vizyenos' will take place in his poetry and fiction. In them, a new feature of his use of language will appear. This will be the highest point in the rise of Georgios' body on his pedestal, including a direct relation to the real: his exploitation of elements from lalangue that will turn 'Vizyenos' into a name for a subject stemming from the parlêtre. Unfortunately, he will never recover from the downfall that will follow this.

### II. 3. c. The zenith of Vizyenos

#### *A small turn back*

1881 was Georgios' last year in Germany. He visited Greece twice within a year. In May he visited Samákovo, another Greek village in Thrace, near the modern-day Turkish-Bulgarian border. His maternal family owned land in that area, which used to have an iron mine. He had the idea of exploiting its abandoned mine, which had been destroyed by the Russian army after war with Turkey (Athanasopoulos, 1992; Koutrianou, 2003). Probably due to the ill health of his patron, he was looking for funds to safeguard the publication of his works (Chryssanthopoulos, 1994), which, as is remarked below, were vital for his beautification. For the moment, this idea will not occupy his interest for long, but this will change – with detrimental effects – in the near future.

His next trip was to Athens in January 1882, aged thirty-three. He might have tried to dwell there, with no success. Yet his social life was not as limited as in the past. He read poems at Parnassus, the oldest and most prestigious Greek cultural club (Athanasopoulos, 1992; Moulas, 1980) as well as at the royal palace. There, he also took part, as the leading character, in the performance of an original theatrical play called *The Bad Time* (Koutrianou, 2003; Varelas, 2014). His participation generated a mocking caricature published in the periodical *Asmodeus* with the headline 'a good hero in a bad time!' (Varelas, 2014, p. 5). 'Amateur actor' is now a new signified for the signifier 'Vizyenos'.

He soon announces he is leaving for Paris. On the occasion of his departure, a column in the periodical *Mi Hánesai* writes about his presence in the Greek capital. The

comment revives the polemic spirit of the Athenian press that had made his narcissistic pedestal vacillate seven years earlier:

> 'Unfortunately, Mr. Vizyenos was born to play such a role of beggar. Having gone through – and we do not write thus to ridicule him, but we are writing history – all the brutalizing stages, of a grocer's apprentice; chanter; tailor; acolyte; seminarist and having been abducted suddenly from the walks of his origin by the hand of Mr. Zarífis of Constantinople, he did not have the soul to change his character following the change in his luck. He kept the capitals of his vulgarity and shamelessness pure and after a seven-year stay in Germany – with all his small poetic value and due to the privation of funds by Mr. Zarífis due to the latter's unfortunate state of health – he rambled those capitals of a grocer's son in all the Athenian salons, ridiculed, flatterer, parasite, having become a laughingstock to everyone, even the royal princes themselves, only so that – as he modestly proclaimed himself – he would ensure subscriptions for the future publications of his books.
>
> [...]
>
> We are mainly defending the honour of the class of scholars and it is with sadness that we renounce a member of that class, which has a meaning, since he had become such a victim of humiliation in Athens that from Poet – which he wished to be – he has become a Karagiózis[12] of the salons.'
>
> 'Frou-Frou', (1882) 1994, pp. ξς' –ξζ' [my translation]

Despite the idea that Georgios Vizyenos had been a poet and writer marginalized by the Athenian literary establishment, more recent research has shown that this was probably due to competing political and personal interests, and that he was in fact liked by a part of Athenian social circles (Mavrelos, 2009; Varelas, 2014). How can one ignore the fact that he is invited to read and perform at the royal palace? However, regardless of the interests behind this harsh criticism, one cannot but note that the journalist is pointing out the swarm of professional identities Georgios has held. It is also worth bearing in mind that after his theatrical debut, he announces he is leaving for yet another European tour to raise funds for his publications and live the life of… who knows what?

The word 'swarm' I used above might have reminded the reader of the expression 'swarm of signifiers' that in schizophrenia represent the subject instead of an S1 (Miller, 2001; Sauvagnat, 2000; Soler, 1999). It seems that despite his probably scornful or sarcastic tone, Vlassis Gabrielides, who is hiding behind the pseudonym 'Frou-frou' (Varelas, 2014), is

[12] Karagiózis (*Καραγκιόζης*) is the leading character in the Greek and Turkish shadow-puppet theatre. He is a poor, hunchbacked, barefoot man with ragged clothes and a revolting physical appearance. One is called like this to be characterized negatively with regards to their appearance or conduct.

picking up on something that is not untrue, but which Georgios has managed to tackle to some extent: the writer's inability to enter established discourse represented by an S1. The man named Vizyenos, who turned the composites of this 'swarm' into signifieds for the signifier by which he renamed himself, worked primarily for himself and for the discourse he crafted with his own hands. As for the social Other, some recognized him as such, whereas others reacted to his unorthodox conduct.

His subsequent stay in Paris did not last long. He was introduced as a poet to French philhellenes (Athanasopoulos, 1992). In November he left for London. Three years after his departure, a young neurologist called Sigmund Freud will visit Paris to study nervous diseases with Jean-Martin Charcot (Freud, 1893).

London will be the last European metropolis Georgios will stay in before his final return to Greece. Thanks to the evolution of his writing, his narcissistic rise will attain its greatest height.

The Greek ambassador will introduce him to the Greek community of London, which 'almost adored him' (Vasiliádis, 1910, p. 310). This is the second time this happens in his life. Ten years earlier, he had become the Greek elite's favourite as a young poet in Constantinople. In London he will supplement his pedestal with a new poetry collection, short stories and children's stories, and start a second dissertation, which he will finish in Athens.

***The peak***

Georgios' poetry collection published in November 1883 is written once again in demotikí, like *Bosporean Breezes*, putting an end to the use of the katharévousa of *Hesperides*. It is called *Attic Breezes*. In its first edition, he announces the forthcoming publication of three more works: *Bosporean Breezes*, a collection of a hundred and fifty children's poems and *Modern Greek Short Stories* (Moulas, 1980).

The topics of most of the *Attic Breezes* come from the same source that inspired *Hesperides*: folk tradition, mainly from Thrace. His poems are about folk beliefs, legends, Greek myths and, in general, popular mythical perceptions of the world, life, nature, and history (Athanasopoulos, 1992). What should not escape our attention, however, is that in some of those poems he makes a seemingly superficial use of sounds from nature or animal cries that he will also use in his children's poems.

Like his children's poetry, those poems are written in demotikí. This seems reasonable, since this version of Greek is simpler and easier, and therefore more accessible to children, than katharévousa. Yet this alone does not make them different from what he has written in the past. What does make them different is the material they are made of.

In those poems, Georgios uses, for the first time, monosyllabic words that imitate animal cries and sounds from nature or inanimate objects. Sometimes those words are used in their common form, like 'woof' or 'splish-splash'. In other instances, he modifies them, or invents original ones. Two examples follow: a poem from *Attic Breezes* and one of his children's poems:

*Thracians' song*
*It was from Thrace, dear friends,*
*La-la-la-la-la-la-la-la*
*From Pieria*
*That religion sprang*

*And Thracian breezes lit*
*La-la-la-la-la-la-la-la*
*With a golden torch*
*A spark throughout Greece*

*And brought it close*
*La-la-la-la-la-la-la-la*
*To old Athens*
*To the first Elefsína*

*And light was made in the dark*
*La-la-la-la-la-la-la-la*
*And down there emerged*
*Zeus and his generation*

*So everyone should try*
*La-la-la-la-la-la-la-la*
*To now bring the light*
*To their first home*

Vizyenos, G. (1884) 2003, p. 494 [my translation]

*The blacksmith*
*Clank! Clank! The smart*
*Dirty blacksmith*
*Clank! Clank! He goes all day.*
*What could he be doing over there?*

*Clank! Clank! Narrowly-widely*
*He keeps metal in the fire.*
*Clank! Clank! On the anvil*
*He transforms them as he wishes.*

*Clank! Clank! A ploughshare*
*He's hitting for the plough.*
*Clank! Clank! A shovel*
*He makes for a gardener*

*Clank! Clank! He now makes*
*A hard locker.*
*Clank! Clank! A pitchfork*
*For the vineyard that needs hoeing*

*Clank! Clank! He hits*
*Horseshoes for the beasts.*
*Clank! Clank! He blunts nails*
*For the builder who is nailing.*

*Clank! Clank! The smart*
*Rough blacksmith*
*Clank! Clank! Over there*
*That's what he does all day*

Vizyenos, G. 1997, p. 214 [my translation]

Of course, one could note that in those poems Georgios is imitating children's language to suit the signifier of 'child psychologist' or 'educator' linked to the signifier 'Vizyenos'. This could have been indeed his intention. Yet what seems to also take place, especially in poems for the younger children, is a utilization of lalangue more than in any other case of his use of language, which was part of a plan.

Georgios was trying to build a comprehensive system for the education of children through poetry; from nursery to adolescence (Koutrianou, 2003). He wanted to create a ladder

with four steps on the gradual acquisition of language over lalangue, which he has also implied in his doctoral thesis. Yet, at the same time, lalangue is enjoyed.

In his thesis Georgios had presented a psychological theory in trying to symbolize the jouissance in 'child'. If this signifier is indeed directly linked to the real and he tried to bring something of this aspect under the aegis of signification, in these poems he takes a step forward towards achieving this. I think we are entitled to speak of a true instrumentalization of lalangue in his poetry only as far as the isolation and invention of those sounds is concerned. Those elementary units of lalangue are emptied – or full – of meaning, thus they do not signify. They are concrete units of jouissance. It seems that they can be put next to 'apple tree' and 'children's play'. This is certainly a hypothesis, since we cannot know much about the subject's first encounter with language; the deciphered parts of lalangue cannot but be hypothetical (Soler, 2014). Yet this 'autistic' function of theirs cannot but remind us of the unary trait, language's mark on the child's 'body and soul' – to use his own words – before its encounter with the discourse of the Other.

It seems that at this point in his creation, Georgios achieves an isolation of the real that strikes the corporeal aspect of the child. I believe that those elements of lalangue that ballast the body image give us the chance to speak of a parlêtre.

The same seems to happen in Georgios' other literary activity in London, which is his acknowledged original invention of a genre in Greek literature: the 'Modern Greek short story'. In the British capital, he will compose five of the famous six short stories that he will publish between April 1883 and November 1884.

His first published short story was *My Mother's Sin*, referred to earlier. This is considered his best short story (Wyatt, 1988a). Indeed, it is the most famous and widely read among the six stories, constituting today part of the curriculum in Greece's public senior high schools (Akrivos et al., 2010). Yet he had written two other stories before it (Moulas, 1980). Those do not seem to generate something equally genuine, apart from quilting the signifier 'Vizyenos' upon the signified 'novelist' for the first time.

The two short stories apparently written before *My Mother's Sin* (1883a) but published after it are *Between Piraeus and Naples* (1883c) and *The Consequences of the Old Story* (1884b). They seem to be Georgios' weaker short stories (Moulas, 1980). I believe it not accidental that in both stories he is imitating pre-existing literary genres. The first is written in the style of travelogue, the second in that of a romantic novel influenced deeply by

the German tradition (Alexiou, 1995; Chryssanthopoulos, 1994; Moulas, 1980). In fact, it includes references to Goethe, Wagner, and Heine, and even takes place in Germany.

The 'travelogue' *Between Piraeus and Naples* (1883c) is about the flirtatious encounter between an adolescent girl and a travelling poet taking place on a maritime journey from Piraeus to Naples. The poet aspires to join the girl's rich family in a diplomatic appointment to Calcutta, where he is invited by her father, a wealthy businessman but incompetent poet. When the main character is informed of the girl's father's intentions – to make him a unique audience for his own poetic endeavours and to ensure that the girl will be left behind – he decides to turn down the invitation (Vizyenos, 1883c).

*The Consequences of the Old Story* (1884b) is about the unfortunate platonic affair between a friend of the narrator, who is a Greek student of psychology in Germany, and a German girl. The narrator's friend considers himself unworthy of the girl's pure feelings due to a traumatic past love affair. He therefore resists her. In the end, due to a manipulative intervention by the girl's father, the two lovers separate, the girl goes mad, and both die the same day.

If in those stories, which were probably written first, Georgios is imitating other writing genres and styles, in the other four – three of them written in London – he does something similar to what he did in some poems in *Attic Breezes* and his children's poetry: linking, in an original style, elements from lalangue to the hole in the signifier 'child'.

The remaining London stories – following *My Mother's Sin* (Vizyenos, 1883a), in which he is exposing Mother's tragic secret – are *Who Was My Brother's Killer?* (Vizyenos, 1883b) and *The Only Journey of His Life* (Vizyenos, 1884a).

In *Who Was My Brother's Killer?* Georgios writes about his older brother's obscure murder and the quest for his murderer, who proves to be someone Mother had nursed in the past. When this man finds out he has killed his saviour's older son without knowing it, the unintentional murderer goes mad. The narrator is left wondering whether it is him or the abettor who should be regarded as his brother's killer (Vizyenos, 1883b). It has been suggested that Vizyenos wrote this story following the patterns of Sophocles' *Oedipus Rex* (Emrich, 1985).

*The Only Journey of His Life* (Vizyenos, 1884a) will become, along with *My Mother's Sin*, the most favourite short story in Greece. It has been turned into a film and staged as a theatrical play more than once (Kyriakos, 2009). In this story, the narrator is

George, a ten-year-old boy working in a Constantinople-based tailor's workshop. He complains of the fake stories that had enticed him to become a tailor, which his grandfather had brought him up with when he was younger – and which are, in fact, myths, legends and fairytales. Yet he is later given the opportunity to find out that his grandfather had himself been tricked by those stories, believing them to be true when, to avoid compulsory recruitment into the Ottoman army (Nicolle & Hook, 1995), he was brought up by his parents as a girl (Vizyenos, 1884a).

According to Chryssanthopoulos (1994), Vizyenos is using his imagination to fill the traces left in his memory by the family's tragic history. If we replace what happened with what did not happen in his childhood – the failure of the paternal metaphor, which had an even more tragic effect – we cannot disagree with this function of his writing concerning the signification of childhood: a use of the imaginary to cover the holes of the symbolic. But what about the real? This we will find it by looking at the language he is using in those stories.

Georgios illustrates a versatile use of language style in his fiction, as he had also done in his poetry. Yet instead of choosing to use katharévousa or demotikí, he is now using both! He uses katharévousa for his narration and for the discourse of people in high positions, and demotikí for the discourse of people like his family and peasants from Thrace. Yet, along with this skilled use of formalism, in the three autobiographical stories, as well as in *Moscóv-Selím*, which he will write after a couple of years (Vizyenos, 1895), he includes something of a different form but similar nature to the sounds he used in children's poems and *Attic Breezes*: Turkish.

Next to the combined use of elements from both katharévousa and demotikí, in those four short stories Georgios adds units from the language of the Turks, which, for Greeks, is not just another foreign language. It is the language of the people whom Greeks saw as violently occupying Greek lands, like his village. It is, moreover, the language he and his family were forced to learn in spite of being Greek. Turkish words used in those stories are given a critical part in the plot (Dimasi, 2013). Yet what seems to be most important about their function is that they are left untranslated:

> 'It was the cries of the *eféntis*' wives, children, and babes, who leaped up and fled to their *harem* in disorderly haste out of fear I might see them without their *yasmáki*. Kyamíl, in his small, show-white *saríki*, his long, green *tsubé*, with his pale and likeable expression, almost as tall as the wall of the forecourt, regularly opened the gate for me

with that sweet, sad smile on his lips as he bent to the ground in the deep and heartfelt *temenás* of welcome.'

Vizyenos, G. (1883c) 1988, p. 71

'Because every so often, my dear,' said Grandfather still more gloomily, 'the *Yanitsarió* came out – huge, terrifying Turks with their high *kavúkia* and their red *kavádia* – and they made the round of the villages under arms with the *imám* in front and the *tseláti* behind, and they gathered up the best-looking and smartest Christian boys and made Turks out of them.'

Vizyenos, G. (1884a) 1988, p. 178

As an effect, in their only existing English version until 2014, William Wyatt (1988), the translator, had to include a few pages before each story giving definitions for those words, which he left untranslated to retain a bit of the colour of the original (p. 54).

Georgios' use of the language of the people who were believed to brutally occupy Greece makes his writing unique in a twofold way: it generates something new both for literature and for himself.

Concerning Modern Greek literature, this use of Turkish is unique because in a place and an era when nationalism was thriving (Moulas, 1980), he did not hesitate to use the language of foreign occupation in his short stories. Of course, after four centuries of Ottoman occupation, Turkish words were already a part of the Greek vocabulary. Yet recent research showed that only half out of the 232 Turkish words found in Vizyenos' short stories are part of the actual common vocabulary of the two languages (Dimasi, 2013). The majority of the rest are Georgios' own introductions. This clashes once more with the supporters of katharévousa, who considered foreign words, let alone Turkish ones, as units that polluted Greek.

The Greek language, therefore, would never be as free as it was from foreign, let alone hostile, influences, after his short stories. In them, Vizyenos does the exact opposite of what was aimed at by katharévousa, i.e. to 'purify' Greek from foreign influences. He uses Turkish to vaccinate Greek with words that carry something of a different nature to signifiers that lead to signification; one that ex-sists for Greeks and their language. Imagine how the Greek literary audience, coming across those words in highly esteemed periodicals, must have felt when the spirit of the era was to eliminate not only the Turkish language but the yoke of

the Ottomans from Greek lands still under occupation. Indifferent to the expectations of the social and literary Other, Georgios reinserts into Greek literature what others wanted to expel.

Yet this operation also carries a subjective weight for him, which is directly related to his need to bring the real of the child under the aegis of the symbolic, and, therefore, to localize the jouissance inherent in it. Similarly to the sounds from nature inserted into his children's poetry, words in Turkish, which was of course spoken in Vizýi, where he passed his childhood, might have been experienced by him as units of lalangue that do not carry a meaning in Greek, the language of communication. They could have been experienced as the language of Greece's persecutors, its real, which marked his child's body with a unary trait. Therefore his use of them untranslated at critical points in his fiction makes his practice similar to that of Joyce's epiphanies, phrases that link the real to the unconscious (Lacan, 1976c).

It might not be accidental that the two aforementioned forms of actively treating lalangue that Georgios proceeds to – the use of sounds from nature in children's poetry and Turkish words in his short stories – are found in the last stages of his composition of poetry and fiction. His children's poems are the last signs of mainstream poems of which we know, whereas the aforementioned short stories were apparently the last of the big six written (save for *Moscóv-Selím*), despite *Between Piraeus and Naples* and *The Consequences of the Old Story* having been published as second and fourth.

Another piece of information from this period confirms the unquestionable narcissistic value of Georgios' writing. Georgios appeared passionate about his collections being published in luxurious editions. He partly achieved this thanks not to Zarífis' expenses (Athanasopoulos, 1992; Moulas, 1980) but to donations from the Greek community in London (Papakostas, 2004; Varelas, 2014) to the Trübner publishing house. Kostis Palamás recalls the appearance and impression of the printed *Attic Breezes*:

> 'Around 1884 Vizyenos had returned from London with a thick and well-printed volume. That was something so that we would feel jealous about the appearance of Vizyenos, a well-known poet to me…'
>
> Palamas, K. 1994, p. 494 [my translation]

Even if Georgios indeed intended his publications to make other authors jealous, their beautifying function cannot be ignored; they were the pillars of his escabeau, the

narcissistic pedestal that lifted a child's body far above scornful remarks about the genuineness of his writing and the beauty of his face and placed him by the side of those names from classic literature he was alluding to. Vasiliádis (1910) narrates that in Georgios' flat in Athens there was a library filled with luxurious publications from classical literature, and in a shelve there was his own small pile of expensive publications. This must have been the discourse he aspired to inhabit; the Other of classical literature, which was full of bright signifiers instead of images.

As for the presence of elements from lalangue in what was unanimously considered his best work, his short stories (Moulas, 1980), we could suggest that it highlights even more the characterization of parlêtre in what is created. It seems that lalangue is mediated through the symbolic of the master signifier 'Vizyenos' and anchors the child's body image in a narcissistic brightness.

Unfortunately, leaving London and stopping that elaboration made that edifice vacillate. This was not his own choice. It seems that if he had been given a chance, he would not have stopped its creation. He was obliged to do so, however, by a sudden event that would make things very difficult for him. An end was put to his bright rise by the death of his patron on March 17, 1884 (Athanasopoulos, 1992). He, thus, had to return unprepared to Athens and make a living for the first time after many years.

### II. 3. d. A sudden downfall

#### *The remnants of Vizyenos*

Georgios will strive to maintain what remained of his pedestal in Athens, which would not prove an easy business. Zarifis' funds were suddenly no longer available, so no expensive publications were safeguarded for the pillars of his edifice. Resources had to be found not simply for his publications, as he did when he first researched the mines of Samákovo, but for his living too.

Yet Athens was never a friendly environment for him. This was a place where literary and social circles did not welcome him wholeheartedly; neither did they boost the narcissistic pedestal that gave him a bright body. For the next few years, he would try to maintain his old glory, but his creation, which reached its peak in his treatment of elements

from lalangue, was now vacillating dangerously. He could no longer simply mutter Turkish and babbling, indifferent to the social Other, since his survival now depended upon it.

He will publish three much shorter stories up until the beginning of 1885: *May Day* in the newspaper *Acropolis*, the children's story *Tromáras* in the children's periodical *The Edification of Children* and *Why the Apple Tree Did Not Become the Apple-Bearing Tree* in *Estia*. It seems that in the last one, from which fragments were used earlier, Georgios is purposely exploiting his reading of Plato. In it we find resonances with the Platonic dialogues *Euthyphro* and *Cratylus* (Kantzia, 2009). With one exception, his known fiction ends then (Beaton, 1988). It seems that he wrote two more short stories, *The Destroyed* (or *Damaged*) *Festival* and *Corneras*, but they did not survive (Varelas, 2014). Therefore, we do not know if in them he continued the instrumentalization of elements that resonate the real.

The same happened with an older, lost theatrical play in five acts, called *Diamánto* (Moulas, 1980; Papadopoulou, 2009; Varelas, 2014). This points to another signifier, 'playwright', of whose content and quality, unfortunately, we have no evidence either. What we do know is that Vizyenos admired deeply Henrik Ibsen, for whom he would write a paper after a few years (1892b). It might not be totally wrong to assume that there may have been allusions to the Norwegian playwright in his own drama, as there were in his short stories (Papadopoulou, 2009).

During this period, he turns to teaching at Athenian high schools and occasionally writing for periodicals to make a living, while in the meantime he deals with the theoretical subjects he studied in Germany. He submits a second thesis in philosophy, which he has started in London, for a fellowship at the University of Athens, entitled *The philosophy of beauty according to Plotinus*. He is appointed an assistant professor of history of philosophy but never teaches at the university (Athanasopoulos, 1992; Beaton, 1988; Varelas, 2014). The signifier of 'professor', however, will linger, since it will be noted as his profession in the documents accompanying his admission to the psychiatric hospital.

Another opportunity for him to earn a living under the signifier 'folklorist' was missed during the first months of 1885. The Ministry of Foreign Affairs had decided to commission him to write a study of the folk tradition of Greek lands under occupation, like Thrace. Yet Charílaos Trikoúpis, the incumbent Prime Minister, lost the parliamentary elections of April (Keridis, 2009). His supporters, like Georgios, were then removed from

positions in the public sector by the supporters of his rival, new Prime Minister Theodore Diligiánnis (Clogg, 2013).

Thus, next to the sudden collapse of Trikoúpis' foreign minister's initiative, Georgios was also removed from the Athenian high school where he was teaching (Xiréas, 1949). He was appointed to the high school in Syros, but he never went there (Koutrianou, 2003; Varelas, 2014). For some time, he managed to get paid by taking sick leave, confirmed by medical reports. According to Varelas (2014), this is when the first signs of the disease that would result in his admission to hospital appear.

One year later, and while in the meantime Charílaos Trikoúpis has resumed power, Vizyenos' interest in the abandoned mine of Samákovo revived (Koutrianou, 2003). He made a few trips to Thrace to pursue that opportunity. He would dive in the mines with his brother and fellow-villagers to gather samples for foreign mining companies. His occupation with the mine gradually became an obsession. He even made poor Michael sell land he owned in order to fund the expedition (Athanasopoulos, 1992). Yet this new signifier of 'businessman' will gradually overshadow and replace the others. This is how his old opponents, the Athenian press, perceive this new endeavour:

> 'Here is, for example, some news from the good *Athens Times*, in the very words:
>
> 'Mr. Vizyenos, poet and fellow at the national university, departed yesterday for Constantinople, from where he will go to his mines and stay there for long'
>
> Mr. Vizyenos' mines!!! They must be mines of rhymes undoubtedly"
>
> 'Kaneís Állos' (1886) 1894, p. 2 [my translation]

Between 1886 and 1888, Georgios will, indeed, publish nothing, occupied as he is with the mining business. Whereas the outbreak of his psychosis is usually placed in 1892, the year of his admission, we might not be wrong in identifying it a few years earlier, in his new occupation with the mine, which is linked to a signifier that will become delusional.

Yet he writes a few papers and books up until the early 1890s, under the signifiers 'professor in philosophy' (*Elements of Logic* [Vizyenos, 1885b]), 'psychologist' (*Elements of Psychology* [Vizyenos, 1888b]), 'folklorist' (*Monks and the Worship of Dionysus in Thrace* [Vizyenos, 1888a]) and 'scholar' (*Fine arts during the first quarter century of the reign of*

*George I* [Vizyenos, 1888c]), and entries in the Bart & Hirst encyclopedic dictionary (Vizyenos, 1889-1892).

Very few poems of his – and no poetry collection – survive from that period. Although it had been repeatedly suggested (Athanasopoulos, 1992; Moulas, 1980) that he participated in the Philadelphian poetry contest in 1889, it was recently proved that he did not (Varelas, 2014), which explains why he was also ignored by critics.

On the other hand, between 1888 and 1889 another signifier related to art will be linked to Vizyenos: that of 'trainer of actors/ amateur director': he will be asked to help performers staging Sophocles' *Antigone* and Aeschylus' *Persians* to adjust to the ancient Greek text (Koutrianou, 2003; Papadopoulou, 2009).

### *A dissolving swarm of signifiers*

An impressive amount of signifiers is, therefore, observed becoming stitched by the signifier 'Vizyenos' in Georgios' thirty-year-long wandering. They are not limited to the ones 'Frou-frou' (1882) counted in his scornful article: 'grocer's apprentice; chanter; tailor…' Georgios has also been a novice, a student of theology, an epic poet, a student of philosophy, a lyric poet, a children's psychologist, a folklorist, a writer of children's poetry, a fictionist, a professor in philosophy, a children's storyteller, an actor, a playwright, a high-school teacher, an encyclopedic writer and others. Those signifiers often intentionally resonate with the styles of names whose heights he wishes to reach upon his pedestal: Homer, Sophocles, Plato, Plotinus, Sallust, Goethe, Ibsen, the Romantics, the Phanariótes and others.

One might suggest seeing here a touch of what Lacan (1956a) highlighted about the phenomenology of many schizophrenic subjects: the personality that obviously lacks genuineness by copying someone else's, that is, Helene Deutsch's 'as-if' (1942). However, there are two major differences in Georgios' case.

First, this does not happen in everything Vizyenos writes: his children's poems and stories and the majority of his short stories, in which language occupies a different status explained above, are unanimously recognized as original and genuine (Moulas, 1980; 2013; Varelas, 2014). Secondly, next to this array of signifiers that might show a propensity toward the 'as-if', there is the master signifier 'Vizyenos', which seems to encircle them and turn them to signifieds. This invented signifier seems to link together the composites of the swarm

linked to professions, writing activities and pre-existing writers, and to represent the subject for them.

This fragmentation in his representation by the signifier might be indeed an inheritance from his psychotic structure. We might not be able to find a better description of the schizophrenic subject when it is being represented by a swarm of signifiers. Yet the subject's activity does not stop there. By renaming himself Vizyenos, a signifying function upon those signifiers is processed, turning them to signifieds, and capturing the One that, for Lacan (1973c) is the 'signifying order' (p. 143) made up from the swarm of signifiers. His multi-dimensional writing accompanied by those created signifiers attributed to his body the narcissistic brightness of the classics that had nothing to do with established otherness, specular or relating to discourse.

The beginning of the end will be triggered by the contamination of this swarm by the delusional signifier 'businessman', which will gradually overshadow all others and replace Georgios' representation by the signifier 'Vizyenos'. This will happen concurrently with the detachment of the body image from the subject and the body will fall prey to the real aspect of language.

## II. 4. The schizophrenic dissolution

### II. 4. a. The outbreak of symptoms

In the preceding sub-chapters, I presented the indications for schizophrenic structure and the phenomena deriving from it in Georgios' case, as well as the invention that helped tackle them through a narcissistic covering of the hole of the real in the signifier 'child'. Symptoms of the return of jouissance to the subject's body, its being claimed by language, did not appear before the early 1890s, which makes us suggest that the signifier 'Vizyenos' that represented the subject for a vast number of signifiers had contributed to a temporary acquisition of the body image.

However, there came a point when this signifier could not keep the emergence of jouissance in the body at bay. Once again, signifiers linked to the 'having' rather than the 'being' of the child took over Georgios' signifying representation. The outbreak of symptoms linked to the schizophrenic body could no longer be avoided.

### II. 4. a. The end of signification and the beginning of delusion

***The fragmentation of the body***

As noted earlier, in the late 1880s the signifier 'businessman' had started overshadowing all the others in the swarm that the signifier 'Vizyenos' was representing. Georgios maintained some of his other identities, like 'scholar' and 'folklorist', whereas at the same time he spent long hours pursuing his mining business. In 1889 he traveled to Thrace for the last time, to pursue its realization.

After his return to Athens he was offered a new position and the chance to stitch a new signified by the signifier 'Vizyenos': that of professor of Rhythmic and Dramaturgy at the Athens Conservatoire. He accepted it happily, but his teaching suddenly stopped. He had to leave Athens temporarily for the last time.

A 'mysterious' disease had appeared. It would be attributed (Athanasopoulos, 1992) to an unfortunate sexual encounter in Germany, a venereal disease (Papakostas, 2004; Varelas, 2014). Georgios will use the times' formal term, 'a disease of the medulla' (Moulas, 1980; Papakostas, 2004). From the diagnosis of general paralysis that he will be given upon his admission, we assume that it was considered a manifestation of a syphilitic infection.

Having probably presented symptoms from the mid-1880s already (Varelas, 2014), Georgios was prescribed a visit to the Austrian spa city of Gastein for shower-therapy. He did so in August 1890. He did not stay in Gastein for longer than a month and a half, due to the high cost of therapy and accommodation (Vizyenos, 1890). An interesting document survives from his stay in Gastein, where he describes his condition before returning to Athens. It is a letter to his brother, Michael:

G. Vizyenos
Gastein

Michael Vizyenos
Vizýi

[...] cause. But only so that it will not remain forever certain that I understood and decided upon my end very well, many-many years before I found myself in an impasse.

I am saying many-many years before, because as I also wrote to you from Athens, my disease is not fatal but can never be cured.

I met people here, who have had it for twenty-five years, yet they manage to lead a relatively tolerable life thanks to good treatment and care. Fortunately, I am better than them because the evil is still in the beginning. I also wrote to you from Athens that influenza came first, and that was why the doctors did not notice it for many months, thinking it was rheumatisms that would go away in the summer. Yet, the thing turned out to be a disease of the medulla that lies inside the spinal cord and is, therefore, a disease of the motor and sensory nerves of the lower limbs. Its pains are pinching once here and once there, striking like a lightning inside the body's muscles. But those pains are easily relieved with medication. It has now been a month that I did not hurt so that I would have to take their medication. But what is bad is that I feel the presence of the disease any time not only because I often feel a burning throughout and on both sides of my spine, but because my feet have been numb due to the cold for a long time now and they cannot seem to get warm easily. Then, it's the legs' weakness that despairs me. I cannot and I am neither allowed to walk for more than a quarter of the hour without resting for the same amount of time at least. So, every time I try to walk more and rejoice in the beauty of the landscapes my condition worsens and I cannot sleep during the night due to the narrowness[13] I have in my spine. However, the disease is not evident in my walking as a walking ataxia, as happens with those suffering worse. Only sometimes and depending on how tired I am my knee bends suddenly, without my realizing it or being able to protect myself. I had 17 showers here; they will not let me have more. Due to the fact that the nature of the showers is such that weakens in the beginning, I am found very weak these days, very nervous and sensitive as a result, something about which I did not want to write to you about, in order not to treat you harsher than I should for your errors and in order not to present myself as a complainer. But I was not able to hold myself and now that I have said that, I can see that the whole thing shocked me and moved me more than I thought it would. My tears flow incessantly for no other reason but my nerves' weakness having grown bigger. That's what this cursed disease does!

[13] 'Stenohoría' (στενοχωρία) in the original, translates as both *narrowness* and *sadness*

[...]

Vizyenos, G. (1890) 2004, pp. 73-75 [my translation]

The letter's first page is missing, which makes the first lines of the surviving part relatively incomprehensible. However, the least one can deduce is that Georgios identifies the presence of his illness before the summer of 1890. Varelas (2014) might not be totally wrong in his assumption that the sick leaves he took from high school five years earlier might have been caused by the disease's first manifestations.

One cannot but remark that at this stage Georgios has started experiencing not being the master of his body: his legs, his knees and even his eyes move without his being able to control them. If the acquisition of the body image established in the mirror stage gives a jubilant sentiment thanks to it being viewed as a *Gestalt* (Lacan, 1949), Georgios is here feeling the effects of the fragmented body preceding this. Those symptoms might have indeed been caused by a syphilitic infection, but their effect upon the imaginary constitution of the subject is unquestionable; the body image, which he had struggled for years to dress with a narcissistic brightness, is being experienced as fragmented. It is not under his control any more. The escabeau's beauty is lost and he is returning to the condition where someone else is the owner of the child's body.

When he returns from Austria in late 1890, he is seen in an excited mood and mobility, characterized by nervousness and overwhelming productivity (Athanasopoulos, 1992). He only speaks about the old iron mine in Samákovo. Needless to say, this has in the meantime been deemed a worthless investment by estimators, which shows clearly his indifference to the Other's judgment. Hassiótis, his penultimate patron, writes about having met Georgios again in Paris, where he has apparently travelled, despite his meagre finances, to promote the mining business:

> 'During that period I saw for the last time my first brainchild as a perfect man, whom my heart was so fond of. Yet, I became very distressed during our first conversations. Instead of speaking, as he used to, about his works and laurels, he would continuously speak of a mining business, from which he hoped to earn much. He sought capitals to exploit the mine. He had been occupied by the idea and obsession of wealth.
>
> […]
>
> I tried to persuade him to get rid of such an ideal, which I regarded unrealistic due to the difficulties of mining businesses.

[…]

He left Paris not having found capitals and almost desperate due to that failure.'

Hassiótis, G. 1910, p. 269 [my translation]

Georgios' old patron describes accurately the predominance of the new signifier over Vizyenos' old 'works and laurels'. It seems that the body's coherence, which must have been seriously damaged by the illness, was no longer linked to his use of language – and utilization of lalangue – but the acquisition of resources. Yet this will only happen in his delusion.

His agitated mood and nervousness after his return from Gastein was channeled into the mining business and some theoretical work. He returned to teaching at the Conservatoire, he started composing a study of Zeller's philosophy and translated famous European ballads for a study published a few years later, *On Helicon; Ballads* (Vizyenos, 1894). However, within that fruitful activity he also presented signs of inappropriate language and behaviour, which are linked to a new, delusional, signifier: 'patron'.

***The body prey to language***

Georgios once behaved like this after a long night's study. He started shouting and throwing stones at the neighbours' roosters, upsetting the neighbourhood (Athanasopoulos, 1992). This was testified to by his landlady, Sofia Fravasílis, who would play a critical part in his final breakdown and admission to hospital.

After his return from London, Georgios had rented two rooms at the house of Antonio Fravasílis, a Hellenized Italian merchant who had two daughters, Bettina and Ítala. They lived in a neoclassical building that still stands in the centre of Athens. Georgios had converted one of its floors to a study and living space (Athanasopoulos, 1992).

Georgios had gradually become a family friend of the Fravasílis'. He would take their girls to the park when they were younger. He had even negotiated for Bettina to be offered a scholarship at the Conservatoire, as she was a talented pianist (Athanasopoulos, 1992). After Fravasílis' death, his widow decided to rent the floor of the luxurious building where the family resided. She moved with her daughters and mother-in-law to a smaller house. This happened in early 1892, a year after Georgios' return from Austria. However, the

forty-three-year-old man's feelings for Bettina had changed. Formerly a family friend who wanted to stand in her father's place, he now became an aspiring suitor.

In a series of visits to the Fravasílis' new household, Georgios offered flowers to Bettina, expressing his admiration for her beauty, purity and artistic talent. These first visits did not worry her mother (Athanasopoulos, 1992). In the meantime, he visited his old friends to ask for money to hold the wedding. Georgios spoke about it as an agreed business and offered as guarantee shares from the exploitation of the worthless iron mine. None of his friends lent him the money. This made him extremely angry. People were refusing to recognize him by the identity of 'wealthy businessman'. Yet the problem with the wedding was not only that there was no money with which to hold it, but that the bride knew absolutely nothing about it.

Georgios visited Bettina's mother to ask for her hand in marriage some days later. He first talked to her about his recent success in making hugely profitable agreements with foreign businessmen about the Samákovo mine (Athanasopoulos, 1992). Sofia responded to those news with joy, believing them to be true. Then Georgios shocked her by announcing that he intended to marry her fourteen- or sixteen-year-old daughter – there have been testimonies about her being even younger (Athanasopoulos, 1992) – and make her queen of a rich household. Sofia tried to buy time, asking of him to return after three days for her final answer, which Georgios did, but her answer was still negative.

Georgios tried to change Sofia's mind, speaking of the immense wealth with which he supposedly supported an orphan girl in Constantinople. The latter was not true of course. In fact, it adds to the delusional signifier 'businessman' that of 'patron'. Georgios seems to be aspiring to occupy a place similar to that of Georgiades (his first patron), Zarífis or even his foster-grandfather, all of whom treated children like merchandise. The signifier 'Vizyenos' seems to have now turned to an equivalent of 'Michaelides', which shows that a child's body is owned by somebody else, yet in an inverted form: Georgios aspires to own the child's body image, although not through the edifice of his writing, the fortune comprising luxurious publications of his books, but via a nonexistent treasure.

Bettina's mother tries to calm Georgios down, saying he should wait for her daughter to grow up. Yet he can only see her response as a final and absolute refusal. He leaves the Fravasílis' angry, but his wish to marry Bettina does not cease. He returns in an unkempt appearance at five o'clock in the morning to try persuade her run away with him.

After having paced nervously up and down in front of Bettina's window, her mother tells him to leave. He leaves after many hours, calling her names and using words that he was never before known to use (Athanasopoulos, 1992).

This is not the only time during this period that he employs inappropriate language. During a friend's visit to his apartment in early April, a huge amount of unreadable and incomplete poems, full of inappropriate language and vulgar expressions, were seen on his desk (Valéttas, 1892). Some indicative titles are *On my lonely mattress*, *Open your pure thighs*, and *Don't pull yourself away in bed, my light!* (Athanasopoulos, 1992). His friend narrates:

> 'He had become a speedy verse-writing machine. Verse, verse, thousands of verse! They have no value; they only show the poet's erotomania and misery. They can help psychiatric research a lot.'
>
> Valéttas, G. (1892) 1937, p. 266 [my translation]

This testimony seems exemplary of the organ of language having taken over the subject's body. Georgios' body does not belong to him any more – but he is it. He belongs to the Other of language. It seems that what had been keeping the emergence of jouissance in the body at bay has now clearly departed. Consequently, since what has been covering the hole of the real has disappeared, sexuality overwhelms the body of the child, Bettina.

The incident involving Sofia Fravasílis took place during the first days of April 1892. On April 11, the newspaper *Acropolis* announced that Vizyenos 'lost his mind'. He apparently attempted to kill himself twice (Athanasopoulos, 1992). His admission to an institution was imminent. It took place two days after the second alleged suicide attempt. There are two different descriptions of how this happened.

According to the first version, Georgios went with his friends on an excursion to the western suburbs of Athens. They had enticed him by promising to abduct Bettina and hold the wedding in the country. On their return, he was led to the Dromokaiteion hospital (Athanasopoulos, 1992).

According to another version, which seems less likely, since this biographer of his is not always reliable (Athanasopoulos, 1992; Moulas, 1980), when returning from the university one day Nicholas Vasiliádis found Georgios in a small beer tavern, after being

informed that the poet had gone mad. He was sitting between two friends and murmuring verse incessantly, inspired by passers-by or anything he was told. According to his friend, 'that was not poetry; it was a poetic stream of the moment' (Vasiliádis, 1910, p. 321). We observe once again, therefore, his body having fallen prey to the organ of language. Even if this incident did not happen one day before Georgios' admission, it confirms the impression given by Valéttas (1892). The following day, after a tormenting night full of 'freak-outs, moaning and groaning', Georgios is escorted to the asylum (Vasiliádis, 1910, p. 322)

We see, therefore, two testimonies where poetry is being imposed upon Georgios. He has become its direct medium; it is being enforced upon him. Lacan's (1956a, p. 250) remark that the psychotic is 'inhabited, possessed by language' can certainly be said to apply to Georgios in the early 1890s. In what comes out of his mouth and hand in those incidents – and what will occur in the asylum – he is indeed being 'spoken rather than speaking' (Lacan, 1953a: 234). The schizophrenic becoming an instrument of language, of which the 'speedy machine' is a graphic illustration, describes a crucial moment for the subject: its disappearance.

If this is indeed a manifestation of language having taken over the subject's body, it is not hard to explain Georgios' attempts to flee from the stage by trying to kill himself. The passage to the act, during which the subject disappears, is viewed in psychoanalysis as a radical attempt to separate from the Other (Miller, 1986; Verhaeghe, 2008). Of course, the Other that he is trying to detach himself from is language unresolved from the signifier, the symbolic unseparated from the real. This is the only Other for the schizophrenic (Miller, 2001).

There is no detailed information available on how Georgios exactly attempts to put an end to his life. Yet the fact that he seemingly tries this twice shows how unbearable the return of jouissance to the body must have been for him. This intolerable condition probably triggers those unsuccessful attempts at a separation. Yet they do not result in the subject's absolute disappearance. Georgios does not die, although the subject does not appear in the same condition as before. Like those of Caesar, who is a new subject after crossing the Rubicon (Lacan, 1955b; Miller, 1986; Stevens, 2009), Georgios' acts also have an effect on the subject. The picture he presents after his suicide attempts is much different to that presented in the past.

## II. 4. C. In the asylum

*Book of the admitted insane following an individual application*

Serial no.: 164/ Patient's Name: *Georgios*/ Surname: *Vizyenos*/ Age: *42*/ Residence: *Athens (father's Vizýi)*/ Date of acceptance and location: *April 14th*/ Name of the applicant of admittance: *G.* / Surname: *Názos* / Age: -/ Residence: *Athens.*

*Transcription of the attached medical certification preceding acceptance*

In Athens, today, Sunday, 14th April 1892, at 3 p.m. Georgios N. Názos, Director of the Conservatoire, appeared at the 1st County Court of the North Side of Athens before us, Magistrate S. Fasítsas and under-secretary G. Zafiropoulos, requesting a medical examination by the doctors he had invited, in order to certify the mental illness of G. Vizyenos, associate fellow of Philosophy at the University of Athens, resident of Athens.

With him came the scientists and recognized Doctors of Medicine Simon Apostolides and Demetrius Katerinopoulos, residents of Athens, who took an oath on the holy gospel according to the article 335 of the Criminal Procedure and, after being asked about the above, they testified the following: that Georgios Vizyenos, unmarried, aged 42 from Vizýi of Thrace, suffers from general paralysis of the insane with kinetic ataxia. As a consequence of this mental condition of his reason we advise that he is admitted to a special therapeutic institution with respect to his cure and the safety of society and quietness, which he disturbed as a result of his mental disturbance. Therefore we consider that his admittance to a special therapeutic unit is strongly advisable and could prove useful for his health.

| The Doctors | The Magistrate | The Applicant |
|---|---|---|
| *S. Apostolides* | *S. Fasítsas* | *G. Názos* |
| *D. Katerinopoulos* | | |

[my translation]

This is the psychiatric record of Georgios' admittance, which reads the diagnosis of general paralysis.

### *General paralysis of the insane*

Also known as general paresis, Georgios' condition, as diagnosed by doctors Apostolides, Katerinopoulos and the hospital director, was a not infrequent psychiatric disorder in Europe (Hare, 1959). It was attributed to syphilis. It is nowadays conceived as a neuropsychiatric disorder. A sub-chapter was later dedicated to it in Kraepelin's (1913) psychiatric textbook as 'dementia paralytica' or 'general paresis'. It has now been extinguished in the Western world thanks to the invention of antibiotics.

There is very scarce evidence of Georgios' love life and, consequently, of whether he could have contracted a venereal disease. Nevertheless, his symptomatology, the age at

which it usually appeared and its progressive character agree with his diagnosis. General paralysis is considered as mainly affecting men between twenty-five and forty-five and occurring ten to thirty years after infection. It manifests in fatigue, dizziness, loss of social inhibitions, asocial behaviour and gradual impairment of judgment, euphoria, mania, depression or apathy. It is also characterized by mental deterioration and personality changes as the disease progresses (Beck, 2008; Koshy, 2012).

On the other hand, suffering from general paralysis does not exclude a psychotic structure. In fact, as notes Leader (2011), Paul Schilder's studies of the 1920s proved that the psychotic symptoms of patients suffering from syphilitic infections were 'grounded in their pre-infection personalities, disproving the idea that the area of the brain that had been damaged would determine the person's symptomology' (p. 567). Verhaeghe (2008) also points out that a somatically etiological approach does not suffice to explain the fact that very few patients affected by syphilitic infections in the end presented paralytic dementia. Already in the 1940s Lacan writes something we can link to this argument:

> 'A weak organism, a deranged imagination, and conflicts *beyond one's capacities* do not suffice to cause madness.'
>
> Lacan, J. (1946) 2006, p. 144

Therefore, even if the outbreak of some of Georgios' physical symptoms can be explained by the diagnosis of general paralysis, their content, as well as the patient's subjective relation to reality, cannot be attributed to, or at least fully explained by, it. Yet even if it was, this would be of minor importance to a psychoanalytic case history, since, as Lacan also writes about psychosis:

> 'The only organicity that is essentially involved in this process [is] the organicity that motivates the structure of signification.'
>
> Lacan, J. (1958a) 2006, p. 477

Yet the symptoms of general paralysis could be related to the outbreak of schizophrenic symptomatology in making Georgios feel he is not the owner of his body, as he described it in his letter to his brother. It seems that the experience, probably caused by

general paralysis, that he had in Gastein – and which he portrays so graphically – must have triggered the absolute derangement of his body's narcissistic covering.

***Owner of children's bodies***

Georgios' condition in the asylum is described as deteriorating gradually, confirming the psychiatric diagnosis of general paralysis. During his friends' first visits, he is able to maintain lengthy conversations, whereas less than four years later he has completely withdrawn from any contact with the hospital's small community.

He will initially treat a number of visitors and other figures in the asylum the same way he had treated Bettina: as children's bodies he lays claim to thanks to immense wealth. During this period, his appearance will be closer than ever to late-19$^{th}$-century psychiatric patients, like the ones described by Kraepelin and Jung.

During a visit, a friend witnesses a conversation between Georgios and two other residents of the 'first class', a young neurologist and a female painter. The three discuss the conditions at the hospital and their illness. Georgios is described initially as calm, listening to the two other patients' complaints about being hospitalized for no reason. Yet, at some point, he says:

> ''I was the first one to open the new way of modern Greek speech writing, being able to show through my short stories at Estia, in contrast to Rangavís and the rest of them, what a short story is, what is to study and record the national life and national traditions in the style of the short story and speech writing, under a clear psychological and historical judgment. But I leave all that. They persecuted me fiercely not when I was elected an assistant professor but when I became rich, setting up businesses, own mines, and when I was thinking of ordering grandiose carriages and racecourse chariots…'
>
> Vizyenos started misbehaving in the end…'
>
> Vasiliádis, N. 1910, p. 330 [my translation]

When, during walks in the woods, he is escorted by a guard, Georgios confuses his own identity and that of the guard. He tries to comfort the guard, telling him that he will get well soon and advising him to turn to Georgios as soon as he is released from the asylum. Georgios declares that he will employ him at his mining business (Athanasopoulos, 1992).

In the aforementioned example, one can clearly see the confusion between Georgios' and others' images, a recurrent phenomenon in the asylum, indicative of the precarious character of specular relations. As was noted in *Chapter One*, it is from such relations that paranoid delusions start.

Yet in Georgios' life in the asylum the Other's evilness in the form of jouissance is not limited to certain figures, as happens in paranoia (Deffieux, 2014; Miller, 2001). Let us not forget to note that nothing like this had happened before his admission to the asylum; despite his clash with the Athenian establishment, Georgios never presented any propensity to localize jouissance in the field of the Other (Lacan, 1975c), as he does in unstructured delusions in the hospital. In there, jouissance can be attributed to any figure. For example, Georgios says to another visitor:

> 'What is important is that the King is convinced that I do not intend to give those 700 million to Diligiánnis.'
>
> 'Kíris' (1895) 1996, p. 2 [my translation]

Here is a second testimony, coming from another friend and former high school student, Stephen Stefánou, who visited Georgios during his first year at the Dromokaiteion. He wrote that the poet did not initially seem insane to him and that he felt that Georgios should not be in the asylum. However, Georgios then tells him that he can help Stefánou study abroad by assisting him financially, the same way he himself has been helped by others in the past. The student becomes worried and slightly scared. Georgios takes a business card out of his wallet and writes in French:

> 'Credit-Lyonnais: Pay to Mr. St. Stefánou 100,000 francs.
>
> Here you go! With these hundred thousand francs you can have a nice time in Paris, London, Berlin, wherever you fancy… when you finish it, write to me and I will send you more…
>
> Didn't you learn that I became a billionaire? That I own a gold mine? I received the news from Transvaal two days ago. I was so happy – it was quite natural – that I was slightly shocked in the beginning, and at the house I lived people thought I went mad and brought me here… but that's alright… I'm sure that the doctors will let me go in a couple of days… So take this check and go away…'
>
> Stefánou, S. (1936) 1996, p. 3 [my translation]

Three years after Georgios' admission, the same guest to whom he spoke about the King and the Prime Minister visits the ward's doctor. He wants to ask for more information about Georgios' condition and his prognosis. The response contains the medical expectations three years after Georgios' admission, in his forty-sixth year:

> 'Unfortunately, there is not a single glimpse of hope! His life is now a matter of days. He is suffering from progressive general paralysis and his disease is in its final stage. One of the last symptoms is the recent general physical and mental exhaustion.'
>
> 'Kíris' (1895) 1996, p. 2 [my translation]

***The absolute abandonment of Narcissus***

The end of Georgios' life proved not to be mere days away, but this did not change much. He died in April 1896, eleven months after his friend's visit in May 1895.

He gradually withdrew from the asylum's community. From the early days of April, he stayed in bed, being unable to move around, even when helped by others. He did not eat and his facial features became deformed. Things became more serious on April the 12th, when he could not feel anything and was only fed with milk and some broth (Athanasopoulos, 1992). This description fits the criteria of catatonia, the most severe manifestation of schizophrenia, the 'collapse of psychic reality' (Redmond, 2013). Catatonic episodes in schizophrenic psychosis show that the body is diminished to an empty bag (Biagi-Chai, 2014).

The complete detachment of the imaginary itself leads to the picture Georgios presents in his last days in the asylum. Confined to his room, he is unable to walk, move or speak. Jouissance has taken complete control of the body; the real and reality, subject and object, are one (Biagi-Chai, 2014). Any remaining subjective mark has been erased and Georgios will, very soon, pass away. The Other has been removed from his place and the subject cannot even sustain himself at the position of Narcissus (Lacan, 1958a). It seems that at this final point Georgios is not even capable of identifying precariously with the specular other's image.

On the morning of April the 15th, it is obvious that death is imminent, so they try give Georgios his last communion. He resists it, refusing to open his mouth, refusing to

consent to a ritual of discourse – itself an established one – in which he has long ago expressed his disbelief. Finally, he concedes in the evening and dies after a few hours, exactly four years after his admission on April 14, 1892 (Athanasopoulos, 1992).

Two days after the closing ceremony of the first modern Olympic Games, the Athenian elite, which had treated him rather harshly, attends his funeral, which took place at public expense at the church of St. George Karýtsis in central Athens. Stripped of the narcissistic brightness it had held for more than two decades, his body is interned at the First Cemetery of Athens (Moulas, 1980).

## II. 5. ‘Knotting it up’: a topological approach to Vizyenos

### II. 5. a. Chronos and topos

As was seen in *Chapter One*, in Lacan’s later teaching subjectivity is maintained by the real, the symbolic and the imaginary holding to each other through either a Borromean knot or a supplementary fourth ring, the sinthome. If Georgios’ writing as Vizyenos achieved a treatment through a temporal subsistence of the subject – the effects of whose disappearance were discussed above – could this have come about by a fourth ring to knot the detached real, symbolic and imaginary?

His case was analyzed in the three preceding sub-chapters. The first regarded his psychotic structure manifesting from a young age in relation to his attachment to mOther and the resistance to symbolization. The second discussed his writing, which was developed in parallel with schizophrenic phenomena, as an attempt to fill the void in the signification (imaginary) of the signifier child (symbolic-real). Under the master signifier ‘Vizyenos’ a pedestal was constructed for the corporeal aspect of the subject’s body, which was covered with narcissistic brightness that put it next to names from classical literature. His body was, thus, temporarily won over against language. The third sub-chapter concerned the dissolution of this edifice and the breakdown that led to the outbreak of schizophrenic symptoms, that is, the return of jouissance to the body, and his admission.

If those parts were brought together to summarize his life from birth to death, we could come up with a linear sequence that would look like this:

| **1849–1860s** ⇨ | **mid-1860s–app.1890** ⇨ | **1890–1896** |
|---|---|---|
| Georgios,<br>‘Michael’s George’<br>‘Michaliéssa’s tiny George’<br>Michaelides | Novice,<br>Poet,<br>Student of theology,<br>Fictionist,<br>etc. | Businessman,<br>Patron |

Under the three separate periods, I have noted the subject's respective signifying representation: on the left hand side we read 'Georgios', 'Michael's George', 'Michaliéssa's tiny George' and 'Michaelides', and on the right the delusional signifiers 'patron' and 'businessman'.

Those groups of signifiers come from different periods. Yet they have something in common, which is interrupted by the second period, when the master signifier 'Vizyenos' is adopted. They both describe the child as an item that belongs to somebody; they limit the being of this signifier to the level of having. In Georgios' childhood, signifiers show that he belongs to a lineage of motherly figures who simply have children (Grandfather Georgie, Michael and Michaliéssa). This is turned upside down in the early 1890s, when Vizyenos becomes that giving figure to whom as 'patron' and 'businessman' other children's bodies belong (those of Bettina, former high-school students visiting him in the asylum and the guard).

On the other hand, the swarm of signifiers that represent the subject during the second period become signifieds to the master signifier 'Vizyenos'. Those signifiers do not represent the child as belonging to someone, but articulate something about its being in circumscribing the real of this signifier. During this period, Georgios leads a life with no manifest psychotic symptoms and achieves a minimal insertion into a part of the social bond based on the narcissistic effect of this edifice.

To support the hypothesis that this invention has the effects of a symptom in the later Lacan's use of this term, we must leave behind the preceding sub-chapters' chronological perspective and move towards a topological approach. Miller (2011) suggests that for Lacan, in the end, the real – which is our compass in the study of subjectivity – is topology.

Such a direction will highlight one of the reasons for which there is a clinical lesson to be drawn from this case for the 'secretary to the insane'. The combined study of Georgios' psychotic structure, narcissistic invention and schizophrenic dissolution can form a paradigm of a schizophrenic man (structure) having been able to compensate for the lack of help from the established discourses (phenomena) by achieving a temporary but subjective treatment of the major risk in schizophrenia (invention): jouissance returning to the body. Understanding how some subjects achieve this can make us think about directions in which to orient work

with subjects with a triggered psychosis (Leader, 2011). This is further analyzed in *Chapter Three*.

In the topological approach to his case below, it is argued that what Georgios creates seems to contribute to the acquisition of his body thanks to the change it brings with regards to its spatial constitution. His case, therefore, will now be studied in light of topology (*τόπος* [topos] = 'locus') rather than chronology (*χρόνος* [chronos] = 'time'), as happened in the pages above. Chronology, writes Colette Soler (2014, p. 3) is inert itself, presenting a 'drawback that is not entirely innocent', since it 'elides the One that links all the textual variations.'

Thus, in the following discussion, Lacan's topological approach to the real, the symbolic and the imaginary is employed, leaving behind the linear approach that in the preceding parts chronologically separated structure from invention and dissolution. The aim is, instead of eliding the One, to highlight it.

### II. 5. b. The rigidity of the Thing (real and symbolic)

To depict the interconnection of the real and the symbolic in Georgios, I start with two rings, a red one and a blue one (for the real and the symbolic**,** respectively), directly linked to each other. Thus, the following shape is produced:

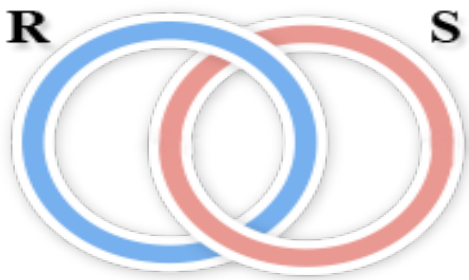


**Figure 9. The real and the symbolic in the case of Georgios**

This is not my original idea. I have borrowed it from the figure Lacan uses to illustrate Joyce's case and, more specifically, the sinthome, in the last lecture of *Seminar XXIII* (1976c). In fact, this is only one part of the figure Lacan drew on the board that day.

The remaining part, not used here, shows how the imaginary is hooked onto the intertwined real and symbolic by use of the fourth ring, the *sinthome*. The reader can return to *Chapter One* (p. 96) for the full image. The function of the imaginary in Georgios' case is discussed further below, after the present examination of the connection of the real to the symbolic.

***The One***

One cannot overlook in this part of Lacan's shape that the real and the symbolic, in spite of the undisputed absence of a Borromean knot, are already linked to each other. I believe this illustration portrays clearly what Freud describes when he writes that in schizophrenia word- and thing-presentations are not separated (1915), which Lacan (1954) translates as all the symbolic being real for such subjects.

In the figure above, we can see a depiction of the status of some elements from language that the subject is confronted with as a schizophrenic regardless of time, i.e. if he is 'Michael's George', the poet Vizyenos or the affluent businessman (a delusional identity). A few examples of what this formation consists of were presented earlier, such as 'apple tree' and 'children's play', both of which are linked to the signifier of vital importance for Georgios that we should also imagine in the intersection of the real and the symbolic: 'child'. This signifier is not void of jouissance. The corporeal aspect of the child has not been fully symbolized.

In *Chapter One*, it was highlighted that the non-advent of separation, which refuses the schizophrenic subject the capacity to inhabit the established discourses, leaves jouissance inhabiting this space despite the success of the process of alienation. The small concentrations where phallic jouissance is found in neurotics, like the Freudian libidinal zones, have not been created. Subject and drive remain one 'uncanny and always incomplete totality' (Verhaeghe, 2008, p. 210). Thus, in some signifiers, jouissance lingers. Colette Soler calls these signifiers – like 'child' in this case – that alienation has not fully touched 'Real signifiers' (Soler, 1999).

However, it must be specified once more that this does not concern all signifiers. Not all words are like this for the schizophrenic. Not every signifier is a Real signifier, whereas there might be cases where this never manifests (Leader, 2011). For example, despite the particular status of the signifier 'child', Georgios was capable of making skillful use of the signifier's formalism. Many schizophrenics can under certain circumstances use language correctly (De Waelhens, 2001b). What we can imagine, therefore, as filling the two

interrelated red and blue rings above is not only S1s that have not parted from S2s, 'Real signifiers' or holophrases, which are caught in the intersection, but also a) signifiers that have been assimilated by the symbolic, as well as b) phonemes, like 'la-la-la-la' and 'clank' that rather fall on the side of the real.

On the other hand, it seems that the direct relation to language's real aspect never stops bearing a corresponding risk for the schizophrenic subject: to take over its body. If we read Freud's (1915) examples with the help of Lacan (1973a), schizophrenic body phenomena can be explained based on the fact that the body organs are signifiers that, as real, run the risk of allowing jouissance to run through them. Something like this happened in Georgios, whose body, after the dissolution of his edifice, was handed back to language, the schizophrenic's only Other (Miller, 2001). Thus, even when he managed to enter a marginal part of the social bond under a narcissistic brightness that involves an instrumental use of this language, the red and blue rings do not stop being intertwined. Jouissance, which inhabits some words more than others, is never properly distanced, although it is certainly utilized by him for a relatively long time.

This is what a topological reading of cases like that of Georgios shows us: the interrelation of elements from the real and the symbolic does not vacillate. The constitution of parts from the real and the symbolic, the Thing, as directly linked to each other, is not, therefore, chronological. It never ends. With time, a new effect on how the imaginary is anchored to the real and the symbolic will emerge and Georgios will take a distance from it. Yet their interrelation per se will not change. The two registers remain forever entangled with each other in signifiers like 'child', 'apple tree' and 'play', as well as elements resonating lalangue. These are resonances of the unary trait, which precede the advent of the Other's discourse.

It seems, therefore, that when one takes up working with schizophrenics, one should never forget this kind of relation between the patient and the amalgam of jouissance and language depicted in Figure 9. This is one of the first lessons one must learn as 'secretary to the schizophrenic' and of which the topological approach to Georgios' case reminds us.

As was noted in *Chapter One*, Lacan clarifies that he is using the term 'secretary' to encourage clinicians to take the words of the person they work with literally (Lacan, 1956a). In effect, one of the consequences of incomplete separation is that the person himself or herself is the first to take their words literally. Therefore, good secretarial skills require fine-

tuning with the schizophrenic's own approach and relation to words, even when that is not fully or actively manifesting, as happened in Georgios' case for a rather long period (mid-1860s–1890). This is, after all, one of the causes of body phenomena: that the subject is acquiring its body and organs with no mediation from semblance.

### *Taking things literally*

I am sure that clinicians who work with schizophrenics will have many examples in mind regarding the argument that the schizophrenic takes things literally. We have already noted an early remark by Victor Tausk about his patient with the 'twisted eyes' (Freud, 1915), which, moreover, shows the effects of this condition on the patient's body.

Leaving aside clinical observations for a moment, this condition reminds me of a scene from a beautiful and acclaimed Greek documentary film by Filippos Koutsaftis, produced in 2000. Its name is *Αγέλαστος Πέτρα* (Agelastos Petra), which means 'mourning rock'. It was the outcome of ten years of filming in Eleusis, an ancient Greek shrine where the Eleusinian mysteries took place. Today it is a rather underprivileged industrial area in the western suburbs of Athens.

Among the city residents parading in the documentary, we frequently see a wandering figure, treated as the village fool, who looks for ancient fragments among industrial debris. He disappears for some time from the film. When he shows himself again, the cameraman and director asks him 'where do you live? Where is your address?' and receives the following radically literal reply from the wandering amateur archeologist: 'over the earth and under the clouds!' (Koutsaftis, 2000) [my translation].

Beyond its being humorous, in this beautiful example we can see an aspect of schizophrenic irony, whose role is exactly to show the semblant nature of discourse (Miller, 2001). It comes from the subject and goes against the Other (Biagi-Chai, 2014), striking at the root of every social relation (Lacan, 1966b). The only place 'pure' schizophrenics live in is over the earth and under the clouds. Anything else would be a lie, a construction of the social Other's, a semblance, which they resist believing in. Addresses, names of streets and postcodes are nothing but forgeries for the schizophrenic: over the earth and under the clouds is their only address.

I believe that this is another structural aspect of the schizophrenic subject portrayed in the red and blue rings illustrating the real and the symbolic as being intertwined. Words do

not achieve a purely representing quality but have fused with the Thing in its sense as sensorial, vocal or material (Soler, 1999). Semblances, the products of otherness, hit a wall in schizophrenia. One's address is simply under the clouds, an oven is an oven, and an apple tree is an apple tree, period.

However, despite this formation's omnipresence, that is, with the real only 'tamed' to a superficial degree by the symbolic thanks to alienation and away from the benefits of the established discourses, a schizophrenic might be somehow able to live a tolerable life, avoiding the real overwhelming the stage.

Let us return to Georgios: leaving behind his first years at the village, during his early adulthood he proceeds to a titanic attempt to tackle the fundamental deficits inherited from that condition, and gains a considerable amount of time before the return of the non-symbolized in the real of the body. This seems to have happened during the crafting of his writing, which partly attempted to bring the real of the child under a signifying construction that gave a narcissistic value to the body. On his pedestal, he went as far as the instrumentalization of elements from lalangue, the mark on the One, the 'vast reverse' from which only some fragments can be extracted (Soler, 2014, p. 23).

***An open window?***

In effect, if moving from alienation to separation is impossible, the direction that can take place to somehow regulate the eternal interconnection of the real and the symbolic seen in S1s and jouissance being 'frozen' is a utilization of the imaginary, which Georgios partly succeeds in by creating a pedestal for his body to stand on.

In fact, the Thing not having been killed by the Word does not leave everything else fixed or predetermined in schizophrenia. Lacan (1973b) writes that structure does not define meaning. What took place with the imaginary, the domain of meaning and the body image, in Georgios' case, shows the place where flexibility can lie in working with schizophrenics. If the interrelation of the real and symbolic is non-negotiable, the same does not go for the imaginary.

However, as has been remarked a few times, the body's imaginary covering in his case did not derive from the mirror stage. It did not pass through otherness that is established via the mirror stage or discourse, as paranoid and neurotic subjects do, but through Georgios'

aforementioned utilization of the One, the debris of the subject's first encounter with language.

### II. 5. c. The flexibility of the imaginary

As was suggested in *Chapter One*, whereas the interconnection of the real and the symbolic is the sine qua non in schizophrenia, the imaginary is characterized by a different status. It is a register in statu nascendi, unfixed and for this reason flexible, which must anchor the other two for the subject to acquire the feeling of their body.

In the subject who is not schizophrenic, this happens through the intervention of otherness that starts with the mirror stage, continues with the aid of the discourse and ends, for neurotic subjects, with separation that generates an ordinary symptom – in other words, the belief in the father. On the other hand, people like Georgios have to overcome this obstacle through an extraordinary stitching of the floating imaginary on the intertwined real and symbolic.

#### ***Being = having***

In the first pages of the present chapter, I described the void in the signification of the signifier 'child' as one of the two main effects of the failure in the paternal metaphor: Georgios has not fully adhered to the semantic capacity of a signifier to represent the subject for another signifier and, secondarily, localize meaning for his being.

The condition he thus experienced in childhood was that of imaginary phallus, which localized no meaning about his being thanks to a signifying use of signifiers: 'being' and 'having' were not separated, which would have happened if the paternal metaphor had worked for him and would have, consequently, given him the chance to assume his body. Yet his being was not named in a way different from what the other has, which would have been a symbolic rather than an imaginary constitution. The neurotic subject can, thanks to the phallic dialectic between being and having, move from the one side to the other without much trouble (Morel, 2015). Yet in psychosis, where the phallus is absent, things are not that simple.

Georgios' being is Michaliéssa's – and her metonymical figures'- having. He can be what can answer her enigmatic desire. This, however, leaves no body for the subject to

have, since this belongs to mOther – in Lacan's earlier period, it is a part of the maternal imago. An imaginary constitution is not, therefore, anchored to the real of the body via a mediation by the symbolic that will name this subject's being. Indeed, in Georgios' childhood the signifier does not create a link between the imaginary and the real. The signifiers he is named with during childhood only come to confirm this constitution for the body that belongs to no subject. Therefore, the link between the imaginary and the symbolic could be portrayed thus:

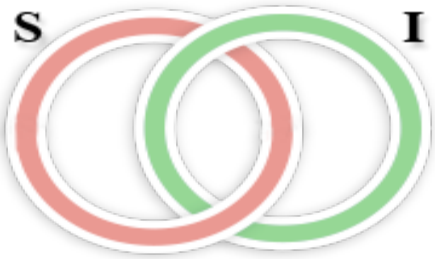


**Figure 10. The imaginary and the symbolic in the case of Georgios**

***Peddler and merchandise***

In the figure above, the green ring represents the imaginary and the red, as in figure 9, the symbolic. The two registers are intertwined in the case of Georgios, since signifiers are only highlighting this elementary status of a child that belongs to Mother, of which his father was another figure: Georgios, 'Michael's George', 'Michaliéssa's tiny George' and Michaelides.

However, the two entities from which this elementary constitution as –φ derives are not the *a* and *a'* of the imaginary axis. Georgios' body is not entitled to an imaginary constitution in reflection of his or mother's. There is no dialectic between the two. He is one with that primary formation of otherness, who is not established as such.

This could be summarized if we called those basic formations, of him and the field in which he belongs, as 'merchandise' and 'peddler', since in his family history children are treated like merchandise that someone acquires. A simpler formula would be 'owner' and 'owned', which seems to be the quintessence of the relation between child and parent in his family history for more than one generation.

Therefore, with the symbolic serving the imaginary instead of bringing it under the yoke of signification, the child's body belongs to mOther. The signifier 'child' in its material constitution, which, as was argued above, belongs to the interconnection of the real and the symbolic, is thus, unrelated to an imaginary identity of its own. Remember that despite the focus on jouissance of the 1960s, the status of the signifier and the specular image is not crossed out by Lacan: they are also supplementary (see *Chapter One*, *sub-chapter I. 4. b*).

Yet the topological approach to Georgios' case shows us that the imaginary does not stop bearing this texture for this subject. Therefore, it is not only before, but also after, Georgios' construction as Vizyenos – which achieved the connection of the real and the imaginary aspect of the child's body – that the child's unnamed being remains the other's having.

This is observed after the gradual dissolution of his sinthomatic edifice, discussed below, when his motherly patron died and his body's beauty vacillated due to his physical illness.

Unsurprisingly, in the last decade of his life, in his growing delusion as businessman and patron, we saw prevailing an imaginary constitution as a maternal figure himself, which, for Georgios means one thing: the figure who owns others. He hence became someone to whom children's bodies belong. The texture of the imaginary did not change, but the position of its units did: it was now him Mother and others (Bettina, former high-school students, the hospital guard) the children.

This showed once more the dysfunction of the mirror stage and the establishment of otherness in Georgios' case. In the lack of the parlêtre's escabeau, which established his own 'Other', he could not even sustain himself at the position of Narcissus, as Lacan wrote in 1958. The imaginary was no longer mediated by the symbolic in its link to the real. Madness, which is synonymous with complete freedom in Lacan's cosmos (1967b), appeared as the result of the three registers having disconnected (Lacan, 1973d). Thus we saw the body, stripped of its narcissistic brightness, turn into an empty bag (Biagi-Chai, 2014).

It seems, therefore, that the type of narcissism that characterizes those precarious specular relations shortly before and in the asylum is not the same as the one deriving from the edifice constructed during his thirty-year-long writing endeavour. In that, the narcissistic covering of the body that equated him with Plato, Sophocles etc. does not depend on a

specular image, but on the signifier, which circumscribes the real aspect of the signifier 'child' and the language of childhood.

We might, therefore, have to speak of a different status for the imaginary, similar to Joyce's ego, which does not replace the imaginary, but does anchor a side of it to the real and the symbolic. This might be related to Laurent's (2015a) 'modified narcissism'. The pedestal that equated Georgios with dead but bright names from literature was in no way similar to the megalomaniac and erotomaniac delusions of the early 1890s, which derived from a precarious dependence on the mirror stage. Thanks to his writing, the imaginary was hooked to the real because of the mediation of a titanic fight with the signifier that generated Vizyenos' parlêtre.

### II. 5. d. The sinthome

As was noted in *Chapter One*, the sinthome is a fourth factor, a knot, which connects the three registers: real, symbolic and imaginary. The subject, whose subsistence depends on the sinthome when an ordinary symptom is not formed, must emerge in the symbolic (Vanheule & Geldof, 2012).

As above, in Joyce's case this happened thanks to the belief in the identity of 'The artist'. This identity was the *ego* that, thanks to the writing activity supporting it and based on the dissolution of language it produced, created a fourth ring that knotted the imaginary to the symbolic and the real. If we return to Joyce's case, we will see that one of the effects of his sinthome was that the imaginary, which was slipping away – remember the scene where he is beaten up while tied to a fence – was hooked upon the intertwined real and symbolic.

#### *Joyce and Vizyenos*

Having mentioned Joyce, I would like to refer for a moment to the way Lacan (1976c) illustrates the sinthome topologically, used a few pages above. On this occasion, I would like to highlight once more the argument that, as far as his relation to language is concerned, Joyce's psychosis is characterized by a schizophrenic texture. Soler (1999; 2014) writes that in Joyce's writing Lacan finds what Freud had remarked about schizophrenics' discourse. Geneviève Morel (2003) puts it as Joyce's 'trouble' being 'closer to schizophrenia than paranoia' (p. 143).

Why would Lacan choose to portray Joyce's case in this way – the real and the symbolic as directly intertwined – rather than simply show the three registers as unconnected and interrelated only thanks to the sinthome? Probably due to Joyce's direct relation to language in its texture of jouissance. I am not suggesting that Joyce was schizophrenic in the way that Georgios, my patient Paul or Amelia were. Yet, as I suggested in *Chapter One* in relation to the dipole *paranoia vs. schizophrenia*, one would not be totally wrong in bringing to mind the latter rather than the former when it comes to Joyce. Lacan himself (1976c) differentiated the Joycean solution from the paranoid invention topologically by referring to the three registers as having merged into one in paranoia. In addition, as I have also stressed in the first chapter, Joyce's ego has nothing to do with specular relations, the matrix for the paranoiac and neurotic's identification. On the other hand, it certainly cannot be argued that Joyce *is* schizophrenic in terms of symptomatology.

However, as has been already remarked, Georgios' departure point seems to be similar to Joyce's: the fact that the father was not a father for him. Yet Joyce remains, as Lacan writes (1976c, p. 70), 'rooted' (*enraciné*) in the father, and this motivates his solution, his sinthome. Joyce's symptom, especially as viewed in *Ulysses*, is fatherhood. It seems that even if for him the father also constitutes a hole, Georgios is interested in something else: its corresponding hole in the signifier child.

In the preceding sub-chapters, it was emphasised more than once that Georgios is missing the signification for childhood as an effect of the paternal failure. The child's body is only experienced as something that has no imaginary status of its own, since the unnamed desire of the mother does not bequeath him a signifying identity from the side of the Other.

Therefore, there are two unconnected aspects that derive from the child as an effect of the hole in the symbolic: the signifier in which corporeal jouissance is 'frozen', hence its characterization as 'Real signifier', and the image of its body, which, in statu nascendi, is fastened to mOther. What will change thanks to Georgios' edifice is a stitching of the body's image to the real of the signifier 'child' within the symbolic.

In fact, based on a topological illustration of Georgios' invention, we can portray how, as Lacan suggested in 1976, we can surpass the father by using him in an alternative way to Joyce. The following depiction of the writing of Vizyenos is suggested:

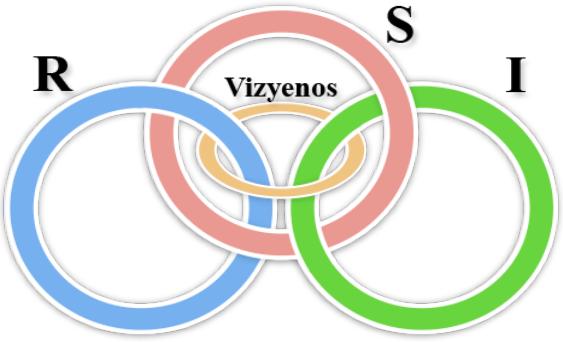


**Figure 11.** ***Vizyenos*** **as sinthome**

***Vizyenos as a knot***

In the figure above, the yellow ring stands for the master signifier Vizyenos, which appears in the symbolic and links the body image (imaginary) to the Real signifier 'child' (real and symbolic). Rooted in the symbolic, borrowed, as it is, from Vizýi's heritage, the name 'Vizyenos' encircles the swarm of signifiers representing the subject for the 'Other' that his writing establishes. At the same time, it links the body image to the real of the child thanks to an exploitation of language through the 'incarnated effects of lalangue' (Soler, 2014, p. 61). This is the period when, thanks to the utilization of language, Georgios feels this body that acquires a narcissistic covering different from the one owed to otherness; specular or one related to established discourse.

I suggest that the pedestal he created by alluding to Homer, Plato etc. managed to borrow something from the brightness of those names, with which he dressed his body. Thus, the subject was not any more simply 'Michael's George' etc.; its body now belonged to Vizyenos, a subject that emerged from the depths of the symbolic. When he thus defends his doctoral thesis, enters aristocratic and literary salons, reads his poems or acts in a theatrical play at the palace, his body is enjoyed upon the pedestal and acknowledged, moreover, by some parts of the social bond.

Yet this distorted symbolic that helps the subject represented by the signifier 'Vizyenos' to subsist is not the Other's discourse. It is a self-made discourse that does not link to the half-said truth of the unconscious. It is closer to Lacan's term 'parlêtre', which he suggested in replacement of the unconscious, as was noted in *Chapter One*. 'Vizyenos' may be a better illustration of a name 'subjected' to the parlêtre than a signifier for a subject dependent on the Other's discourse: it is a name stemming from a discourse on the One, the debris of the real (Soler, 2014).

If the aim of 'treatment' in psychosis could be indeed the construction of a name (Leader, 2011; Verhaeghe, 2008), in Georgios' case the function of the identity 'Vizyenos' is to have linked the body image to the jouissance of the body, both of which are related to the concept of 'child'. In the absence of an inherited name on the side of the father, Georgios manages to name the child's being 'Vizyenos', a name that does have a – temporary – effect on jouissance: his ability to play with and enjoy language to the extent that he manages to utilize its units belonging to lalangue in his written works. The instrumentalization of the *jouissance* of language – linked to the body *image* – which will persecute him in his early forties, became possible thanks to that *name*.

As was noted above, the function of the writing of Vizyenos can be also studied in connection to Lacan's (1975b) other way to approach Joyce's extraordinary construction: the escabeau, the pedestal that offers the parlêtre a narcissistic boost, which fascinated Lacan in Joyce's case (Miller, 2015).

The ability to speak of a pedestal in his case concerns the narcissistic shield that his writings offered him against the hateful and scornful remarks he always faced. I think that his case might be closer to the case of the escabeau, especially when we think of the root of beauty it contains, expressly contrasted with the continuous reproaches in the Athenian press about his ugly face, his repulsive voice and his uniquely bald head! It seems that Vizyenos' sinthomatic writing crafted the pedestal upon which his flesh rose for more than two decades and helped him assume an image through a link with shining names from classical literature.

Therefore, to use the coordinates of the established discourses, it seems that the emergence of the master signifier (S1) 'Vizyenos', in representing the subject (S) for a swarm of signifiers (S2), utilized his direct relation to lalangue that subsists instead on an absent object *a*–condenser of jouissance. If this is so, then it seems to me that the four components of an established discourse – albeit distorted, as Soler suggests regarding schizophrenia (1999) – can be all located in the discourse George Sýrmas or Michaelides created under the name 'Vizyenos'. In the place of a discourse that passed through otherness, however, we have a singular discourse on the One, with sinthomatic architecture and effects.

***Treatment***

Thanks to his creation, Georgios was therefore able to utilize language, the first of the body's organs someone must obtain (Lacan, 1973a) and, thanks to this, enjoy – and, thus, acquire – his body.

In addition, in spite of the radical difficulties with the social Other that the writer continued experiencing, Georgios also, albeit marginally, entered some parts of a social bond; the stage of contemporary Greek-speaking literature or the circles of Greek socialites and scholars in London. The same had happened in Constantinople, when he wrote his first poems. As has been remarked already, although the sinthome does not refer to an Other in terms of the unconscious, it does establish a relation to the social bond. Thus we can explain how, standing on that pedestal, Georgios achieved a partial insertion into a social bond in spite of his lacking the coordinates of established discourses. Not everyone considered him an arrogant and impertinent outsider in Modern Greek literature.

In other words, thanks to this invention, he achieved, with relatively lasting effects, what Zenoni (2008) sets as the aim of work with schizophrenics: first a restoration of the subject's relation to the world's order and then an insertion into the social bond. If we consider the acquisition of his body in terms of a symbolic anchoring of the imaginary to the real as making up the first part, then it goes without saying that his writing can be considered an invention that succeeded in such a task. Based on the fact that it allowed him, moreover, to develop a marginal relation to parts of the social bond, we may be entitled to compare it to a sinthome.

This can be also argued based on one final achievement of the symptom that has not been hitherto mentioned.

It seems to me that one of the accomplishments of Georgios' writing that can account for the treatment it brought in relation to schizophrenia was the cut it introduced in relation to one of the fundamental characteristics of this condition: the resistance to believing.

As has been highlighted already, one of the fundamentals in schizophrenia is the resistance to believing in semblances. Lacan highlighted this early enough. Such a comment can be found, for example, in *Family Complexes* (1938), where he wrote that in schizophrenia a discordance can be observed between 'conduct and belief' (p. 62). Once again, the village fool in Eleusis might indeed reside somewhere, but his only address is 'over the earth and under the clouds'. In paranoia, belief also occupies a different status, yet not the 'not believing in it' (Lacan, 1964a, p. 238).

The schizophrenic presents a radical disbelief in semblance (Miller, 2001). This is what schizophrenic irony denounces (Lacan, 1966d). This implies, therefore, that the attempt to make the schizophrenic believe in a pre-regulated Other is pointless. This is why, for example, Lacan (1976) remarks that Joyce – and we must add Georgios as well – has canceled his subscription to the unconscious. Joyce does not need an analysis, because he has achieved what analysis does through his writing.

What Georgios eventually created did not annihilate the above-mentioned condition. His writing did not establish a relation to an Other in its sense either as the unconscious or as established discourse, nor in a paranoid specular or big Other. He cannot have believed in such a formation. He did not do so either after his admission or before it. On the other hand, he created something else to make the master signifier 'Vizyenos' subsist. He crafted a 'subject' subjected not to the Other of the unconscious, the regulated Other of the signifier in which he could not believe, but the corpus of his writing, which retroactively goes as far as exploiting the jouissance of lalangue (babbling, sounds from nature and Turkish). The fact that the schizophrenic cannot believe in an Other does not mean that he cannot believe in or even 'adore' his body (in terms of a sinthome or escabeau). In *Seminar XXIII*, there is reference to the speaking being adoring his body because he believes he has one (Laurent, 2015a). After all, ever since Freud, *auto-eroticism* has been the stage the schizophrenic is condemned to in absence of a capacity to establish otherness.

Returning, therefore, to the early psychoanalytic suggestion of working with schizophrenics based on the strengthening of the ego, we can confirm an orientation toward narcissism, but not in the way this was being encouraged, that is, through promoting the establishment of otherness, either specular or related to discourse. A 'modified' narcissism that may resemble Vizyenos's, might bring about 'auto-eroticism's' beneficial effects.

## II. 6. Summary

The life of George Sýrmas or Michaelides can be represented by an ascending and descending curve that corresponds to the status of the body, whose acquisition is of vital importance to the schizophrenic.

The man who passed the greatest part of his life as the writer and scholar Georgios Vizyenos spent his childhood incarnating the imaginary phallus, a status that was also invested by the first signifiers that named him. Yet in his adult life he escaped that condition – the challenge was similar for Schreber and Joyce (Morel, 2003) – by constructing a pedestal based on an instrumentalization of language that went as far as utilizing lalangue. This bipod stepladder, with one leg in the symbolic and the other in the real, gave his body a narcissistic brightness by equating him to names from classical literature. However, the manifestation of a syphilitic infection brought this construction down by indicating that he was not his body's master. Hence, schizophrenic symptoms broke out and language took over.

Vizyenos' narcissistic creation did not generate a neurotic or paranoiac's delusional ego, which has its roots in the mirror stage. Hence, no Other was created by him in the fashion of the paranoid metaphor or neurotic symptom. Its ballast is rather the material from lalangue, the amalgam of real and symbolic, which his body enjoys. This seems to be in accordance with Freud's (1915) remark that the schizophrenic ends up with the libido being cathected to words instead of objects or an ego. The case of Vizyenos seems to show how we can carry forward what Freud calls one of the schizophrenic's first attempts at a recovery or cure, which has not got to do with the discourse of the Other rather with that on the One.

# Chapter Three: Contemporary Lacanian Clinic of Schizophrenia

## III. 1. Introduction

It has now been more than a century since Bleuler transformed Kraepelin's dementia praecox (1899) into schizophrenia (1911). The vocabulary of mental disorders has undergone many more changes ever since.

During the 20th century, once-prevalent psychiatric terms were abandoned or replaced (e.g. *conversion disorder* in place of *hysteria*), whereas new clinical concepts appeared due to social, historical and scientific changes (e.g., *gender dysphoria*, *PTSD* and *stimulant-related disorder*) (APA, 2013). Yet it is not only names that have changed but the symptoms that we encounter too (Verhaeghe, 2015).

The concept of schizophrenia underwent significant changes in the past century as well and suffered severe criticism (Arieti, 1974; Laing, 1990; Szasz, 1976). However, this signifier is still widely at use in the 21st century by psychiatrists, psychologists and psychotherapists who wish to treat people diagnozed as schizophrenics.

Psychoanalysis is not an exception. The short history of Freud's conceptualization of paraphrenia is exemplary of schizophrenia's persistence in this field.

As was noted in *Chapter One*, when schizophrenia was introduced by Bleuler, Freud (1911; 1914b) disapproved of it and promoted in its place the term 'paraphrenia', which represented a more generalized aspect of this concept. Yet soon enough and despite those initial reservations, he abandoned this idea himself, returning to the use of the signifier 'schizophrenia' without accounting for that change (Freud, 1915; 1924a). It is, thus, still used by many psychoanalytic schools and institutions, including Lacanians.

Indeed, Lacan's significantly minimal use of this term – especially following the 1960s – and his use of indirect language (1957b; 1973a; 1976c) when he talked about schizophrenics has not deterred Lacanians from using this signifier extensively in theory and in the clinic.

Why is schizophrenia so popular a psychiatric and psychoanalytic term today, a hundred years after its invention by Bleuler, in spite of the multilateral criticism and changes it has encountered?

Its persistence in both fields could be a sign of schizophrenia's topicality. If psychiatrists and psychoanalysts cannot abandon this signifier, it could be serving some purpose. Psychiatry and psychoanalysis started using the term 'schizophrenia' so that clinicians could recognize and discuss a treatment direction for patients who did not fall within the existing categories of mental diseases. Their shared use of schizophrenia, therefore, could still be serving the purpose of diagnosing and treating the forms of this psychosis.

Is, however, the utilization of schizophrenia still common in the two fields? Where do we stand today, more than a century after the lively dialogue between Freud, Jung and Bleuler? I attempt to answer those questions in the present chapter, borrowing the case example of Georgios Vizyenos, used in the preceding one.

If the reader expects to find that the gap distinguishing psychiatry from psychoanalysis has widened after a century, they will not be surprised. It seems, indeed, that we are past the era when the same case example – President Schreber – was used by scholars from both disciplines in support of their respective arguments (Bleuler, 1911; Freud, 1911). In contrast, it is argued that there are substantial differences between them concerning the clinical use of the term 'schizophrenia'. Whereas psychiatry is led by classification and suggests treatments for symptoms as these are dictated by the Other, psychoanalysis is led by diagnosis, which serves first and foremost a treatment of the subject's constitution that is linked to the One. It seems that their only remaining common reference to schizophrenia is the use of the same signifier, whose significations seems to differ greatly.

## III. 2. Diagnosis: The subject and the real in schizophrenia

### III. 2. A. Diagnosis and discourse

In spite of the gap between the two disciplines having widened during the past century, both psychoanalysis and psychiatry still need to form a diagnosis when faced with a psychotic subject, although not for the same reasons. In psychoanalysis, the establishment of diagnosis must be linked to an orientation for the treatment, whereas, as is shown below, the same does not necessarily apply to psychiatry.

This difference derives from the fact that the two disciplines function within different discourses, a development in Lacanian theory analyzed in *Chapter One*: on the one hand there is psychoanalytic discourse, and, on the other, the master's and university's discourse (Verhaeghe, 2008).

In the present sub-chapter, it is suggested that in order to form a diagnosis of schizophrenia that can orient treatment in Lacanian psychoanalysis, two basic steps must be taken: first, to perform a differential diagnosis between schizophrenia and the other two psychotic sub-types identified by Freud and Lacan; secondly, to specify the subject's singular relation to the real. The second step is a direct effect of the first, which confirms the absence of a specific orientation of jouissance.

### III. 2. B. Psychoanalytic diagnosis in two steps

#### *Phenomenon and structure*

There is a typical phenomenon that Lacanian psychoanalysts agree on when it comes to schizophrenia: the return of jouissance to the subject's body (Laurent, 2012; Leader, 2011; Miller, 2012; Soler, 2014; Vanheule, 2011; Zenoni, 2012). The presence of this phenomenon could be viewed as a diagnostic indication for schizophrenic structure.

In the previous chapter, I presented how this appeared in Georgios' case. The return of jouissance to the body occurred during his breakdown of the early 1890s. It was suggested that, probably in reaction to physical phenomena caused by a syphilitic infection, the body image became detached from the parlêtre and the body was taken over by the organ of language, as was observed in incidents preceding Georgios' admission to Dromokaiteion (see *Chapter Two*).

A different but more common way in which this appears in the clinic of schizophrenia is subjects complaining about the state of their body or organs (Leader, 2011). They say, for example, that they feel them floating, missing or having been replaced. Remember the patient of Jung's (1906) who complained that her spinal cord had been torn out –a remark so frequent we also find it in a patient of Kraepelin's (1904) – or even Georgios' earlier letter to his brother, where he writes that his knees, legs and eyes function without his being able to control them. Two other characteristic examples that come to mind are Jane and Susan. The first was a middle-aged woman who visited a mental health centre, complaining that the blood in her veins had been replaced by aliens who were floating in them. The second was a young woman in psychoanalytic therapy who kept her thighs tightly together for fear that her intestines would flow out from her vulva or anus.

This common symptom – shared by the delusional seamstress, Jane, Susan and Georgios – refers to the fragmented body that precedes the mirror stage. This is where those individuals return to after any vacillation of what keeps the body image precariously anchored to the subjective constitution.

Yet this sign, which can lead us to suggest the presence of schizophrenia, is merely a phenomenon. As was highlighted in *Chapters One* and *Two*, Lacan suggested (1956a) going beyond the phenomenon, the visible, and heading for the structure when working with psychosis, which points to the relation between subject and signifier (Lacan, 1958a).

It seems that two things must be specified in forming a psychoanalytic diagnosis based on the observation of phenomena: a) establishing the underlying structure causing the phenomena and b) designating a treatment direction. Addressing those aspects corresponds to the case of schizophrenia too.

***Differential diagnosis: crossing out the third factor***

As was remarked earlier, the 20$^{th}$ and early-21$^{st}$ centuries saw a continuous evolution of the psychiatric vocabulary, leading to an expansion of diagnostic categories, including the ones used to diagnose psychotic subjects. Those are discussed extensively further below. In contrast to psychiatry, the vocabulary of psychotic categories in psychoanalysis has been kept rather minimal for the last hundred years.

Three of them are the main psychotic sub-types recognized in Lacanian psychoanalysis. All of them are encountered in Freud. Lacan never added a fourth. He

elaborated on the existing three based on his own interpretation of Freud's writings. This happened during his second theoretical elaboration, in the 1950s, which established a structural theory based on two concepts of major importance that he introduced to the field of psychoanalysis: the subject and the Other.

The subject was, of course, the cornerstone of the era of the predominance of the symbolic. Lacan, who introduced it meticulously in that first period of his open teaching, never concealed that Freud had been the first to locate it in Schreber's *Memoirs* (1966a). It seems that psychosis cannot be examined without reference to the subject (Miller, 2003b). The theoretical 'counterpart' of the subject, the locus from which it arises, the regulated big Other, was the second major concept introduced by Lacan that we need in order to form a differential diagnosis. Both were discussed in detail in *Chapter One.*

The three psychotic modalities described by Freud and still being used in the Lacanian orientation are paranoia, schizophrenia and melancholia. Apart from those three, a fourth category, which is encountered in this form in neither Freud nor Lacan, has relatively recently appeared in Lacanian psychoanalysis: 'ordinary psychosis' (Miller, 1997; 2009a). This concept is not discussed in the present sub-chapter, but in the following one, because it may be of greater assistance in the study of treatment rather than diagnosis. There is also the question of mania, which Freud places on the side of melancholia, but it has been suggested that it might be advisable to think of it in relation to schizophrenia (Leader, 2015). In the present sub-chapter, I deal with differential diagnosis between the three Freudo-Lacanian psychotic sub-types.

The question of the subject's relation to the Other is an instrument for performing differential diagnosis between psychosis and neurosis (Verhaeghe, 2008; 2015). Unlike the neurotic subject, the psychotic subject is subjected to the Other 'without mediation' (Gherovici & Steinkoler, 2015, p. 3).

It seems, however, that the same question can be used for differential diagnosis among the psychotic modalities, since this 'absence of mediation' itself presents a number of modalities. In fact, addressing the question of the subject's relation to otherness is bound to put schizophrenia on the one side and the other two sub-types on the other. It seems that the other two differentiating variables noted by Leader (2015), meaning and the localization of the libido, derive from the respective status of the distance from the Other (Verhaeghe, 2015).

Let us remind ourselves briefly of the subject's relation to otherness in paranoia and melancholia.

In the mid-1950s Lacan said that Freud had had justifiable reasons for differentiating paranoia from schizophrenia (1955a). In reading his (Lacan, 1958a) synopsis of the seminar on the psychoses, as well as his earlier theories on human development (Lacan, 1938), it was implied that those reasons were summarized in the presence of the subject and an 'Other' in the paranoid writing of a case like President Schreber's, which was built around the specular relation like a pearl formed around a grain of sand. The core of a belief in the figure of an Other exists in paranoia (Wachsberger, 2007), despite only as evil (Miller, 2010).

Lacan rarely spoke about the other psychotic sub-type, melancholia (Freud, 1917b). When he did, this also happened in the late 1950s to early 1960s. In melancholia, the subject occupies a different position in relation to the Other, that of embodying its rejected object, its waste (Lacan, 1957b). It is the agent from which the subject wants to part; yet Lacan writes that in his or her self-accusations, the melancholic is entirely *in the domain of the symbolic* (1961).

In both sub-types, therefore, there seems to be a minimal belief in a discreet figure of otherness who enjoys (paranoiac) or rejects (melancholic) the subject. This indicates the presence of some kind of link between subject and Other.

Of course, as was noted in *Chapter One*, the psychotic subject does not emerge from the successful paternal metaphor or the completion of alienation and separation. Thus, the big Other as a regulated 'battery of signifiers' (Lacan, 1960a, p. 682) is not established. Yet it seems that the belief in otherness in paranoia and melancholia – albeit an unregulated agent in comparison to the neurotic's regulated Other of the signifier – is linked to a limited subjective constitution.

In paranoia, the subject is in accord with the presence of the evil Other, built around the processed mirror stage. It is him or her that this Other is missing, to whom the Other's evilness is directed, as President Schreber is to God. Similarly, in melancholia, the subject is not what the Other wants, but what is not wanted, what is guilty of being rejected by the Other. The subsistence of those subjective formations is related to the emergence of respective signifiers from within this unregulated field of signifiers to represent the subject. Being 'God's wife' (Schreber, 1903) or something like 'piece of shit' (Grigg, 2015) are

signifiers that represent uniquely this subject who is, respectively, either wanted or thrown away.

To sum up, in paranoia and melancholia there seem to be an otherness and a subjective formation which, linked to that agent or field, is represented by a signifier. The subject and Other's status is not the same in the two modalities, of course. Yet the presence of a link between subject and Other makes them to some extent consonant. In both modalities, subjects believe in an otherness established and regulated to some extent by its evilness or contempt for the subject.

These beliefs correspond to a particular status for transference. For the paranoiac, the belief in this Other was the prerequisite for 'any possible treatment of psychosis' (1958a). For the melancholic, transference is – for reasons explained below – impossible (Miller, 2012). Nevertheless, this still makes it different from schizophrenia, where transference is impotent.

In effect, otherness does not seems to exist in such a way in schizophrenia. The schizophrenic's disbelief in the Other and his incapacity for transference have been already discussed in detail. The schizophrenic knows that no such thing as an Other exists, due to his awareness of the absence of the Other's Other (Lacan, 1958b). In *Chapter Two*, I noted how this appeared in Georgios' life, which, as with many schizophrenic subjects, was denounced with groundbreaking irony against semblances like literary establishments or the opposing forms of Greek language and national identity prevalent in his short stories.

The absence of a belief in an Other, which is inherited from the failed processing of the mirror stage, prevents the installation of a regulatory agent for the subject's emergence, as happens in paranoia and melancholia. There is no mediation between the subject and the real (Ver Eecke, 2001a). Instead of a signifying chain, we encounter a field where signifiers and jouissance, word-presentations and thing-presentations (Freud, 1915), the real and the symbolic (Lacan, 1954), have not been separated. Hence the schizophrenic is represented by a swarm of signifiers (Miller, 2001; Sauvagnat, 2000; Soler, 1999). In *Chapter Two*, it was also seen how the subject in Georgios' case was baptized thanks to the master signifier 'Vizyenos', who represented it for a loose array of signifiers partly acknowledged by the social Other ('poet', 'scholar', 'child psychologist', etc.).

To understand how this condition leads to the bodily phenomena described above, we must remind ourselves of an important shift in Lacan's teaching – from the focus on the

subject and the Other (1950s) to the reformulation of jouissance and its connection to the real (1960s).

As was discussed in *Chapter One*, from the early 1960s onwards the unregulated field of the Other is not simply the field of signifiers but of jouissance that inhabits the body, corresponding to a new relation to it in psychosis (Ribolsi, Feyaerts & Vanheule, 2015). It seems that the subject's precarious subscription to an evil or rejecting Other in the two aforementioned psychotic modalities offers them a factor for channeling jouissance: on the one hand, there is identification of jouissance in the field of the Other (paranoia) (Lacan, 1975c), and on the other there is the subject's embodiment of the object that wants to kill itself, being unworthy of the Other (melancholia) (Lacan, 1961). In both cases, a cut is produced in the primary field of jouissance that precedes the subject's emergence, which is channeled to the body image. In paranoia, this is the body in its narcissistic dependence on the mirror stage, whereas in melancholia it is the object selected through a narcissistic identification (Freud, 1917b) – until it is experienced as waste. A void in jouissance is thus created and the subject with a body subsists, although in melancholia that is prone to fall from its beauty and be experienced as the Other's waste (hence the earlier comment about the impossibility of transference), similarly to the situation in paranoia, where it can become the target of persecution.

In fact, no one claims that this channeling of jouissance to the body's image is something the subject experiences as benign. Paranoid and melancholic subjects often need to put an end to that relation either by striking the evil in the Other or by committing a passage to the act. There is a price to be paid for identification of jouissance in the field of otherness too.

On the other hand, the schizophrenic's lack of belief in an Other and a substantial subjective constitution leaves no channel open for jouissance. This cannot be attributed to a specular other, an Other or its object, because such formations are not established in schizophrenia. There is no third factor to direct jouissance to. The boundary between the self and the Other is 'continually in jeopardy' (Leader, 2015, p. 137). There are no imaginary gaps in the relation between the subject and language, their only Other (Miller, 2001). As Freud (1911) and the early Lacan (1938) noted, the schizophrenic has a problematic relation to the other's image. The ego does not work as in paranoia. Consequently, having no established otherness to be projected to, jouissance is channeled to signifiers. This can happen in two

ways; either in the form of enjoyment or in that of a vehicle of mortifying intrusion (Leader, 2015). Yet the organs or the body are also signifiers.

Therefore, the diagnostic criterion that can explain this characteristic phenomenon in schizophrenia is the absence of a mediating factor, in the form of an other, Other or its object, between the subject and the real, which will offer it a target to channel a part of the libido or bodily jouissance. If such a factor of otherness was established, then we would not encounter phenomena of the return of jouissance to the subject's body. It is not the phenomenon, therefore, but its structural foundation that leads to the differential diagnosis of schizophrenia (De Waelhens, 2001b). It is the confirmation of that relation to the Other, or rather its absence, which must be viewed as a diagnostic criterion. This seems to be summarized in *L'Étourdit* (Lacan, 1973a), where Lacan explains the challenge, for the schizophrenic, of obtaining its body and organs as a result of their not being helped by established discourses; that is, the way to relate to the Other of the social bond and regulate jouissance.

Nevertheless, even after excluding the presence of an established factor of otherness and the diagnosis of paranoia and melancholia, it seems that no orientation for treatment can be designated by the mere diagnosis of the schizophrenic sub-type. This is so precisely because of the absence of a predefined orientation for jouissance.

When having diagnosed the other two psychotic sub-types, a clinician has an idea of what type of otherness to expect deriving from the subject's relation to the real; the form of an evil Other (paranoia) or its rejected object, the object-waste (melancholia). They can, therefore, be prepared to orient or support the subject in defending himself or herself against the jouissance that is coming in that form, from that direction.

In schizophrenia, in contrast, there is only language. There is no specificity for jouissance, neither in its narcissistic nor in its corporeal aspect. Its return to the subject's body must certainly be avoided, yet the clinician does not have an indication as to where to support the channeling of jouissance apart from the body. Judging that a subject is not paranoid or melancholic, therefore, does not complete the diagnosis of schizophrenia.

A clinician must not forget that there are as many forms of the subject's constitution in relation to the real as there are cases (Biagi-Chai, 2014). Specifying this, as I tried to do for Georgios in *Chapter Two*, may indeed be one of the first steps for orienting

treatment (Freud, 1915) the clinician can follow. For Miller (2011), the question of the real is posed for every action we call therapeutic.

***Specifying the subject's relation to the real***

If there is no Other for the schizophrenic subject to relate to, there is its unmediated relation to the real. How can this be approached, however, when the real is what escapes symbolization? In 1924, Freud described the status of the subject's relation to reality in psychosis to contrast it to neurosis. Yet the subject's relation to reality should not be confused with their relation to the real.

Reality could be equated to Lacan's semblances – make-believes – the creations formed by the imaginary and the symbolic (Lacan, 1973a; 1975–1976) acting as the neurotic subject's defense against the real (see *Chapter One*). The real, on the other hand, seems to be closer to the subject's being before their complete adherence to discourse and semblance, that is, the One. It is a subjective translation of one's first experiences of sensation, of the words and looks coming from the other that accompanied the subject's coming to life (Biagi-Chai, 2014). That first meeting with the other's words and looks is described as the encounter with lalangue, which Lacan (1972a; 1976a) described, among others, as 'moterialism' (see *Chapter One*). One's relation to □ehavior□ty is more primary than one's attachment to reality. In the case of the schizophrenic, for whom it is clear that semblances are frauds, we can suggest that this bears a subjective weight as it carries the mark of the One.

What Freud describes as the psychotic's relation to reality, could, therefore, summarize what happens in paranoia and melancholia, in which a minimal belief in semblance exists: it is the Other as evil or rejecting the subject established upon a corresponding imaginary constitution. Of course, a type of reality exists for the schizophrenic subject too, yet his relation to it resembles neither that of the neurotic nor that of the paranoiac or melancholic.

In *Chapter Two*, I attempted to show the difference between the two in the case of Georgios Vizyenos. The phenomenon of the return of jouissance to the subject's body was characteristic of his schizophrenic structure, which was also evident in his lack of belief in an Other, denounced by irony. However, it seems that the manifestations of his schizophrenic being (body phenomena and irony) carried less of a subjective weight compared to his invention. In them, the subject Vizyenos was, as suggested in *Chapter Two*, absent. Such

phenomena could have indeed helped a clinician diagnose a schizophrenic subject, but not the specific subject. The exclusion of the mediating factor and the diagnosis of schizophrenia would be probably safe, yet that would lead to no guidance for treatment.

What captured Georgios' relation to the real was not his irony or his body becoming the object of the organ of language or his metonymic representation by signifiers, but his relation to the Real signifiers linked to the concept of childhood. Without focusing on his relation to the signifier 'child' from a young age, a clinician would not know how to orientate support for this subject. Let us not forget that Georgios' escabeau, his narcissistic construction, tackled the lack of a body image for the child, which was condemned in incarnating the imaginary phallus. An explicit image was missed for 'child' – not any image would do.

The clinician's work is, then, to support subjects in defending themselves against this singular texture of jouissance, as Vizyenos did thanks to his writing activity by creating for the child's body a narcissistic covering that attributed to it the brightness of dead writers who occupied a significant position in language. This is discussed further below, in the following sub-chapter, which examines treatment. The clinician cannot overlook the importance of specifying the subject's singular relation to the real, which I suggest as the second, essential, step in diagnosis.

On the other hand, this is not a direction that everyone working clinically with schizophrenic subjects adheres to. The schizophrenic's relation to the real, which can be found highlighted in Freud and Lacan's texts, is exactly what modern psychiatry is ignoring. Before moving to how Lacanian psychoanalysis supports the schizophrenic based on it, I would like to refer to the contemporary treatment of schizophrenia from the field of the discipline which first configured it, a hundred years ago: psychiatry.

### III. 2. C. Psychiatric classification: a parallel pathway?

In the pages above, I suggested what a clinician informed by Lacanian psychoanalysis could look for in order to form a complete diagnosis of schizophrenia. If one asked a psychiatrist in the Western world the same question today, they would probably receive an answer implicating the initials 'DSM', three letters standing for the *Diagnostic and Statistical Manual*

*for Mental Disorders*, the American Psychiatric Association's diagnostic manual, now in its fifth edition (2013).

To form a diagnosis on the day of Georgios' admission, doctors Apostolides and Katerinopoulos could have consulted the third edition of Kraepelin's textbooks. The same could have continued happening in psychiatric hospitals for a few more decades. In contrast, in the second half of the 20th century, and now, in the 21st century, people in similar positions cannot avoid consulting DSM (Verhaeghe, 2008).

***DSM-5: Friend or foe?***

DSM is unanimously considered the contemporary 'bible' of psychiatry (Gherovici & Steinkoler, 2015; Leader, 2011; Vanheule, 2014). Its popularization during the 20th century (Guéguen, 2013) was assisted by academic and psychiatric institutions where evaluation in the form promoted by the cognitive-behavioural paradigm in the mental-health domain is prevalent (Aflalo, 2015).

The latest edition of DSM has been criticized widely from a variety of perspectives (Vanheule, 2012; 2014), a critique coming even from people once in charge of its publication (Laurent, 2015b). The significant changes this edition brought to the psychiatric diagnostic manuals seem to have had a twofold effect on the approach to mental illnesses like schizophrenia.

On the one hand, DSM-5 continues the tradition of preceding editions in advocating an approach focusing on phenomenology. Diagnosis works upon what is visible, what the classifier can see (Leader, 2011). Phenomena are read as quantifiable symptoms (Aflalo, 2015). In addition, despite the break with the meticulousness of the early-20th-century psychiatric clinic, it remains in the Kraepelinian tradition of suggesting a biological basis for the origin of mental disorders.

Lacan had already stated his disagreement with both approaches to the study of psychosis in the 1950s. He had argued that a) the only organicity at play is 'the organicity that motivates the structure of signification' (1958a, p. 477) and that b) phenomenon and structure should not be confused (1956a). Thus, if we add biological determinism to the emphasis on phenomena, DSM-5 leaves absolutely no space for the diagnosable person's subjective relation to the real: what makes subjects schizophrenic is a biological cause and what helps practitioners diagnose them as such are phenomena labeled as symptoms.

This biological and symptomological approach in the psychiatric conception of psychosis might seem, by itself, far from Lacanian psychoanalysis stemming from Lacan's theories of the 1950s. On the other hand, the spirit of DSM seems closer to a later Lacanian thesis, the so-called theory of 'generalized foreclosure' (Miller, 1993).

DSM's newest edition generated a multiplication and simplification of diagnostic terms deriving from the approach described above; we have arrived at a number of disorders five times bigger than the 106 of the first DSM (Maleval, 2015). For example, in DSM-5 one finds signifiers such as 'tobacco-related disorder' and 'caffeine-related disorder' describing as disorders what were hitherto largely perceived as everyday activities. Moreover, we see research being encouraged in the field of another very frequent activity in our time, 'internet gaming disorder', next to 'caffeine-use disorder' itself (APA, 2013).

This array of signifiers that aim at guiding psychiatric diagnosis seems to serve a propensity to label as a mental disorder almost every type of □ehavior (Aflalo, 2015) and, thus, diagnose everybody: smokers, coffee-drinkers, internet gamers – and who knows who will come next. This tendency toward hyper-diagnosis might initially seem to echo the most famous of Lacan's final aphorisms (Laurent, 2015b), that 'everyone is mad, that is, delusional' (Lacan, 1979 p. 3).

This final shift in Lacan's theory was discussed to some extent in *Chapter One*. It was somehow foretold already in the 1960s, when Lacan declared that there is no Other of the Other (1958c) and multiplied, thence, the Name-of-the-Father (1963). This idea, which came to its peak in the mid-1970s thanks to the theory of knotting, has led Jacques-Alain Miller (1993) to formulate 'generalized foreclosure'.

Miller (2001) suggests that we can learn from the schizophrenic subject that semblances are nothing but artificial creations that help us defend ourselves against the real. We are all schizophrenic, he writes elsewhere (Miller, 2012), because the body and its organs present us with problems, which Soler (2014) puts as to cope with the 'sexual body to body' without aid from the established discourses (p. 178). To solve the problems posed by the real, we have to invent something singular, as schizophrenics do, since the Other's Other, a ready-made regulator, does not exist (Lacan, 1958c). Yet it must be clarified that this theory does not make schizophrenia as a psychosis disappear. 'Generic madness' is not psychosis (Miller, 2008, p. 39). As for schizophrenia, it remains the 'measure' for psychosis (Zenoni, 2012, p. 158).

I suggest giving this approach the working label of an 'ordinarisation of delusion'. To be schizophrenic in the sense of attempting to defend oneself against the real with a singular creation has something of the ordinary about it – hence 'everybody' is delusional (Lacan, 1979). This seems to me to be the spirit of the later Lacan as Miller (1987; 2001) reads him.

What is encountered in DSM-5's aforementioned propensity to diagnose everyone seems to be the exact opposite. By labeling behaviours such as the consumption of caffeine, smoking, internet-gaming, etc., as disorders, this manual does not promote what I suggested calling an 'ordinarisation of delusion', but a tendency to make being ordinary a delusion, what we could label, respectively, as 'delusionalisation of ordinariness'.

The result might somehow seem similar: everybody is considered delusional. Yet whereas in Lacanian psychoanalysis this means that everyone can occupy the position of exception, in modern psychiatry's propensity to hyper-diagnosis no such position is left; everyone must fall within a category. No one can escape diagnosis.

In fact, it seems that the latter has become modern psychiatry's main objective, which, in contrast to psychoanalytic diagnosis, leaves treatment outside. Although we read that DSM-5's long-term aim is 'the accurate diagnosis and treatment of mental disorders' (APA, 2013, p. xii), this is not found among its short-term objectives:

> 'The ultimate goal of a clinical case formulation is to use the available contextual and diagnostic information in developing a comprehensive treatment plan that is informed by the individual's cultural and social context. However, recommendations for the selection and use of the most appropriate evidence-based treatment options for each disorder *are beyond the scope of this manual*.'
>
> APA 2013, p. 19

The user, therefore, must limit his or her expectations, in consulting DSM, to the formulation of an accurate and reliable diagnosis, which is set as its actual scope. Fair enough, one might think. What is wrong with a diagnostic manual limiting its own power to diagnosis? Yet a few pages later comes what illustrates the actual status of diagnosis. Its authors highlight that in some cases 'the diagnosis of a mental disorder is not equivalent to a need for treatment' (APA, 2013, p. 21). This excerpt does not simply state that diagnosis does

not correspond to a specific treatment orientation, as is written elsewhere, but that it is not equivalent to a need for treatment.

APA's diagnostic manual, therefore, does not designate treatment not because its authors do not feel capable of it, but because they feel there might not be any necessity for one. This seems to be the quintessence of diagnosis that the contemporary psychiatric establishment promotes in the Western world: diagnosis for its own sake, in other words, *classification* (Vanheule, 2012).

Psychoanalyst Paul Verhaeghe (2008) discusses the differences between psychoanalytically oriented diagnosis, which, as was seen above, can be viewed on the dipole subject–Other, and the type of diagnosis promoted by today's psychiatric discourse. Unlike psychoanalytic discourse, the second seems to derive from what Lacan described as the master's and university's discourse (Lacan, 1969–1970).

The theory of discourses was described in *Chapter One*, *sub-chapter I. 4. B.* In Figure 4, the reader can see that psychoanalytic discourse seems to be the only one where the divided subject and its relation to jouissance are articulated (in the upper level), whereas in the remaining three it is barred. In psychoanalytic discourse, although it cannot be spoken or written, the subject's relation to the real of its jouissance is focused in an attempt to grasp a logical part of it (Aflalo, 2015). In the master's and university's discourse, which are represented not only by psychiatry but the scientific-like model promoted by the cognitive-behavioural paradigm, there is an attempt to objectify, measure and evaluate that quality, eradicating, thus, its singular character. Only psychoanalytic discourse is the discourse 'of the *particular*, even of the *singular*' (Miller, 2008, p. 29).

This effect is not irrelevant to historical change. Psychoanalysis emerged from giving expression to subjects – the hysterics – rebelling against the master's discourse with their bodies. Today, the master does not simply want things to run smoothly – he wants to impose an implementation of evaluation (Aflalo, 2015). This is carried forward by the university's discourse, which contemporary psychiatry and a number of psychotherapeutic and even psychoanalytic schools (IPA) adhere to. In it, in the place of agent – and, later on, semblance in Lacan's teaching (1971) – we find S2, that is, knowledge. However, as happens in the master's discourse too, the truth of knowledge (S2) which lies underneath it is the master signifier (S1). The semblance of knowledge, therefore, is conditioned by the – unconscious – wish to govern, incarnated in the zeal for evaluation that excludes the One.

Therefore, DSM-5-led diagnosis is not oriented at recognizing and acknowledging one's subjectivity, which means the subject's relation to the real. It aims at classifying subjects according to a number of criteria that separate the subject from its jouissance, since in the master's and university's discourses the two concepts are always separated (Lacan, 1969–1970; see *Chapter One*). To classify everyone is not the same as diagnosing them (Vanheule, 2012). The essence of psychiatric diagnosis is, on the other hand, the erasure of subjectivity (Guéguen, 2013). What matters is the label, regardless of how that is used. As psychoanalyst Agnès Aflalo (2015) puts it, the knowledge set out in manuals like DSM produces, every day, more 'victims', on whose suffering silence is imposed (p. 12).

This is the general framework of the contemporary psychiatric diagnosis of mental disorders. Let us now turn to someone's classification –or 'victimization' –as schizophrenic. We are bound to discover few similarities and many differences not only with psychoanalysis, but also with DSM's late-19$^{th}$- and 20$^{th}$-century precursors.

### *Classifying… schizophrenias*

DSM treats schizophrenia, which has been included in it ever since its first edition (APA, 1952), as a spectrum of syndromes – in other words, groups of concurrent symptoms (APA, 2013, p. 87). Of course, this is not a new approach. The idea of schizophrenia being a syndrome had been established as early as Bleuler's (1911) monograph.

For DSM-5, for a group of symptoms to be labeled as schizophrenia, it must last 'for at least six months' and involve 'a range of cognitive, behavioural and emotional dysfunctions' (APA, 2013, pp. 89, 99). More specifically, cases that can be classified within the spectrum of schizophrenia must present abnormalities in one or more of five main domains: 'delusions', 'hallucinations', 'disorganized thinking (speech)', 'grossly disorganized or abnormal motor □ehavior (including catatonia)' and 'negative symptoms' (APA, 2013, p. 87). To be classified as schizophrenic requires the presence of at least one of the first three domains of symptoms during a minimum amount of time, i.e. one month.

In that list of symptom domains we meet some of Bleuler's (1911) criteria, more specifically a mixture of his fundamental and accompanying symptoms. On the other hand, there is a major difference between the latest version of DSM and the Bleulerian (and Kraepelinian) tradition that had been maintained in its previous editions. In DSM's recent version, the differentiation of the classic sub-types presented in *Chapter One* – paranoid,

disorganized, residual, undifferentiated and catatonic (APA, 2000) – is eliminated. This innovation took place because it was considered that sub-types could neither capture the heterogeneity of schizophrenia nor designate reliable treatment orientations (Tandon et al., 2013).

On the one hand, this innovation might initially seem correlative to the psychoanalytic approach to schizophrenia. Psychoanalysis never attributed structural status to the schizophrenic sub-types either. As was highlighted earlier, the specification that psychoanalysis must establish beyond recognizing the absence of a third factor is what is at stake in the subject's relation to the real. This orientation cannot lead to a further categorization, since from that point onwards everybody is a distinct category, an exception.

In contrast, it seems that the elimination of schizophrenic sub-types hardly put an end to DSM's propensity for classification. The fact that one stops being classified as 'paranoid', 'catatonic' or 'residual' schizophrenic does not mean that a more general diagnosis aims at their subjective constitution. In contrast, it seems that the lifting of the barriers within a label like schizophrenia serves the aim of one being able to be classified as schizophrenic without the prerequisite of falling into a sub-category, which Kraepelin and Bleuler introduced based on meticulous clinical observations. The multiplication of categories in the successive editions of DSM seems to hide the most fundamental distinctions between clinical entities (Grigg, 2015). Similarly to the way it treats other disorders, DSM-5 seems to be seeking, indeed, to label someone as schizophrenic meticulously and with great rigour, yet it pays only marginal attention to that individual (Vanheule, 2014).

It therefore tends to conceive of schizophrenia as a category of criteria to be filled regardless of the diagnosed person's contribution to their condition, which lies in their relation to the real. Doesn't this comprise an attempt to make the schizophrenic enter ready-made criteria set by established discourses, whose resistance to which has been extensively highlighted?

We might not be wrong in concluding, therefore, that the focus of psychiatric diagnosis is not a subject, but a disorder, and that its objective is not to designate treatment, but to recognize a syndrome's presence. For example, let us ask ourselves whether Georgios would be classified as schizophrenic according to contemporary psychiatric classification. The answer must probably be in the negative for two distinct reasons.

On the one hand, one would have to turn to another diagnosis, since the presence of other mental disorders or disorders owed to medical conditions (in his case, a syphilitic infection) fall within the criteria for a differential diagnosis of schizophrenia (APA, 2013, p. 104). On the other, and this seems more important, even if the signifier 'schizophrenia' was used for his case, in the end this would not make a great difference when judged from the psychoanalytic perspective. DSM-5 presents a rigorous desire to confirm the presence of a condition, a syndrome that fulfills a number of criteria, rather than a subject. The idea behind one's classification as schizophrenic is that as long as this takes place, then we have a schizophrenia; this does not mean that the presence of a schizophrenic subject can be confirmed too.

Therefore, it is not only Georgios who could not have been diagnosed as a schizophrenic subject according to DSM-5; no one is, apparently. Contemporary psychiatric classification does not diagnose subjects, but syndromes. In fact, it seems that diagnostic concepts derive from the effects that medication tackles, without establishing an undisputed etiology (Aflalo, 2015). In other words, schizophrenia for psychiatry is what is tackled via the use of antipsychotic medication.

There might not be much, thus, in a psychoanalytic approach, as the present aspires to be, standing opposite contemporary psychiatry's ability or wish to identify an objective entity as schizophrenia. This approach seems to abide perfectly by medical semiotics where symptoms, complaints and behaviours are viewed as objective indicators of a dysfunction that can be classified in a syndrome, regardless of the subject's contribution to it (Vanheule, 2012).

It seems that the two disciplines are describing different aspects of the same condition. They might seem to be running in parallel but their respective objectives are vastly different: on the one side, we find classification and the clinical addressing of symptoms. On the other, we find diagnosis and the treatment of jouissance, both stemming from the subject's relation to the real. On the one hand we find established discourse and on the other we look for the One.

However, although wiping out psychoanalysis may not be among the objectives of contemporary psychiatry, the predominance of its instruments and its scientific cover-up have been used by various institutions, psychoanalytic ones not excluded, to eradicate the praxis of Lacanian orientation.

There is news of a relatively recent attempt by the French Ministry of Health to cast aside psychoanalysis in favour of cognitive-behavioural therapy (CBT), assisted by the predominant biopsychosocial model in psychiatry and even by 'orthodox' psychoanalytic institutions like the French branches of the IPA (Aflalo, 2015). Psychiatry today may not see itself as a rival to psychoanalysis, but it may be used as a Trojan horse by others. Although this does not seem to be the rule in contemporary psychiatry, one cannot overlook this prospect. Alternatively, voices have been raised, such as that of the psychoanalyst and psychiatrist Jean-Claude Maleval (2015), who suggests that psychoanalysis can bring about a break with the DSM modality in psychiatry and pull it toward a discipline characterized by 'humanization' (p. 109).

***~~Schizophrenia~~***

In contrast to current DSM- and CBT-led psychiatric classification, the psychoanalytic approach to psychosis focuses on the subject instead of the disorder. This seems to be the most significant property of the contemporary psychoanalytic approach to schizophrenia, as is shown by contrasting it with prevalent contemporary psychiatry.

We should not, thus, overlook the fact that apart from using the descriptive 'so-called' (1973a; 1976c), Lacan talks about the/ a schizophrenic (subject) rather than schizophrenia. There might be a lesson for psychoanalysis to be drawn from looking at how psychiatry views schizophrenics: what makes someone schizophrenic is each and every subject's direct relation to the real instead of his or her fitting specific preset criteria that ignore their subjectivity. What makes one schizophrenic for psychoanalysis is what makes them an exception, the One, instead of what classifies them in a category to confirm a set of rules constructed by the Other of the social bond. It seems that one could be led to conclude that one schizophrenia does not exist and to cross that word out.

This formulation might remind the reader of the later Lacan's style, as this has been transmitted in a few infamous and extensively misinterpreted remarks from his later teaching, such as that 'the woman' or 'the sexual relationship' do not exist (Lacan, 1972-1973).

The second has been discussed in *Chapter One*. In relation to the first negation, many seem to focus on the noun in that phrase, 'woman', and overlook the definite article, 'the'. Lacan (1976a) never said that women do not exist. In that phrase, he does not refer to the existence of women as speaking beings, but to the absence of the signifier for woman in

the unconscious. This is why in his renowned seminar on feminine sexuality, love and knowledge entitled *Encore*, he writes Woman in the formulae of sexuation with a bar: ~~Woman~~ (in the French version it is ~~La~~ femme; the bar strikes the definite article) (1973b).

Similarly, taking Lacan's references from *L'Étourdit* (1973a) and *Seminar XXIII* (1975–1976) a step further, along with his minimal reference to schizophrenia of that period, we could suggest that schizophrenia does not exist. Thus, the psychoanalytic diagnosis of schizophrenia might coincide with the logic of the fierce commentary this concept met with during the second half of the 20th century, suggesting that there is no such thing as schizophrenia, and having to strike it with a bar too: ~~schizophrenia~~. Apart from the word's unfortunate connotations, which Freud had also highlighted from an early stage (1908; 1911), it seems that the descriptive 'so-called' or 'what is called' can be referring to the singularity of each case. At some point Jacques-Alain Miller (1987) 'playfully' suggested that psychosis, in terms of a unified field, does not exist either.

Yet if schizophrenia does not exist for psychoanalysis, schizophrenics do. These are subjects like Georgios, famous or not, who were characterized by an unmediated relation to the real and who have found – or not found – some way to deal with it by knotting to the One an imaginary constitution for the body.

Finding such a way is vital for the subject's subsistence. As was noted above, its orientation can be already designated by a psychoanalytic diagnosis, which can give the clinician an idea of the direction where treatment must start or take place. In Georgios' case, it was the signification for childhood.

Some subjects, like him, were capable of finding such a way alone. His writing lasted for more than twenty years. Joyce's probably lasted for his entire life. Psychoanalysis can use those paradigms as examples to help, like skilled 'secretaries', subjects who are not themselves sufficiently fortunate or capable to find such an orientation in their struggle with the failures of semblance. In the following chapter, there is an investigation of ways in which schizophrenic subjects may attempt this.

## III. 3. Treatment: The range of schizophrenic inventions, from the imaginary to the real

### III. 3. A. Back to basics

As was noted above, if psychoanalysis is still in need of diagnosis, this is so that the clinician can orientate treatment (Guéguen, 2013; Leader, 2011; Verhaeghe, 2008). The objective of contemporary psychiatric diagnosis, on the other hand, seems to be limited to classification (Vanheule, 2012).

In the following pages, I describe how the link between psychoanalytic diagnosis and treatment applies to the case of schizophrenia by studying the range of various attempts by schizophrenic subjects to address their direct relation to the real.

Before presenting those, I discuss the origins of the rationale of a Lacanian orientation in treatment of schizophrenic subjects in Freud. Yet to explain one of its coordinates it seems appropriate to start with a short reference to the point where the preceding sub-chapter stopped: the psychiatric approach to schizophrenia.

### III. 3. B. The logic of the psychoanalytic treatment of schizophrenia

***Stabilization at any cost?***

The medical treatment of schizophrenia seems to be taking the approach to psychiatric diagnosis one step further: from ignoring the subject's relation to the real to attacking its manifestation.

Contemporary pharmaceutical treatment of schizophrenia is considered successful in reducing 'positive' schizophrenic symptoms (Tandon, Keshavan & Nasrallah, 2008a; Tandon et al., 2008b; Leucht et al., 2009). This approach, however, seems to be running totally opposite to the treatment suggested by Lacanian psychoanalysis.

We do not need to look at Lacan's later teaching on the sinthome to grasp this (1975–1976). We can stick to the simple remark from *Seminar III* (1955a) that those phenomena are linked to the reappearance of the non-symbolized in the real. In psychoanalytic treatment we are interested in the elements of the subject's relation to the real because there also resonates the unary trait. Thus, the pharmaceutical addressing of those

symptoms is attacking some of the few instruments available to the clinician for accessing the singular character of every subject, schizophrenic or not.

Lacan has criticized an attack like this, which resonates with what was advocated by his friend, French organicist psychiatrist Henri Ey, arguing that being delusional may be indeed an 'error' but this does not correspond to any deficit of belief (1946). That something might not be 'objectively' acknowledged as true has absolutely no effect on the subject believing it. In the 1940s Lacan views this as truth, whereas in the 1960s he will rather view the real in that. This attack to the truth or real is what is assisted by the excessive use of medication.

Imagine President Schreber being given medication and advised to stop writing about God, which eventually led to his – temporary, whatsoever – cure. We do not need to imagine what would have happened if Georgios had been given the same piece of advice concerning his views on childhood linked to the use of babbling, sounds from nature and Turkish. We saw the detrimental effects of their abandonment, although those were not produced by psychiatric advice.

Therefore, modern psychiatry seems to prefer silencing the real and working with what seems like reality; in other words, attacking the One for the sake of semblance, the forgery stemming from the Other of the social bond, which the schizophrenic presents structural problems believing in.

However, despite the gap between the two disciplines, it seems that the psychiatric addressing of mental disorders has transmitted a signifier to the field of the study of psychosis in psychoanalytic literature: 'stabilization'.

Lacanians (Grasser, 1998; Leader, 2011; Maleval, 2015; Soler, 1988) frequently use this term to describe the objective or effects of treatment with psychotic subjects. Stabilization was a term I had also used in my initial proposal for the present study. One of the research questions I had set out to investigate was what helped Georgios remain 'stable' for a long period before his psychotic breakdown.

In her paper *Stabilization of psychosis*, Colette Soler (1992a) remarks that this signifier may as well refer to cases of sedation, often observed in clinical work with psychotic subjects. Nothing can be said of instability in their case. 'What is more stable,' wonders Soler, 'than the subject who rests deep in its bed?' (1992a, p. 195). To see how unrelated to psychoanalysis stabilization at any cost is, we can remind ourselves of the only period of utter

‘stability’ in Georgios’ case: his last months at the Dromokaiteion, when he was unable to move, speak or write. We can hardly claim that from his life’s various endeavours and experiences described in *Chapter Two*, this one had a treatment effect just because it kept the material aspect of his body stable.

In contrast, instead of asking what helped him remain ‘stable?’ I could have asked what helped the *subject* subsist in Georgios’s case. *Chapter Two* concluded that the adopted name ‘Vizyenos’ and the writing this accompanied had effects of treatment because they corresponded to the subsistence of the subject of the parlêtre. This helped Georgios tackle, for more than two decades, the fundamental challenges for a schizophrenic subject: to acquire his body and its organs, language coming first. On the other hand, one cannot suggest that he was the master of his body after his escabeau vacillated, starting in the late 1880s.

No acquisition of the body image is guaranteed by sedation or stabilization, which is among the effects of psychiatric medication. No matter how stabilizing its effects might be, the pharmaceutical eradication of symptoms does not focus upon the subject’s constitution but tackles it. If there is an aspect of the subject’s relation to the real hidden in those symptoms, attempting to silence them ignores one of the few subjective elements in the schizophrenic condition.

Consequently, ‘stabilization’ is a term about whose use psychoanalysts must be very careful (Soler, 1992a). The same happens with another term employed by psychiatry and even used by Freud: ‘recovery’. Aflalo (2015) wonders how one can define a state as ‘normal’ if recovery is considered as the return to such an initial condition (p. 65).

Those terms will, thus, be avoided in the following analysis of schizophrenic inventions that can constitute a treatment direction. A clinician should not in any way aim necessarily for stabilization, since that can often cost the subject’s presence, or a recovery, when a ‘normal’ state to which the subject is called to return is precarious.

What, then, can be the objective of psychoanalytic treatment with schizophrenics, which must be oriented by the subject’s relation to the real and is not identical to stabilization or recovery at any cost?

### *An objective linked to Freud*

In the first half of the 1910s, Freud would suggest that for the paranoid aspect of the paraphrenic subject, 'victory' lay with a secondary projection of libido to the self and similar others, as an effect of the loss of object-love, a theory he formulated in his first major study of the psychoses (1911; 1914b). In contrast, for the proper paraphrenic (schizophrenic), 'victory' at a first stage in Freud's theory lay in hallucination, and then the projection of libido to words, since otherness in the form of similar figures cannot be established, as Lacan confirmed in the 1930s and 1950s.

The subject's incapacity to recover the object is maintained in Lacan's teaching too, yet for other reasons. As was noted in *Chapter One*, for Lacan the object is never lost in psychosis. The madman has it in his pocket (Lacan, 1967a). Alienation (Lacan, 1964a), the first operation of the causation of subjectivity (Miller, 2009b), may have taken place to some extent, but separation, which generates the extraction of the object, has not. As was discussed a few pages above, the object does not exist as a third, mediating factor, between the subject and the Other of language.

The temporary treatment that Georgios achieved thanks to his writing was, thus, neither linked to an attachment to otherness, specular or related to discourse, or in recapturing any lost object, but to an imaginary constitution for the subject's body. In the previous chapter, I analyzed the anchoring of the imaginary to the real through the symbolic based on Lacan's theory of knotting. There was no word about regaining any lost object, because no object was ever lost. What was regained was not the subject's relation to an object, but the body image.

Thus, this direction for a treatment for the schizophrenic subject has its roots not in the Freud of the 1910s, but of the 1920s. A few years after *The Unconscious*, where Freud (1915) clarifies that the object is never actually recaptured in schizophrenia, the founder of psychoanalysis suggested as the differential mark between neurosis and psychosis not any more the loss of the object, but the nature of the subject's withdrawal from a piece of reality (Freud, 1924b). This is the way that a Lacanian clinician can assist the subject to continue with one of the schizophrenic's 'first steps' at a recovery (Freud, 1915): address the clash with reality.

Earlier, it was argued that in the later Lacan reality is a composite of semblance. It is the junction of symbolic and the imaginary, which Miller (2006) writes as: S ◊ I –the rhombus standing for all relations in Lacan's cosmos, as in his formula for fantasy: *$ ◊ a*

(Evans, 1996). The schizophrenic constitution is characterized by a detachment of the imaginary (which, apart from the body image, also includes emotions and meaning) from the real.

In *The Loss of Reality in Neurosis and Psychosis*, Freud (1924b, p.187) argues that the loss of reality is 'made good' in psychosis through a replacement of that external reality by a 'new, imaginary external world'. A new imaginary external world instead of a new relation to the object, as he had argued concerning Schreber and had excluded for the schizophrenic (Freud, 1911). Thus, the factor to which jouissance will be channeled is not an object, but a new imaginary structure. The third, mediating, factor needed between subject and the real, therefore, must be introduced in the domain of the subject's own imaginary external world, rather than in the form of an external object.

To show how this happens for the subject who cannot establish otherness like paranoiacs, neurotic and – partially – melancholic subjects (that is, all those that are not 'so-called' schizophrenics'), we need to turn to Lacan's later teaching. The later Lacan's (1975–1976) view of how to support the subject's subsistence – from the interconnection of the real, the symbolic and the imaginary, with no reference to a factor such as the Other's Other – does not seem too far from this suggestion.

If we wanted to apply this objective of the treatment to schizophrenic subjects – since in 1924 Freud writes about psychosis in general – in light of the later Lacan's reading, we could, indeed, set it as the anchoring of the floating – hence external – imaginary to the subject's constitution, which, at least initially, corresponds to their direct relation to the real attached to the symbolic. This will introduce a third factor, where jouissance will be channeled and help him or her 'acquire' the body and its organs.

If we still want, therefore, to employ the term 'stabilization' in the treatment of schizophrenics, we might use this term for the status of the flexible imaginary in relation to the other two registers. The body image must be grasped so that it can anchor the jouissance inherent in the real (and the symbolic).

Yet, as was written earlier, the clinician does not have to invent the field in which the body image must anchor the subject's relation to the real. He or she can benefit from the subject's direct relation to the real, as in Georgios' relation to the signifier 'child'. They can, then, encourage the psychotic subject's 'capacity for invention' (Maleval, 2015, p. 101) in a welcoming setting where he or she leads the work, rather than in a place of a transferential

relation guided by the subject-supposed-to-know, which may suit other subjective constitutions (Allouch, 2015).

Below, I present the treatment directions for schizophrenics that have been suggested by psychoanalysts from the second half of the 20th century until today, picking up the thread from where this was left in *Chapter One*. Potential 'secretaries to the insane' are given the chance to judge if the one stemming from Lacan's later teaching seems more suitable for the schizophrenic subject, as I tried to show in my examination of the case example of Vizyenos.

### III. 3. C. Capturing the imaginary through… the imaginary

Working with schizophrenic subjects via an exclusive mobilization of the imaginary is one of the oldest orientations in the psychoanalytic treatment of this psychotic type. It is based on the idea that the subject's imaginary constitution, the ego, established during the mirror stage, rests upon the infant's identification with the complete image of its body (Lacan, 1949).

It is, thus, based on localizing the imaginary of the body through the image of the other. Consequently, in the theories and techniques we can enlist in this category, an anchoring of the body to the subject is only achieved thanks to the use of the imaginary, with only secondary references to the symbolic.

#### *a-a': Fastening to a small other's image*

A schizophrenic subject's simplest, and at the same time, most precarious attempt to 'obtain' their external body image comes from one's sole dependence on the imaginary axis. In the previous chapters, there has been reference to its theoretical foundations, Freud's narcissism (1911) and Lacan's mirror stage (1949), from which paranoia stems: the body image is captured thanks to the image of the body of someone else, a specular, small other, represented in the *schema L* by the axis as *a-a'*.

This is, however, an elementary and precarious treatment of the schizophrenic's body, exactly due to the fact that the subject is expected to depend upon something they have not been able to establish: the intrusion of otherness (Lacan, 1938). Thus, its fragile character is frequently observed in hospitalized schizophrenic subjects, that is, after its vacillation. How

often do we not meet in the clinic people suffering a breakdown after a friend, a colleague or even a pet disappears from the stage? In *Chapter One*, I referred to the example of Amelia.

A similar case was that of a hospitalized young man, Stephen. Stephen was a twenty-seven-year-old man admitted for a third time to a public psychiatric institution. Manifest symptoms had started in his late adolescence, when he met a young woman at a bar. That woman supposedly resembled another girl, whom he had been talking about as his puppy love. He described the incident thus:

> 'I met a woman whom… A woman… a small girl rather, I was four and she was six. I hugged her, she hugged me, we danced a blues, I lost myself in that aura, in her aura, she asked me to marry her, she told me 'do you love me? Will you marry me?' and I said yes. […] That girl was put in an orphanage because her mother had no money, she could not raise her, and 'will you marry me?' she said […] then, when I was sixteen, I went into a bar and I saw that beautiful girl dancing and I seemed to myself 'I know her somewhere'.'
>
> [my translation]

Before the incident in the bar Stephen had not presented symptoms of the return of jouissance to the body. The image of the woman dancing sensually was the occasion for his first breakdown and following hospitalizations. After that event, he would frequently get involved in fights, make excessive use of drugs and alcohol and suffer severe fractures. What had happened?

It seems that the young girl's image at the age of six had functioned as a specular other for Stephen, helping him fasten to his own body, hence his reference to hugs, dance and auras when he recounted meeting her. Yet it seems that this fastening lacked the gravity of an identification confirmed by the Other, which is the matrix for narcissism in paranoia as well as in 'normal' human development. Thus, the image of the girl dancing in the bar probably annulled the innocence of the image of the six-year-old 'orphan' girl's body, contaminating it with hints of sexuality or femininity, stemming from the hole created by the real of the non-existent sexual relationship (Lacan, 1973a). Stephen collapsed. Since there was no 'third factor' to target jouissance to, this happened by breaking his body parts or sedating himself via an excessive consumption of drugs. All these were attempts to tackle the externality of his body image, hitherto being supported precariously by the 'orphan' girl's image, to which he had not identified, but simply 'fastened'.

At the end of the day, both Freud (1911; 1914b; 1915) and Lacan (1938; 1955–1956) highlighted the schizophrenic's incapacity to adhere to the imaginary steadily by establishing otherness. Nevertheless, despite its precarious character, we must not neglect the minimal gain by the subject's being maintained at the position of Narcissus, as Lacan puts it in a *Question Prior to Any Possible Treatment of Psychosis* (1958a): a position like this, in the end, is better than no position, as we can deduce from Freud's reading of Schreber's case (1911) and as was seen in Georgios' four years in the asylum. Of course, Georgios' and Schreber's solutions implied much more than fastening to a small other's body image, like Stephen.

The potential 'secretary to the insane' may encounter such relations to other's images when working with schizophrenic subjects. However, this is not a practice that can be intentionally employed by the clinician. He or she can simply help maintain them, if those are helpful to the subject, yet always bearing in mind their precarious status. The same seems to happen for a more complex variation of the schizophrenic subject's body image's attachment thanks to imaginary means.

### *Artificial ordinariness*

Lacan referred to this still precarious but more complicated treatment in his seminar on the psychoses (1955-1956). It was summarized by Helene Deutsch's 'as-if' personality, describing cases where, by copying others, the schizophrenic creates an artificial personality that lacks genuineness (Deutsch, 1942). One can clearly see in this reference the mirror stage at work too: a subject who lacks or has a poor ego forms a false ego by adhering to images of others (Leader, 2011, p. 198).

In this case the small other's body that still helps the imaginary stabilize is not simply where the subject fastens as a specular image, as was described above. Subjects are copying more than the other's image, although there is still minimal connection between the imaginary and the amalgam of real and symbolic, if there is one. The orientation of this treatment for psychotic subjects has been characterized as 'clothes like the man' (a play on words in a French proverb equivalent to 'clothes don't make the man') (Hoffman, 2009). Although these clothes are certainly ready-made, borrowing them seems more complicated than the simple specular adhesion to someone on the basis of *a-a'*. To wear one's clothes needs greater effort than simply looking at them.

It might not be wrong discussing what appears in the phenomenology of 'as-ifs' under the signifier 'ordinary psychosis', which was recently introduced as a fourth psychotic category in a branch of Lacanian orientation, the Freudian Field (Miller, 1997).

This signifier emerged when Lacanian psychoanalysts asked themselves about non-triggered psychoses (Laurent, 2012), patients whom the clinician hesitated to diagnose as neurotic, although they presented no manifest signs of psychosis. Something did not really fit in (the same observation had led Deutsch to formulate the 'as-if'). This clinical category is not characterized by a rigid definition; it is 'more of an epistemic than an objective category' (Miller, 2009a, p. 149). In the almost two decades that have passed since its introduction, Lacanians have not seen eye to eye about exactly what ordinary psychosis is (Brousse, 2009; Klotz, 2009; Miller, 2009a)[14].

Jacques-Alain Miller (2009a), who coined the term, suggests that schizophrenia 'may well be the reality of the subject, which may appear as an ordinary psychosis because it's not self-evident' (p. 153). He thus encourages clinicians not to restrict themselves at the level of ordinary psychosis, if such a diagnosis is being thought of, but to go beyond that and find the classical type of psychosis behind it (paranoia, schizophrenia or melancholia) (Miller, 2009a). Therefore, instead of crossing out schizophrenia, this epistemic category seems to be showing exactly one of the treatment directions that a subject can create: those that fall within the spectrum of the ordinary, like the 'as-if.'

Take for example Philip, a young man who visits a centre for psychological support at the age of twenty-five, complaining about his unconsummated love life. Philip has never had sex, despite his expressed wish to do so. Whenever he was attempting to have intercourse he felt his body 'petrified'. His marginal social life comprised a couple of friends, a girl and a boy, whom he was describing as his 'enfants terribles', in a neologistic use of this phrase. While he was in therapy, Philip avoided any sexual activity and things were running fine when suddenly a cousin of his wanted to have an affair with the female friend. That was more devastating to him than the failures in his sexual life, since his dependence on the girl's image was one of the subject's few imaginary constitutions. My therapeutic direction at that point was to support its maintenance – with no impressive results, I must admit.

[14] In fact, the annual conference of the New Lacanian School to take place in July 2016 in Dublin is dedicated to the study of ordinary psychosis

I believe this was also due to a clinician having very limited power over those ordinary but relatively more elaborate 'solutions', since they are often already established – or vacillated – when subjects meet him or her.

In contrast, cases that have achieved an anchoring of the imaginary thanks to an operation emphasizing the symbolic or the real, such as Joyce, merit the characterization of 'extraordinary psychosis!' (Miller, 2009a), even if that never triggers. I believe that Georgios' case can be also considered among the extraordinary psychoses, if only for the volume of his creations through writing.

Regardless what we study it as, 'as-if' or 'ordinary psychosis', the clinician has limited power over this treatment too, since it relates to where the schizophrenic is not a master: processing otherness. This is probably why Lacan (1956a) calls them '*conformist* imaginary identifications'. We cannot do much more than help sustain it, if that is for the subject's benefit, as in Philip's case. Therefore, this creation can be also listed among the ones a 'secretary to the insane' might encounter, although they might have no power in establishing one.

Of course, this does not mean that such a solution cannot be a temporary functional treatment for a schizophrenic subject, be that viewed as a rather simple creation compared to Joyce's. Despite being a relatively simple creation, the 'as-if' can still provide the subject with a support mechanism (Leader, 2011). After all, when we discuss ordinary psychosis, don't we place emphasis on the absence of loud manifest psychotic phenomena? Artificial 'ordinariness' can provide a relatively functional treatment for a schizophrenic –and not only, since paranoia and melancholia may also be its foundation.

However, the establishment of imaginary relations so that the schizophrenic subject can acquire a feeling of their body is not something that psychoanalysts have not tried to initiate. According to such approaches, the clinician must not simply support the introduced small other or alleviate the effects of its vacillation, but they can introduce practices to help the subject acquire their body image via other parts of the imaginary.

One of the first to develop such an approach was the German-born psychoanalyst Gisela Pankow, a contemporary of Lacan's, to whom he refers in his seminar. Her work is presented below as exemplary of practices where clinicians attempt to generate a treatment for the schizophrenic subject based on the introduction of an imaginary agent rather than supporting the presence of an already established one, like the *a-a'* or the 'as-if'.

***Active introduction of the body image***

Pankow was among the few clinicians of her time to accept for psychoanalysis psychotic patients with severe problems (Gaudillière & Davoine, 2009). To explain her innovative work with schizophrenics she introduced a modification to Lacan's *schema L* (see *Chapter One*), producing the following shape:

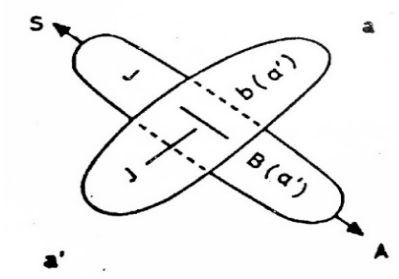


**Figure 12. Pankow's enlarged schema L in *À propos de l'expérience du miroir dans la névrose et dans la psychose*, p. 385**

In Pankow's (1958) clinical work, 'dynamic structurization', it was considered essential to give the person a chance to integrate the dissociated images of his or her body. The integration of B (a') – lying on the symbolic axis above – to b (a') gives rise to a *Gestalt*, which Lacan had referred to in the mirror stage (1949).

Pankow encouraged the establishment of an imaginary relation to the subject's body through the forced introduction of an external, third factor which other subjects might create thanks to a small other's specular image or by copying their personality.

She would ask schizophrenics to create models with clay. Pankow believed that this material could act as an equivalent to the subject's body image (1961). She maintained that working on it could help the schizophrenic discover the external layout of his or her body image. Thanks to clay-modelling and speech during therapy, the subject was believed to be given the chance to discover the boundaries between the external and the internal world of their body, recognizing it, thus, as a unified form. After that was achieved, interpersonal relations would come into play to introduce the dialectics of being and having. When a patient, for example, created a shoe, Pankow (1985) would ask them 'Whose shoe might that be?' or 'If you were this shoe, what might you do with my body?' (p. 443) depending on whether she wanted to introduce the potential of an object-relation or the identification of the

schizophrenic's body with the model. This activity apparently helped the subject establish what was inside his or her body and what was not, and even paved the way for psychoanalytic work in the style of the school of object-relations (Pankow, 1961).

This theoretical position and therapeutic direction can, therefore, be counted among the treatment directions that implicate introducing a third, imaginary, factor to the subject's world with no reference to the existing subjective constitution with regards to the real. Ver Eecke (2001b) describes it, quite aptly, as 'work aimed at repairing the body image by means of imaginary products' (p. 99).

Yet the neglect of the symbolic or real does not in any way mean that Pankow's work and analogous approaches are of minimal use or value for schizophrenic subjects. The idea of stabilizing the body image by means of other imaginary parts as well as specular relationships has even been used in institutional work with schizophrenics that claims to be successful (Dana, 2015; Ver Eecke, 2001b). An example from the United Kingdom is the therapeutic communities that arose in the 1960s and 1970s inspired by Klein's work (Hinshelwood, 2001); these are communities of non-authoritative interpersonal relations, where the subject is invited to function in a setting where a democratic relation between residents and staff is encouraged; according to Leader (2011, p. 295), this is nothing but another way to involve imaginary relations in therapy.

Such approaches may indeed succeed in an objective like this, offering the subject a new 'imaginary external world'. Yet they seem to overlook two significant remarks by Lacan: first, that the schizophrenic is not a master of establishing otherness and, secondly, that the first body organ that can help acquire the rest is the language-organ (Lacan, 1973a). In Pankow's work language does play a role – yet a supportive one, rather than being at the core of the treatment. Moreover, the language whose use she encourages is not the schizophrenic's language, where the symbolic is closer to lalangue and the subject's relation to the real. This seems to be in discord with Freud's (1915) remark about one of the first attempts at therapy being the cathexis of libido to word-presentations instead of images of the self or others.

Lacan implied this even before his theoretical shift towards the real linked to the living being, in *Seminar V*, *The Formations of the Unconscious*. He referred there to Pankow's approach to the 'subject when he is schizophrenic' (note, once more, the indirect reference to schizophrenia) (Lacan, 1957b). He argued that approaches like that ignore the

primary character of the signifier and law, the Other in other words, and privilege meaning and figure, a personality (1957c); in other words, the imaginary.

Pankow's neglect of the real at this stage can be viewed in the neglect of the symbolic, which Lacan had already equated to the former in schizophrenia (1954). For her part, Pankow (1985) insisted that her suggested employment of the 'body-image' was assisted by the intervention of 'symbolizing functions' (recognition of a dynamic relation between the whole body and one of its parts and recognition of the content and meaning of that tie that transcends the form). Yet she still seemed to be describing the imaginary, in which lay body image and meaning. Pankow is summarizing her work as 'a creative process based on the dialectics of forms' (1985, p. 441), which is nothing but imaginary in Lacan's thinking, established in the mirror stage. Yet narcissism, which lies on the mirror stage, was considered a breakthrough for the paranoiac, rather than the schizophrenic.

It seems, therefore, that placing emphasis on the imaginary part of reality ignores the part of the person's subjectivity entangled between real and symbolic, where jouissance lies. Thus, although Lacanians do not overlook the potential of a therapeutic quality in 'acquiring' the body through the use of parts from the imaginary, their approach seems to focus more on the side of the symbolic, which is already linked to the real. The orientation in treatment they promote, contrasting with the preceding one, is discussed below.

### III. 3. d. From the symbolic (Other) to the real (One)

In *Seminar III*, Lacan (1956a) differentiated 'conformist' imaginary mechanisms employed by schizophrenic subjects from constructions such as President Schreber's delusional metaphor, a recurrent example of how a new 'imaginary external world' can be created thanks to an elaboration of the symbolic (De Waelhens & Ver Eecke, 2001). The reader might have expected to find Schreber's self-cure in the previous section, but this was not so. Although narcissism was Freud's (1911) emphasis on how the German judge achieved his temporary treatment, which Lacan explained through the mirror stage, in his case the symbolic was largely implicated too in stabilizing the imaginary. It was, moreover, for this reason that his invention is considered much more stable than treatments achieved by a stabilization of the imaginary through the imaginary. His case is, thus, discussed in the present section.

In contrast to inventions that depend exclusively on the imaginary field, when emphasis is placed on the symbolic, the aim behind the mobilization of this register is to impose order, its characteristic function, and stabilize the 'vacillating imaginary world' (Miller, 2009a, p. 150). The composites and function of the symbolic were described in detail in *Chapter One*. The imaginary cannot impose order itself, since its characteristic function is exactly specular: jumping from the one side to the other. The psychotic subject must find ways to treat the jouissance whose prey it can become by use of the signifier (Voruz & Wolf, 2007).

One of Lacan's prominent students, Alfredo Zenoni, has suggested as the objective of work with schizophrenics to *find the connections between the symbolic and the body*, an alternative to the direct connections between the imaginary and the organ (2012), seen in the symptoms of the return of jouissance to the subject's body. In the last section of *Chapter Two*, I demonstrated how the symptom Vizyenos linked the imaginary to the real of the body through the mediation of the symbolic, and not via a direct connection. Zenoni's (2012) suggestion, which translates into the clinic Lacan's reference to the schizophrenic in *L'Étourdit* (1973a), seems to be far from the objective of a mere 'acquisition' of the body via the imaginary. The prospective 'secretary to the insane' also has the symbolic at his or her disposal.

Of course, to work exclusively with the symbolic in order to create a new imaginary world does not seem possible, since the two are one in schizophrenia (Lacan, 1954). In fact, in the following investigation of the range of treatments through the symbolic, it is suggested that excluding the real is not simply impossible but might also be inadvisable. According to the existing – albeit limited – literature, utilizing the real might be also a treatment orientation for schizophrenic subjects, since it is implicating the One instead of the Other of the social bond.

***Paranoid pseudo-metaphor/ symbolic suppléance/ invention of a delusion***

As was discussed in *Chapter One*, paranoid metaphor and schizophrenia cannot coincide. A schizophrenic subject cannot become paranoiac in a reverse view of schizophrenia having been considered in the past as regression from paranoia (Freud, 1911; Lacan, 1938).

However, the creation of a delusional metaphor to substitute for the failure of the paternal metaphor is referred to in the discussion of practices that can bring about a treatment with schizophrenic subjects. A schizophrenic's inclination toward paranoia, in the sense of the limitation of jouissance to the field of the Other, is sometimes described as progress (De Waelhens & Ver Eecke, 2001; Verhaeghe, 2008). It seems, however, that there is a demarcation line that must be drawn between paranoid structure and the attempts at a delusional metaphor. Let us return to Schreber, who was believed to have achieved a temporary treatment thanks to a delusional metaphor.

In *Chapter One*, I discussed the content and stability of Schreber's construction in time. Based on Lacan's reference to paranoia in his later teaching (1975c), I suggested that it would be better to deem Schreber a schizophrenic rather than paranoid subject, regardless of the theoretical lesson we draw from the function and content of his delusional metaphor.

As was suggested earlier, to consider a schizophrenic subject's attempt at treatment successful, it must tackle the effects of the detachment of the imaginary from the subjective constitution, that is, it must have hindered the return of jouissance to the corporeal aspect of the subject's body by anchoring the body image. In paranoia, this starts from establishing an identification with another's image.

Schreber's edifice did utilize figures of otherness (Flechsig, God etc.). Yet the relation to those figures does not seem to have offered his body the effect of totality deriving from a solid specular identification. Schreber sees in the mirror a female torso. He also refers to his body as harbouring colonies of foreign nerves, as well as his being a leper's corpse leading other lepers' corpses (Schreber, 1903). These images do not point to a successful undergoing of the mirror stage. The position Schreber's invention guaranteed for his body does not seem to have safeguarded a solid narcissistic covering for it, dependent on the other's image; lepers' bodies are rather bodies in decay, dead bodies, which resembles the schizophrenic's fragmented body rather than a body in whose totality the subject jubilates. Could this still be considered, therefore, as a paranoid construction that acts as treatment for a schizophrenic subject?

As was noted above, one might have been encouraged to discuss this case thus until the first half of the 20$^{th}$ century, but thanks to Lacan's later teaching, Lacanian psychoanalysis has diverged from that direction. When Lacan says that a personality is the same as paranoia, equating it to the merging of the three registers, he points towards differentiating paranoia

from its former ‘poor relation’, schizophrenia. According to Zenoni (2012), when Lacan introduces his theory on knotting the three registers in absence of a Borromean knot, ‘it is rather to schizophrenia that he will allude’ (p. 161).

Thus, the two directions in the treatment of the absence of a Borromean knot between real, symbolic and imaginary differ structurally. Therefore, if Schreber had indeed a schizophrenic rather than paranoid constitution, we can suggest that his treatment had a paranoid orientation, but did not establish a steady paranoid edifice, since, in the end, the three rings came apart in his final breakdown and death in the asylum, just as in the case of Vizyenos (see *Chapters One* and *Two*). What led to his temporary cure could have been, instead of identification of jouissance to the field of the Other based on a successful undergoing of the mirror stage, the elaboration of schizophrenic language that led to the creation of the neo-code (1958a) *Grundsprache*. This might have, alternatively, given him the feeling of an enjoyed body with a narcissistic covering similar to that of Joyce’s escabeau, which was built upon an instrumentalization of lalangue.

The Lacanian focus, therefore, regarding working with schizophrenic subjects does not concern the establishment of a paranoid construction, but inventions that redistribute the jouissance of the real (attached to the symbolic) in anchoring the subject’s body and its organs, an orientation that comes directly from Freud (1911; 1915). Nothing guarantees that, for the schizophrenic, the paranoid solution is exceptionally stable, functional or therapeutic. Soler (1992a) talks about ‘pseudo-metaphor’ (p. 207). President Schreber’s case, which she opposes to Joyce’s (Soler, 1992b), certainly showed that. What other way is there, therefore?

Next to patients, to illustrate what clinicians might encounter and support in working with psychotic subjects, psychoanalysts frequently borrow examples from history, art, philosophy and mathematics. The work of exceptional individuals from those fields can show how subjects have managed to channel a part of jouissance to the imaginary thanks to titanic and/ or singular mobilizations of the symbolic. A clinician can use those cases, some of which are presented below, as examples of conducting treatment with schizophrenic subjects other than via the exclusive use of the imaginary. However, the differentiation between the objective of paranoid and schizophrenic subjects must not be overlooked.

To describe those constructions, Colette Soler (1992a) makes frequent use of the term *suppléance*, French for ‘replacement’; she is joined in this use by many psychoanalysts.

This term was initially used by Lacan to talk about both psychosis and neurosis. First used in 1958 (Pellion, 2009), *suppléance* is used today more extensively and with a wider sense that in Lacan's time (Lysy-Stevens, 2002). It seems to encompass the variety of treatments that subjects generate in order to avoid the triggering of psychosis. In fact, imaginary constructions such as the 'as-if' have been referred to as 'imaginary *suppléances*' that can have a therapeutic effect (Galiana-Mingot, 2010). *Suppléance* may be an eligible candidate, against the delusional metaphor, for being held responsible for the particularities that appear in schizophrenic cases (Pellion, 2009). The word is, therefore, of 'symbolic *suppléances*'.

Soler (1988) comments on Joyce, whose relation to schizophrenia has been already discussed, as a *suppléance* encompassing the symbolic. His particular use of language helped him anchor the body that was falling 'as easily as a fruit is divested of its soft ripe peel' (Joyce, 1916, p. 87). Other well-known examples of psychotic subjects who achieved a treatment thanks to their laborious work in literature or art are Rousseau, Hölderlin and Van Gogh (Soler, 1988).

The example of Jean-Jacques Rousseau's creation of a new symbolic (Soler, 1988) can help us designate further the appropriate treatment orientation for schizophrenia. If Schreber's case is suspended between schizophrenia and paranoia, Rousseau's falls unquestionably on the side of the second.

A psychotic subject, Rousseau was able to create through his writing a 'prosthetic' or 'compensatory symbolic order' (Leader, 2011, pp. 204, 207), triggering a 'civilization' of the Thing via the symbolic homogeneous to that of the delusional metaphor (Soler, 1988).

Jacques-Alain Miller (2012) sees Rousseau's endeavour as having succeeded in the objective of taming the real by channeling it to a figure of otherness. As is seen primarily in the Genevan philosopher's *Social Contract*, his work achieves the creation of a new Big Other. His subject's relation to an Other is established in an invention that bears 'essentially' (Miller, 2012, p. 261) on the social bond. Its emergence dresses the subject with the narcissism that makes him an interlocutor of these new configurations of society.

A major difference between Rousseau and writers like Luis Wolfson or Joyce is the outcome of their writing concerning meaning. Rousseau's work on society, education and the sexual relationship via a multi-dimensional use of the symbolic does not entail Joyce's or Wolfson's particular use of lalangue – which lies outside meaning – but generates a new

meaning for those aspects of human experience. In contrast, the work of subjects like Joyce and Wolfson does not seem to have generated a universal meaning about what they write. They do not generate an Other, a field in which jouissance is identified.

The same seems to have occurred in Georgios' case. In *Chapter Two*, Vizyenos' writing was discussed in light of the creation of a new discourse thanks to which he enjoyed his body and dressed it with a narcissistic covering. It was argued, moreover, that this discourse compensated for the deficits caused by the failure of the paternal metaphor. His pursuit of childhood created the invention that generated his name and his writing, which established a pseudo-quilting point. Yet this pursuit was never accomplished to the end, neither was it based on meaning.

In fact, the subject of children's education, which occupied Rousseau's interest too, can demonstrate the difference between the two men. Vizyenos' advice on children's upbringing does not aim only at serving the social bond, but also at defusing the child's 'dark, intensive, and formless force' (1881, p. 178). The first steps toward this direction, which is not Rousseau's service to the social bond (1762), were given in Vizyenos' poetry. Vangelis Athanasopoulos (1992) writes about his take on the meaning of childhood, comparing Vizyenos' expeditions to the mines of Samákovo with his pursuit of the child's being:

> 'Maybe what he got from the abandoned mine of childhood was something common – like adult admonitions to children; something worthless or of small value – like his children's poems and songs. Those that in our poor and unfortunate literature do not exist as bearers of some meaning.'
>
> Athanasopoulos, V. 1992, p. 498 [my translation]

Leader (2011) writes that psychotic inventions do not necessarily create meaning; they can empty it out too, as in Joyce and Wolfson. In fact, it seems that in the end Georgios does not invent meaning either. He did not generate a new world that would make him his Creator, like Rousseau. Neither did his poetry, short stories or scientific papers involve the discovery of a new aspect of childhood, in contrast to Rousseau, who generated a new perspective for society, love and education (Miller, 2012). In other words, the 'Other' to his name that his writing generated was a singular, self-made locus that was made first for personal consumption. The 'new imaginary external world' created was not, thus, intended for the recognition and approval of the social Other. This is, probably, why he sarcastically calls

one of his poetry collections *Rubbish*, to mock the Athenian literary establishment, the Other for whose approval he did not intend to sacrifice much.

Could we, therefore, categorize those cases, Rousseau, Joyce, Wolfson – and Vizyenos – under the title *suppléance*, as Soler has at some point implied by using the same signifier for them?

A number of significant figures in the Freudian Field (Laurent, 2012; Miller, 2012) avoid the use of *suppléance*, preferring instead the term 'invention', whereas other psychoanalysts in the Freudian Field, like Maleval (2015), use both terms, probably using *suppléance* in its more general meaning.

Accordingly, the psychotic subject must invent something to defend himself or herself against the real. Miller insists on the use of the term 'invention' for a special reason: to contrast it to 'discovery'. 'Invention' means that the subject is not required to find something new, but to improvise with what it has been given (Miller, 2012).

This reminds one directly of Freud's (1915) remark that the first step towards a recovery is the schizophrenic's cathexis of the libido to word-presentations, which in Georgios' case I suggested as having to do with the Real signifier 'child'. What the person is given in schizophrenia is their direct relation to parts of the jouissance of language in the form of lalangue, the marks of the One. 'Invention' seems to capture Freud's idea of generating something new out of what the schizophrenic is given better than *suppléance*, which is a signifier referring generally to replacement and could mean the introduction of a *new* entity.

To return to the question of differentiating between creations like those of Rousseau and Joyce, Miller (2012) takes a step further in his theory of psychotic inventions in creating a short catalogue. He differentiates, among the two forms that have been referred to above, the invention of a delusion and of an identification, and a third, the invention of a function for the language-organ.

An 'invention of an identification' can be identified to an 'imaginary *suppléance*'. 'Invention of a delusion', on the other hand, can be a paranoid metaphor, which can be described as 'symbolic *suppléance*'. The latter could, therefore, be considered as a second option, next to the sole mobilization of the imaginary, for schizophrenic subjects to channel jouissance to the image of their body. Both those types, however, describe inventions that pass through otherness. On the other hand, the invention of a function for the language-organ,

which I suggest Georgios has achieved, might be worth the title of 'real *suppléance*' (Hoffman, 2004; Pellion, 2009).

In relation to schizophrenia, Miller (2012) stresses the importance of an instrumentalization of language that will be the schizophrenic's invention of a discourse to act as his 'own lines of recourse' (p. 261). It is exactly that instrumentalization of language that can protect the subject from becoming the instrument of language himself, as we saw happening in Georgios' early forties.

It seems that the stress in this reference to language is on the side of the real. Therefore, this aspect of creations by schizophrenic subjects that can have a therapeutic effect with the real of language in the first line, might have to be studied in a separate category. I believe that those indications show a different treatment direction to the ones presented above, which target otherness, and can link the schizophrenic's inventiveness with the sinthome, which elaborates upon the One.

***Real suppléance/ invention of a function for the language-organ/ sinthome***

In *Chapter Two*, I discussed Georgios' case in light of the theory of knotting. I concluded that a treatment came from his invention neither due to a simple establishment of a relation to a specular other (imaginary *suppléance*) nor to a creation of a meaningful system about childhood (which would have established an Other through a symbolic *suppléance*). At the basis of Georgios' writing lay the remnants of his first experiences with language: baby babbling, sounds from nature and words in Turkish. The subject Vizyenos subsisted thanks to the utilization of the debris of the One (real) to create a consistency (imaginary) covering the hole in the concept of child (symbolic)[15].

Based on Miller's (2012) differentiation of psychotic inventions, we can characterize this creation an invention of a function for the language-organ. Miller (2012) writes that in psychosis invention 'is conditioned by [what is most essential]: the direct relation to language' (p. 266). Georgios elaborated on what he was given. He was not, thus, a discoverer, but a true inventor in the way Miller (2012) highlights the property of invention: to construct based on existing material.

[15] Ex-sistence, hole and consistency are Lacan's definitions for real, symbolic and imaginary in *Seminar XXIII* (see *Chapter One*).

This orientation, which, as above, seems to be better linked to Freud and Lacan's references to this psychotic type, can help us differentiate between inventions that emphasize the symbolic and those that emphasize the real. This may lead us to answer a question posed in *Chapter One*, about the relation between schizophrenia and sinthome. Can the sinthome be counted among schizophrenics' *suppléances*?

Psychoanalyst Francesca Biagi-Chai (2011) has suggested differentiating between *suppléance* and sinthome, in relation to the options of the signifier and jouissance respectively. The schizophrenic's need to channel the jouissance inhabiting language might be better served by the second rather than the first, as we could, alternatively, argue for in cases like Rousseau's. In fact, even Soler, who at a first stage speaks generally about *suppléance* in the case of Joyce (1988), then discusses his case emphasizing the real rather than the symbolic; she speaks of a 'real operation on the real of language not caught within the network of language' (p. 190). She evokes, moreover, the same logic as Biagi-Chai (2011) when she writes that in Joyce the produced object imposes itself upon the real (Soler, 1988).

Lacan's (1975–1976) reading of Joyce, who also invented a use for the language-organ, shows in which cases it may be more appropriate to speak of sinthome rather than *suppléance*; the fourth knot Joyce creates based on an elaboration of the amalgamated real and symbolic, the ego, is not simply an imaginary construction, but a narcissistic pedestal that comes in the place of the object *a*, the condenser of jouissance (Biagi-Chai, 2011). When jouissance in the form of the real of language, that creates the mark of the unary trait, therefore, is at the heart of that invention, this might have to be separated from a symbolic *suppléance* and could be called a sinthome.

Are we encouraged, however, to make such a claim by Lacan's own references to schizophrenia? Could a prospective 'secretary to the insane' orientate the creation of such a concept with schizophrenic subjects, where the real comes first?

It is true that the ability to interconnect the real, the symbolic and the imaginary thanks to a fourth knot, the sinthome, has not been largely discussed in relation to schizophrenia. Lacan, for his part, never did so. Moreover, in the more than three decades that have passed since his death and later teaching, minimal indications by influential scholars in the Lacanian orientation have not concurred on this issue.

Lacan's sporadic references to schizophrenia were discussed in the previous sub-chapter. His later teaching, where the theory of knotting and the paradigm of the sinthome

were presented, is not an exception. He never says that Joyce was a schizophrenic, as was discussed repeatedly in this study – and he also never said it clearly about Schreber either. One could, therefore, quite naturally assume that schizophrenia is excluded from this field, especially when paranoia has been minimally, but quite clearly, referred to in the seminar on the sinthome as the merging of real, symbolic and imaginary. Is this the case, though?

As has been remarked already, Zenoni (2012) writes that when in his later teaching Lacan introduces the question of the knotting of the three registers with no reference to the notion of an Other, he alludes to schizophrenia. It has been already noted that the Lacanian objective of treatment in schizophrenia is not to introduce a third, external factor of otherness, such as a specular other, Other or the object, but to create something to elaborate upon the subject's existing constitution – the unmediated relation to the real.

It seems that the emphasis on the real that characterizes inventions by schizophrenic subjects might indeed call for a treatment direction separate from *suppléance*. In fact, returning to what was argued in the preceding sub-chapter, that each schizophrenic subject's relation to the real is of utter importance, a treatment that focuses on it might be a suitable option for a schizophrenic subject. In fact, if schizophrenia is not referred to in the clinic of the sinthome, it might be because the two identify, as Miller (1993) has hinted with the theory of 'generalized foreclosure' (see preceding sub-chapter). Allow me to return to Georgios' case for one last time.

As has been already discussed, Vizyenos' invention should be viewed as different to that of Rousseau because it was partly built around elements such as 'clank! Clank!', 'la-la-la-la' etc., elements circumscribing the subject's direct relation to the real. Psychoanalyst Barbara Bonneau (2011a) writes that schizophrenic subjects can create a sinthome explaining, in her own terminology, that this comes from an elaboration upon what she calls the 'icon' (the object having become one with an S2 in schizophrenia). She compares this pre-existing status to the holophrase (2011a), Lacan's (1964a) term I have modified for the signifier 'child' in Georgios' case. Bonneau (2011b) suggests that the difference between autism – where holophrase prevails – and schizophrenia is the schizophrenic's potential to form a discourse, a sinthome.

Yet although the relation of schizophrenia to the sinthome has been to some extent recognized, this might have to be rethought according to the conclusions reached so far. Maybe the most appropriate way to put this is to argue that a schizophrenic subject is not

excluded from the sinthomatic solution. At least Georgios' case shows this: this man keeps together the real, symbolic and imaginary for a rather long time thanks to a writing that utilizes units from lalangue, and this activity allows him to establish a marginal relation to a social bond rising on an escabeau. Why can't this be an option for other schizophrenic subjects too? Colette Soler (2014) puts, on the one side, sinthome and, on the other, schizophrenia as far as 'pure schizophrenia' is concerned, adding '…if it exists' (p. 134). It seems to me that a pure schizophrenia would be exactly what I have suggested placing a bar on: it does not exist. The possibility for the creation of a sinthome should not be, thus, excluded from 'impure' schizophrenics' options.

At the end of the day, the word 'symptom', from which the sinthome originates, comes from the Greek verb *συμπίπτω* (sympipto), which means 'to coincide'. If we adhere for a moment to the schizophrenic's propensity to take things literally, we might expect and even encourage inventions like Vizyenos', which helped what ex-sists (real), the hole (symbolic) and consistency (imaginary) coincide.

## III. 4. Summary

As was suggested in *Chapter Two* on the occasion of the case example of Georgios Vizyenos, the contemporary psychoanalytic approach to schizophrenia cannot ignore the subject's relation to the real. The singular status of this relation can act as the cornerstone for both its psychoanalytic diagnosis and treatment.

Diagnosis can take place in two significant steps that revolve around it: differential diagnosis and the specification of the orientation of jouissance in the subject's discourse. Excluding the third factor that jouissance is channeled to crosses out the chance of paranoia and melancholia. Specifying the jouissance at stake leads to the recognition of the presence of a single version of schizophrenia, since we have suggested striking this signifier with a bar: ~~*schizophrenia*~~.

Treatment cannot ignore the subject's direct relation to the real either. There is a range of treatment directions that aim at helping the schizophrenic subject assume its body. It seems that those who aim at establishing an imaginary constitution based on a specular relation, *a-a'*, overlook the schizophrenic's fundamental difficulty in establishing otherness, which Freud and Lacan highlighted from the first half of the 20$^{th}$ century. The same happens partly with the encouragement of the establishment of a meaningful big Other. It seems that the attribution of a body image to the schizophrenic cannot go beyond what Freud had remarked about the cathexis of libido to word-presentations: that it is one of the subject's first attempts at a recovery. This direction of a recovery, with the sinthome among its potentials, can offer the subject's body a narcissistic covering different to that of the mirror stage. It does not pass through otherness, specular or related to discourse, which is also the paranoiac's orientation, but the One, as was shown in the preceding chapter on the occasion of the study of Georgios Vizyenos.

# Conclusions

The reader might not be surprised to find the conclusions of the present research starting with the putting forward of a paradox, one that characterizes the series of chapters of which the thesis consists. Further below they will find this not to be its only 'paradoxical' quality, which, despite the occasional clash with the demands of the academic discourse, may not diminish its significance for psychoanalysis.

The thesis started with reference to the introduction of the signifier 'schizophrenia' into the psychiatric domain in the early 20th century (*Chapter One*), and ended with its Lacanian diagnosis and treatment, in the second decade of the 21st century (*Chapter Three*). However, the main case used for the argument concerning a specific orientation in the Lacanian conceptualization of schizophrenia – the emphasis on the subject's relation to the real – was taken from the late 19th century (*Chapter Two*). This might easily seem like a paradox, which one could then use to question the scientific credentials of the present study. It is a reservation to be expected and is, to some extent, justified. However, it gives me the opportunity to highlight, for the last time, the distance between psychoanalytic discourse and the discourse of science, with the latter fulfilling the demands of the master's and the university's discourse, and the former aiming at circumscribing the subject's singular relation to the real in light of the praxis of psychoanalysis.

The 19th-century Greek poet, writer and scholar Georgios Vizyenos died, indeed, in an Athenian psychiatric hospital three years before Emil Kraepelin introduced dementia praecox into his *Textbook of Psychiatry* and twelve years before Eugen Bleuler first suggested replacing the term with schizophrenia. As was described in *Chapter One*, Freud formed his approach to schizophrenia (paraphrenia proper) a few years later, mainly in contrasting it to paranoia. He highlighted schizophrenics' inability to cure themselves in the way paranoiacs do, that is, through an establishment of otherness. Freud's main example was the famous President Schreber, who achieved such a thing by composing his memoirs. Jacques Lacan, who was born five years after Vizyenos' death, maintained this idea, at least in the first period in his teaching, when he studied Freud's reading of Schreber's memoirs. However, as time went by, Lacan made less use of the term 'schizophrenia', having almost totally abandoned it in the period described as the 'later Lacan'. Nevertheless, as was concluded in *Chapter One*, nothing prevents us from applying Lacan's teaching on knotting and the theory of the

sinthome, which permeate the final period of his seminar, to the conceptualization and treatment of schizophrenia. In fact, in the light of this approach, sinthome and schizophrenia seem to be found on the same side, and paranoia and neurosis are on the other.

The above-mentioned conclusion concerns Lacan's teaching of the mid-1970s, which took place exactly one century after the beginning of Georgios Vizyenos' writing activity. Yet life itself, with its unexpected encounters, somehow linked Freud and Lacan's views on psychosis and subjectivity with Vizyenos. Research for *Chapter Two* generated the following interesting finding: Vizyenos probably met both Kraepelin, who configured the precursor of schizophrenia, and Flechsig, Schreber's doctor, in 1870s Germany; the first as a fellow student at Wilhelm Wundt's academic lectures and the second as a professor of psychiatry at Leipzig. In addition, de Saussure, the Swiss linguist who formed a theory of the signifier that Lacan borrowed for his teaching on the symbolic, was another fellow student of Vizyenos', apparently in both Leipzig and Berlin. Thus, we can form the hypothesis that if, like Schreber's doctor and the creators of schizophrenia and the signifier, Freud or Lacan had had the chance to meet that bizarre-looking Greek student too, they would probably have had a glimpse into a first-class example of the building of a schizophrenic's edifice that does not, indeed, pass through otherness, but treated the subject in a construction I studied in light of Lacan's later teaching.

In *Chapter Two* it was suggested that the subjective elements in Vizyenos' writing are those in which he is utilizing the primary form of language that precedes the subject's encounter with the discourse of the Other; what Lacan calls *lalangue*. Vizyenos does so in the form of children's babbling, sounds from nature, and untranslated words in Turkish, which he uses in his poetry and fiction. By bringing those resonances of the real under the yoke of the signifier, Vizyenos is indeed projecting libido – or jouissance – not to some form of otherness, but to an image of the child's body covered with the narcissistic brightness of writers from classical literature. Thus, a different relation to the imaginary register is established; but not that of the mirror stage and identification, from which stems an enjoyment that comes from the totality of the body image that small others or the Other acknowledge. Vizyenos manages to enjoy the body by naming it himself alone. Therefore, his case demonstrates that the schizophrenic subject is not doomed, deprived as it is of the potential for the paranoiac's breakthrough. If schizophrenics do not believe in otherness, their breakthrough can come from their believing in their image, not thanks to an external interlocutor, but to a discourse

that knots the body to the amalgam of real and symbolic in a solitary manner. This knotting can be approached through Lacan's theory of the sinthome.

In trying to link those findings to the contemporary psychoanalytic approach to schizophrenia in *Chapter Three*, it was concluded that the sinthomatic approach cannot be excluded from the prospects for patients with this psychotic sub-type. In fact, the sinthome is contrasted to theories and techniques that approach the schizophrenic subject and attempt a treatment only through the imaginary or the symbolic, ignoring the significance of the real, which resonates in the unary trait. Such approaches seem to rather suit other subjective constitutions, like paranoia. Trying to make the subject abandon an elaboration on the One to become the interlocutor of an other, specular or related to discourse, is similar to asking them to betray one of the few things they experience as true, as not being semblance.

These conclusions seem topical today, more than thirty years after Lacan's death, and exactly a hundred and twenty years after Vizyenos's. This is because, despite the time that has passed, people, schizophrenic or not, have not stopped being troubled by what Lacan called the real. The quality of Vizyenos' case is that, regardless of its time, it shows how a subject can elaborate upon a specific concept that touches on the real in avoiding, temporarily, the risks of schizophrenic constitution. This is a thread extending indeed for more than a hundred and fifty years. Yet, as was concluded in *Chapter One*, we can pick it up in the 21st century and apply it to the clinic of schizophrenia, as I have attempted to demonstrate also based on secondary examples from my own clinical experience.

In fact, from the first steps in the present research, it was my intention for its conclusions, summarized above, to be of assistance to clinicians seeing schizophrenic subjects. It remains to be shown whether this attempt was successful, which does not go without saying. In fact, as was noted a few times throughout the study, such is the nature of psychoanalysis that the usability of those findings could be easily deemed minimal, if not trivial, when evaluated from the viewpoint of the academic discourse, to which the present thesis is submitted. It would not come as a surprise if someone were to question the value of the above-mentioned conclusions based on the limitations imposed on it by scientific requirements. Anyone sensitive to criteria of academic research could naturally think of highlighting their lack of reliability and validity. One might naturally wonder: how can the case of one man alone, a man of exotic origin suffering, moreover, from a neurological disease, who died more than a hundred years ago, be of any use in clinical settings in 2016?

Or, in more scientific terms, how can one guarantee the significance of those findings, when the research presents many scientific limitations?

To speak the truth, they might be absolutely right in their argumentation. Nothing in the present study is generalizable according to the standard rules of academic research and the principles of the dissemination of its findings. Not much care has been, indeed, shown for the restriction of confounding variables, or for the maintenance of reliability and internal or external validity.

Thus, a number of paradoxes may arise for the academic discourse from the approach attempted in the previous two hundred pages, next to the one already remarked a few pages above. These could be my suggesting a treatment orientation for an entire clinical entity stemming from a single case; praising a treatment – Vizyenos' – that was only temporary; using throughout the study a term that is later suggested 'not to exist' etc.

Justified as those reservations might be concerning the study's objective and scientific character, I am not of the opinion that they necessarily lead to the work conducted, and the product generated, lacking value for psychoanalysis or for its study in academic settings. In contrast, I believe the above-mentioned conclusions to be in accordance with the ethics of psychoanalysis, as these were established by Freud and further elaborated by Lacan.

Indeed, the methodology employed for the study and the relative generation of findings may seem paradoxical: 'to treat a schizophrenic patient in 2016 based on what a mad Greek poet born in 1849 did'? I would not be surprised to read or hear this. Yet, who ever said that psychoanalysis is hostile to paradoxes? Freud pointed to the unconscious knowing no negation. One of his first observations was that when a patient said 'no, this is not the case, absolutely not!' there is undoubtedly a connection to be sought for. Where others see a contradiction, a psychoanalyst looks for an accord. Paradox, like a number of other signifiers starting with the preposition *παρά* (para, Greek for 'contra-'), like parapraxis or paranoia, seems to me to be friends of psychoanalysis. I would not, therefore, exclude from them *para*phrenia, the term Freud suggested for schizophrenia.

In fact, it seems that the 'mysterious' link between the contradicting coordinates of those paradoxes has been already described a few times throughout the thesis. It is, in fact, the same thing that makes parapraxis, paranoia, etc. work: the significance of the real. If one accepts that psychoanalysis' stress on the singular, which circumscribes the subject's relation to the real, makes every case unique – and it is only from such cases that we can draw lessons

for the clinic – then the obstacle of the paradox is overcome. If everyone's relation to the real is singular, then it is only from singular cases that we can harvest useful conclusions for clinical work. In the more than two hundred pages of the present thesis, I have attempted to approach what the subject's relation to the real is on the occasion of studying Vizyenos, and how we can draw lessons from him that can be applied to similar cases. Others before me have, and probably many more after me will, demonstrate this by use of the same method I have employed: the paradigm of the psychoanalytic case history. This method does not require measurement and evaluation of reliability and validity, but aims at following the subject's relation to the real.

After all, as was extensively discussed in *Chapter Three*, psychoanalysis and academia function within different discourses. The first brings forth the subject's relation to jouissance, whereas the second hinders it, etc. A study that would function in total accord with the university's discourse would not have much to offer psychoanalysis, and vice versa. The academic employment of the case history seems to offer an approach as balanced as possible.

On the other hand, I would not like to give the reader the impression that by simply highlighting the contrast between psychoanalytic and scientific discourse, everything is welcome. Even when not applied clinically, psychoanalysis requires meticulous investigation, analysis, and interpretation. President Schreber was not a patient whom Freud or Lacan ever saw, but their respective readings of his case can hardly be described as shallow or superficial. Therefore, simply believing that the present study has been conducted in the service of the psychoanalytic, rather than the scientific, discourse does not mean that mistakes, omissions, or imprecisions have been automatically avoided. Stating that we attempt to function under the psychoanalytic discourse is not an excuse for failure. In fact, in the paragraphs below I present some thoughts concerning the ways in which my work might not have managed to live up to the standards of psychoanalytic discourse either.

First of all, the literature review that comprises *Chapter One* covered a small part of the early psychiatric configuration of schizophrenia. By aiming at focusing on the views of Freud and Lacan on schizophrenia, it overlooked the evolution of psychiatric research into it for a considerable part of the 20$^{th}$ century. Thus, the return to its definition by the current DSM, discussed in *Chapter Three*, leaves a gap of almost a century in the history of psychiatry. I find that a comprehensive study of this aspect in parallel to the psychoanalytic one could illustrate further Lacan's view of it. An example is Lacan's dialogue with Henry

Ey, the French organicist psychiatrist, in the *Écrits*. In fact, the relation between Lacan and 20th-century psychiatry could be the objective of a whole new research project.

Something of a similar nature occurred with respect to the psychoanalytic approach to schizophrenia beyond Freud and Lacan. In the thesis, there is minimal reference to other 20th-century psychoanalysts' theoretical and clinical approaches to schizophrenia, and especially to psychoanalysts who might belong to different schools. Referencing the theory and work of Victor Tausk, Melanie Klein, Helene Deutsch, and Gisela Pankow does not entirely cover the variety of the psychoanalytic techniques employed to address schizophrenia throughout the 20th century. Of course, the objective was to cover Lacanian psychoanalysis, and not psychoanalysis in general. Yet a further investigation of other psychoanalytic theorists' and clinicians' approach might also explain further the evolution of Lacan's thinking. This is because, similarly to what happened with Ey, we frequently find Lacan in his teaching or in the *Écrits* engaging in dialogues – and often agreeing – with psychoanalytic figures whose work was not included in the present thesis, such as Ida Macalpine.

Similarly, keeping up to date with the continuously evolving academic and/ or theoretical work on Lacan and psychosis was not an easy task. The research seemed to me a little like trying to sprint a marathon. It was hard not to be left behind regarding the books and papers published every year on the Lacanian approach to psychosis, in examining new readings that supported, or contradicted, the arguments I was putting forward. For example, in the year that the study commenced, three important books in English on psychosis from the Lacanian perspective came out almost concurrently. This went on, with the last that comes to mind having been a compilation that was published in 2015, and having come to my attention a few months before the submission of the study. Something similar happened concerning Vizyenos' life and work.

On the one hand, this provided the thesis with a richer and more varied amount of sources. On the other, it made it hard to stop trying to be up to date with the continuously published work and actually put an end to research for the project. To my knowledge, I have covered most of the classic and new publications relevant to both matters up until the end of 2015, when this thesis is submitted. I am hoping that future work on Lacan and psychosis, and on Vizyenos, will only enhance the argumentation of the present study, by either strengthening its arguments or bringing them down based on sound thinking.

Secondly, I feel that the study of the case of Georgios Vizyenos was not complete. This does not mean that the evidence concerning the Thracian writer's life and work has not been investigated or discussed to the fullest extent possible. As noted above, I have done my best, to my knowledge, to assemble evidence from a variety of sources on Vizyenos. The fact of the matter is that Vizyenos remains a very rich case. It is not only about schizophrenia that we can learn by studying his life and work. His fascinating case could generate more psychoanalytic studies, if not entire theses, on the subjects of writing, poetry, narcissism, language, and even the paranoid and melancholic aspects that have here and there mingled with schizophrenic constitution. Those were not discussed extensively, as the focus of the thesis was schizophrenia, but their study could also enlighten clinicians on the relation between properties from different psychotic modalities. Another subject, which was among the first conclusions of preliminary research but whose significance had to be diminished against others, was the status of irony, which permeates Vizyenos' life and work. This thesis did not end up being a piece on irony in Vizyenos, as I wished at some point, but I hope that this task will be undertaken in the future. There might be more clinical lessons to be drawn from it for the psychoanalytic conceptualization of schizophrenia and the treatment of psychotic subjects, and not only, as Jacques-Alain Miller showed in his influential text *Ironic Clinic*.

If, however, future research takes up one of those tasks, I would like to express the wish that it will do honour to the subject Vizyenos, whose memory has suffered so much; nothing guarantees that the present thesis has paid the respect that is due to the tormented writer, but this certainly was among my priorities and major worries and concerns. I would be very disappointed for it to be one more piece that merely cannibalizes the Thracian writer's life and work.

Another relevant concern was whether today's English-speaking reader would be able to engage with Vizyenos' case example, which mainly takes place in late-19$^{th}$-century Greece. I worried, that is, that Vizyenos' case might be… all Greek to the reader! On the one hand, this may have become easier thanks to the translations of Vizyenos' short stories by William Wyatt and Peter Mackridge. In addition, the period Vizyenos spent in Germany, Paris and London in the early 1880s might be easier for the non-Greek reader to relate to. On the other hand, the lack of his translated poetry may make it harder for one to grasp what I wanted to highlight about the use of lalangue in Vizyenos' children's poetry and *Attic Breezes*. For the moment, the attempted translations will have to suffice. Alternatively, the

present study could encourage translators to deal with Vizyenos' poetry, which might prove just as interesting and exciting as the short stories for the English-speaking audience, literary and psychoanalytic. His doctoral dissertation, currently available in Greek and German, in which he unfolds a theory of child development, might also be worth translating into English. It could generate, in my opinion, an interesting read for the psychoanalytic reader, since it presents a psychotic subject's theory of education. Then, a detailed comparison with another psychotic subject's treatise on the same matter, Rousseau's *Emile*, could help us draw more fascinating lessons about psychotics' structuring of a system for introducing the child to the social bond. I have touched upon this superficially, but I am sure that research on it can generate an interesting outcome for the psychoanalytic reader.

Going back to psychoanalysis and *Chapter Three*, there is a third major concern I am afraid I may not have managed to address appropriately: the existing fragmentation of the Lacanian field. As the title reads, this is an investigation of the status of schizophrenia for Lacanian psychoanalysis. The reader might be familiar with the fact that simply distinguishing between 'Lacanians' and 'non-Lacanians' does not suffice for direct access to Lacanian theory in its totality. There are a number of Lacanian schools and institutions whose leading figures do not always see eye to eye regarding the status of subjectivity or psychosis. Let's not beat about the bush; two such major figures, who lead spiritually or actively major worldwide institutions of Lacanian psychoanalysis, are Jacques-Alain Miller and Colette Soler. Their names probably figure more than anyone else's in the thesis, following those of Freud, Lacan, Vizyenos, Schreber and Joyce.

Anyone relatively familiar with the Lacanian cosmos will know of the late 1990s' split in the Freudian Field, which led to those figures following different routes. Of course, attempting to compose an academic thesis on schizophrenia in Lacanian psychoanalysis cannot but lead to taking all sides available into account. I have attempted to maintain an objective and inclusive approach to the two most prominent heirs of Jacques Lacan. Fortunately, I found that most of the time this was not hard, since the same thing was being described, although occasionally by use of different signifiers. However, that was not always the case. There are points, significant for my research, where Miller and Soler choose not only different signifiers, but concepts too, such as *invention* vs. *suppléance*. At such points I felt I had to take one side or the other. I hope that my choice did not interfere with my belonging – as a clinician – to one of the aforementioned psychoanalytic institutions, but was an effect of

objective and impartial judgement, as I tried to do for the entire thesis concerning my own viewpoint.

On this occasion, I would like to conclude this discussion by sharing a final concern about the outcome of this approach having managed to be more conciliatory than splitting. I believe that when we attempt to speak on behalf of psychoanalysis, either as clinicians or as theorists, we automatically assume a certain responsibility. As much as I would like for the present thesis to produce an argument that is sound, justified, and accurate, I would not like to see it generating yet another split in the corpus of the psychoanalytic approach to psychosis. Especially not now, when we are confronted with the predominant psychiatric and psychotherapeutic establishments, which, as I discussed in *Chapter Three*, already constitute a threat to the perseverance of psychoanalysis by obliterating the subject's relation to the real. In such times, I believe that Lacanians must avoid having to 'strain at a gnat and swallow a camel'.

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