Working with the Drive: A Lacanian Psychoanalytic Approach to the Treatment of Addictions

Cristina Laurita

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WORKING WITH THE DRIVE: A LACANIAN PSYCHOANALYTIC APPROACH TO
THE TREATMENT OF ADDICTIONS

A Dissertation
Submitted to the McAnulty College and
Graduate School of Liberal Arts

Duquesne University

In partial fulfillment of the requirements for
the degree of Doctor of Philosophy

By
Cristina R. Laurita, M.A.

August 2010
WORKING WITH THE DRIVE: A LACANIAN PSYCHOANALYTIC APPROACH

TO THE TREATMENT OF ADDICTIONS

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ABSTRACT

WORKING WITH THE DRIVE: A LACANIAN PSYCHOANALYTIC APPROACH TO THE TREATMENT OF ADDICTIONS

By

Cristina R. Laurita, M.A.

August 2010

Dissertation supervised by Bruce Fink

This dissertation examines the clinical utility of applying Lacanian psychoanalytic interventions to the treatment of addictions. By combining theoretical exegesis with clinical case studies of psychotherapy with patients who struggled with addictions, this project seeks to: 1) contribute to the improvement of the clinical treatment of addictions; and 2) contribute to the advancement of Lacanian clinical scholarship in the U.S. Although the work of French psychoanalyst Jacques Lacan is well-known in Europe and South America, Lacanian clinical scholarship in the U.S. is disappointingly sparse. As a result, most American clinicians are not aware of the clinical usefulness of Lacanian theory. This dissertation focuses on how addictions relate to the psychoanalytic concept of the drive, which is closely linked to the repetition
compulsion and what Lacan refers to as jouissance—a kind of painful enjoyment beyond
the pleasure principle. Since addictions involve drive-related circuits of repetition and
Lacanian psychoanalysis aims to facilitate transformations on the level of the drive, this
dissertation proposes that Lacanian interventions may be particularly relevant to clinical
work with addictions, which are notoriously difficult to treat. This project explores how
addictions are highly particular. They manifest themselves and function in very
different ways depending on where the individual is situated within the Lacanian
diagnostic categories—psychosis, perversion, hysteria or obsessional neurosis—as well
as how the individual’s experience of the drive is shaped by the particularity of his or
her history and events of development. This dissertation demonstrates how to go
beyond surface behavior and transform addictions on the level of the drive. While the
techniques and interventions discussed within this project can be used within a wide
range of clinical approaches, this project is the first of its kind, in that a Lacanian
psychoanalytic approach to the clinical treatment of addictions has not yet been written.
ACKNOWLEDGMENTS

The support, encouragement, and assistance of numerous people helped me to write and complete this dissertation.

I am particularly grateful to Bruce Fink, who not only directed this project but also had a significant role in my graduate education. He encouraged me to write this project and saw me through to its completion. Over the years, his exemplary clinical supervision and unflagging support have been invaluable.

Colleen Carney generously agreed to read my project and offered helpful remarks. She is an inspiring example of what it means to be both an excellent psychoanalyst and a fine human being.

Dan Collins gave an estimable commentary on this project and, over the years, has been a fine interlocutor and friend. His generosity is unmatched.

Suzanne Barnard kindly joined the dissertation committee and offered useful observations.

Last, but by no means least, I would like to thank my patients. Without them, this project would not exist. I can only hope that I have done justice to their stories; nevertheless, the complexity and fullness of their lives exceeds what any theory can represent. For putting their trust in me and allowing me to learn along with them, I am truly grateful.
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Chapter 1
Introduction

Introduction to the Problem

Most clinical practitioners, regardless of their theoretical or clinical orientation, agree that addiction is one of the most difficult problems to treat. It logically follows that a problem as remarkably tenacious as an addiction would seem to require a treatment approach that is designed to target and transform that which keeps an addiction so deeply entrenched and stuck in repetition. This is precisely what Lacanian psychoanalytic practice aims to do: to create shifts within cycles of repetition, to transform on the level of the drive. In this light, it is perhaps ironic that although mainstream addiction treatment approaches (which largely focus on surface behavior) abound, a Lacanian clinical approach to the treatment of addictions has not yet been formulated.

Accordingly, in the chapters to follow I will attempt to articulate the clinical utility of applying Lacanian analytic interventions to the treatment of addictions, by combining theoretical exposition with clinical case studies of my work with former patients who struggled with addictions. My hope is that this project will accomplish two primary tasks: 1) to contribute to the improvement of the clinical treatment of addictions; and 2) to contribute to the advancement of Lacanian clinical scholarship in the U.S.
Although Lacanian clinical praxis receives very little attention in the U.S., Lacan’s work is quite prominent in much of Europe and South America. For instance, just a few years after his death, nineteen of the twenty psychoanalytic organizations in France were grounded in Lacan’s teachings (Nobus, 2000, p. 213). And yet in spite of his significant popularity in other parts of the world, Lacan is by no means as well known in the U.S. today. Somewhat strangely, in the U.S. Lacan, a psychoanalyst who maintained a clinical focus throughout his life’s teachings, is more likely to be taught in literature, film, or cultural studies departments than in psychology departments. In spite of the tremendous impact his work has had for psychoanalysts and clinical practitioners in other parts of the world, in the U.S. today Lacan is largely absent from the clinical dialogue.¹

As evidence of the effects of this absence from clinical dialogues, the majority of Lacanian scholarship in English is not clinically oriented. Instead, we usually encounter a motley assortment of non-clinical “applications” of Lacan. For instance, Yannis Stavrakakis’s (1999) *Lacan and the Political* applies Lacanian theory to various political issues, such as Green ideology and the hegemony of advertising in popular culture. Joan Copjec’s (1994) *Read My Desire: Lacan Against the Historicists* addresses everything from detective fiction to vampires, but nothing about desire as it relates to the psychoanalytic process itself. Those

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¹ The scarcity of Lacanian scholarship in the US is also partly due to the fact that much of the existing Lacanian literature is published in French or Spanish and is also difficult to obtain.
who are interested in the application of Lacan to art or literature can refer to such
Literature*. The dubious value of too hastily “applying” Lacan to something else
(other than clinical practice) is perhaps best exemplified by one chapter from
Coats’s text that explicates the supposedly perverse psychic structure of Curious
George. Without engaging in a critique of the generally questionable scholarly
merit of such an endeavor, let me just note that attempting to analyze a cartoon
character such as Curious George seems to be a far cry from analyzing a real
person! Overall, scholarship that attempts to apply Lacan to things like film or
literary characters, precisely because such scholarship focuses on *fictional
characters*, fails to elucidate the realities of clinical work with real people. Lacan’s
work is about relief of suffering for real people.

Finally, no discussion of the myriad attempts to “apply” Lacan to
something else would be complete without giving a nod to the king of all
Lacanian applicationists: Slavoj Žižek. Considering the fact that he is one of the
best-known Lacan scholars today, it is perhaps surprising that in spite of his
having produced over forty books (and innumerable articles), not one of them is
directly clinical. This highlights the extent to which Lacan studies have lacked a
focus on clinical work. A consequence of this neglect of the clinic is that the rigor of Lacan’s work gets lost.

In Žižek’s writing, the sheer abundance of references to literature, film, and so on, often creates more of a diffusion of examples than a consolidation of ideas. For instance, in Žižek’s *Interrogating the Real* he touches on the difference between desire and drive by shimmying from *Rear Window* to *Who Framed Roger Rabbit?* to *Dreamscape* to *Limelight* and then finally to Hitchcock’s *The Birds* within the space of just one page (Žižek, 2005, p. 177). This metonymic style seems to occlude more than it illuminates, and in any case it is difficult to see how readers who are unfamiliar with his cultural references can find such examples at all helpful. Moreover, while he elaborates on the difference between desire and drive in those films, any relation to actual clinical work remains completely unexplored and thus opaque in Žižek’s text. While two of Žižek’s most popular books are *Looking Awry: An Introduction to Jacques Lacan through Popular Culture* and *Everything You Always Wanted to Know About Lacan (But Were Afraid to Ask Hitchcock)*, given what I perceive to be a significant lack of connection between that style of scholarship and actual clinical reality, I would suggest that readers stop looking awry and when they want to know something about Lacan, just ask Lacan himself! A re-centering of focus on the clinical Lacan is what I believe is called for.
Lacanian Clinical Studies

Thankfully, a few Lacanian analysts and scholars have indeed contributed to the project of focusing on the clinical import of Lacan’s teachings. For instance, Lacanian psychoanalyst Dany Nobus’s *Jacques Lacan and the Freudian Practice of Psychoanalysis* addresses such concepts as desire, transference, and interpretation as they relate to clinical work. Stuart Schneiderman’s *How Lacan’s Ideas are Used in Clinical Practice* is an interesting edited collection that includes a few case studies by Lacanian analysts and even a transcription of one of Lacan’s interviews with a psychotic patient. Two of Bruce Fink’s books, *A Clinical Introduction to Lacanian Psychoanalysis* and his more recent *Fundamentals of Psychoanalytic Technique*, are exemplary for their weaving together of theoretical points with clinical examples to demonstrate how the theory actually relates to clinical work. Fink’s text traces components of the analytic process such as engaging the analysand in the work and making use of interpretation so as to open up a space of desire for the analysand. It also elucidates Lacanian structural diagnoses through theoretical expositions paired with case vignettes. The latter text does a similar job of weaving together theory and clinical examples but focuses in more detail on particular technical elements of Lacanian
analysis, such as punctuating, scanding (the variable-length session), and ways of working with dreams, daydreams, and fantasies.

In spite of these precious few scholarly contributions that successfully tie together theory and clinical practice, the general climate of Lacanian studies in the U.S. is decidedly not clinical. For those who want to learn about what actually happens in Lacanian psychoanalysis, there are few scholarly sources to turn to. Indeed, as Fink observes, "few if any books on Lacan available today talk about how one goes about doing Lacanian psychoanalysis, what it really involves, and what thus distinguishes it from other forms of therapy, whether psychoanalytically oriented or not" (Fink, 1997, p. xi). Considering the mere handful of Lacanian clinical texts, as opposed to the profusion of "applications" of Lacan, it's no wonder that so few people have any real sense of Lacanian clinical praxis.

I think this situation often leads to unfortunate consequences. First, because of the sheer abundance of works that apply Lacan to something else (film, art, and so on), the momentum is on the side of more and more work being produced that attempts to paste Lacan's ideas onto something else (something other than clinical work), since those are the arenas in which scholarly dialogue about Lacan is primarily taking place. I think this lack of grounding in the clinic sometimes leads to the production of less than rigorous scholarship and, more
often than not, misunderstandings or misrepresentations of many of Lacan’s ideas.

Another consequence of the neglect of the clinic in Lacan studies in the U.S. is a drift away from what Lacan himself said was the aim of his work: “The goal of my teaching has always been, and remains, to train analysts” (Lacan, 1964/1981, p. 209). Unfortunately, Lacan is rarely taught in psychology departments and, to the best of my knowledge, he is not taught at any of the psychoanalytic institutes in the U.S. that are affiliated with the American Psychoanalytic Association (at least not in any kind of systematic or thorough way). Unless further contributions to the field are made that bring Lacan’s work back to its clinical roots, the future of clinical Lacanian work in the U.S. would seem to be pretty bleak.

A Call for Lacanian Clinical Literature on Specific Clinical Problems

Of the handful of explicitly clinical books on Lacan mentioned in the previous section, many of them are somewhat general or broad in scope. For instance, Nobus (2000) explores a very wide range of concepts as they relate to Lacanian clinical psychoanalysis. As interesting and clinically relevant as Nobus’s book is, it still remains quite broad in its focus, spanning, for instance, topics as diverse as handling transference and the organization of analytic
training in different parts of the world. Schneiderman’s (1980) edited collection, while a classic in the field, is similarly broad in scope. It contains, for instance, a case study of an obsessional patient, a chapter on the onset of psychosis, and a chapter that discusses transexualism. Fink’s *A Clinical Introduction to Lacanian Psychoanalysis* is similar in scope to Nobus’s text, but Fink’s is more tightly focused on different facets of the course of analysis and includes more sustained case vignettes. Fink’s *Fundamentals of Psychoanalytic Technique* is exemplary in its directly clinical relevance. Fink successfully weaves together theory and clinical examples in order to explicate various aspects of Lacanian analytic techniques (including particular ways of listening, punctuating, and scanding), and the book is thus a major contribution to Lacanian clinical studies in the U.S., articulating, as it does, how to actually do Lacanian analytic work.

Additionally, two recent graduates of Duquesne University have written dissertations that examine clinical work from a Lacanian perspective. Yael Goldman’s (2004) *Neurosis and Fantasy: Lacanian Theory and Case Conceptualization Through Three Case Studies* offers Lacanian case formulations of some of her hysterical and obsessional clients. Through three case studies, Michael Miller’s (2006) *Following the Letter: Case Studies in the Application of Lacanian Theory to Psychotherapy* explores the clinical impact of his Lacanian interventions designed to follow the patient’s speech “to the letter.”
In spite of the strong merits of all of these clinical contributions, because they are fairly wide-ranging in scope, they do not rigorously delve into the many facets of any one particular issue. To the best of my knowledge, no Lacanian scholar has yet produced a book that weaves together the theoretical and clinical with a specific and rigorous emphasis on one particular clinical problem or issue.\(^2\) The general groundwork has already been laid by the existing scholarship, and perhaps new clinical contributions of more specificity are called for in order to continue advancing the field while deepening its areas of focus.

For these reasons, my dissertation is designed with the aim of continuing to develop clinical Lacan studies in the U.S. by focusing on one particular clinical problem: addictions. In the next two sections, I will introduce why I am looking at the problem of addictions and why I think Lacan might actually be ideally suited to address issues of clinical work with addictions.

### Addiction as a Major Problem in the U.S.

Addictions (or substance use disorders) are among the most common of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) diagnoses today. Indeed, a modest estimate is that substance use disorders affect about 1 in 10 Americans per year (Kessler et al., \(^2\) Although Rik Loose’s (2002) *The Subject of Addiction* is a Lacanian exploration of one problem—addiction—it is theoretical and not clinical.)
This is not a problem that we as clinicians can ignore in that each year, about 1 million Americans enter formal treatment for substance abuse (National Institute of Alcoholism and Alcohol Abuse, 1993). Of course, that estimate doesn't even include the number of people who do not seek treatment for substance abuse. Given the high percentage of people being affected by addiction and the high number of people who are actually seeking formal treatment for it, odds are that any clinician in the mental health field, regardless of theoretical orientation or institutional affiliation, will encounter many clients who are struggling with addictions.

In the DSM-IV-TR, mainstream psychological definitions of addictions are represented within the diagnostic categories of Substance-Related Disorders. Substance-Related Disorders are broken down into two categories: Substance Abuse and Substance Dependence. The DSM-IV-TR defines Substance Abuse as "a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances" (2000, p. 198). In order to receive a diagnosis of Substance Dependence, an individual must meet the criteria for Substance Abuse and also criteria for tolerance, withdrawal symptoms, and a pattern of compulsive use.

While the DSM-IV-TR defines "substances" of addiction as drugs, medications, or toxins, I believe this limits our ability to understand how people
can become addicted to other things that don’t fall within those categories, such as sex and gambling. I will argue that in contrast to the mainstream psychological way of defining addiction, a more useful framework would be a Lacanian understanding of addictions as problems of the drive (which I will explain in a later section of this chapter) and as problems that are not necessarily about a particular object (substance) or specific quantity of a substance. I thus believe that greater clinical efficacy in the treatment of addictions would result from clinicians making use of something like a Lacanian formulation of addiction rather than a mainstream definition of addiction. As the latter doesn’t help us to understand how and why people become addicted or how their addiction functions for them, treatment approaches based on this definition seem to lack the very foundational understanding upon which proper treatment should be built.

Currently, the two major mainstream treatment approaches to addictions in the U.S. are Cognitive Behavioral Therapy (CBT) and 12-Step programs based on Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). The vast majority of people seeking treatment for addictions find themselves in 12-step programs, with approximately 3.5 million participating in AA or other 12-step self-help meetings (Room, 1993). Indeed, most addiction treatment programs in the United States follow the 12-step intervention model (Wallace, 1996), and the
second most predominant treatment model is CBT. These treatment modalities have become so prevalent that they are often taken to be the only treatment approaches that “work” or that “should” be utilized for addiction treatment. Nevertheless, I would argue that they are taken up in this way primarily because not enough substantive research has been done yet on other clinical approaches to the treatment of addictions.

For a number of reasons, further research is called for. Firstly, even though the American National Institute of Drug Abuse (NIDA) devotes approximately $600,000,000 per year to scientific research on drug abuse (Loose, 2002, p. xv), no one has yet been able to formulate a sound scientific explanation of addiction. And yet, in spite of all of this money devoted to researching the problem, millions of Americans are still struggling with addictions, as evidenced by the statistics above. This lack of sufficient research (assuming that more adequate research could have more of an impact on the high rates of addiction and its deleterious effects) thus affects not only the addicted individuals, but also society as a whole, in that the financial cost to society owing to substance use disorders amounts to over $100 billion per year (U.S. Department of Health and Human Services, 1990). What is more, relapse rates for chemical addictions (which include, for instance, heroin, cocaine, nicotine, and alcohol) and across all addiction treatment modalities are astonishingly and depressingly high: over
75% (Armor, Polich, & Stambul, 1978; Hunt, Barnett, & Branch, 1971; Svanum & McAdoo, 1989). These data may suggest not only that addiction is remarkably tenacious, but perhaps also that these predominant treatment modalities leave something to be desired.

*Lacanian Clinical Work and Addictions*

The primary hypothesis underlying my project is that Lacanian theory and clinical technique may have a lot to offer with regard to the clinical treatment of addictions. I will argue that addictions are problems of the drive and that Lacan is particularly relevant to the topic of the addictions precisely because Lacanian psychoanalysis has an impact at the level of the drive. Indeed, as Fink states, “the drives themselves undergo a kind of transformation in the course of analysis” (Fink, 1997, p. 209). It therefore logically follows that a clinical approach that has as one of its primary goals a transformation of the drives might be particularly relevant to clinical work with addictions.

Drives are very closely linked with repetition compulsion and jouissance (a sort of “kick” or enjoyment beyond the pleasure principle, for Lacan). It is easy to see how the addict’s tendency to get caught up in repetitive cycles of pursuing some kind of enjoyment (e.g., getting high) over and over again is an extreme example of “the circuit of the drive” (Lacan, 1964/1981, p. 178). As such,
considering how to work with addictions through the techniques of Lacanian analysis should be productive.

I will now offer an overview of the existing Lacanian literature on addictions, because it is vis-à-vis the arguments posited in that scholarship that I will situate my own ideas.

What Lacanian Literature on Addiction is Already Extant and What are its Limitations (Why Do We Need More)?

The existing Lacanian literature on addiction is disappointingly sparse. There is but one book to date that offers a Lacanian perspective on addiction! This contribution is Irish Lacanian psychoanalyst Rik Loose’s book, *The Subject of Addiction* (2002). Although Loose’s book is a major contribution towards bringing together Lacanian studies and the field of addictions, I believe that certain elements of his argument are flawed. The fact that his book is primarily theoretical and not grounded in the clinical realm is another limitation, at least from the perspective of Lacanian clinical studies. Consequently, more work is called for—work that is specifically grounded in the clinical realm and addresses how theory and practice can come together in formulating and putting into effect a Lacanian approach to the treatment of addictions.

Without engaging in an exhaustive review of Loose’s book, I will give a general overview of his central argument here. In *The Subject of Addiction*, Loose
presents his specific way of understanding addiction as an “actual neurosis” and as a symptom that is not symbolically structured. Loose suggests that addiction is related to “Freud’s (often forgotten) clinical category of the actual neuroses . . . [which] would make addiction a clinical entity which is separate from the other clinical structures and their symptoms” (Loose, 2002, p. 218). Loose’s way of formulating addiction (similar to Paul Verhaeghe’s [2004] rehabilitation of the notion of the actual neuroses in On Being Normal and Other Disorders) is grounded in his sense that actual neuroses involve a confrontation with the real:

The actual neuroses are an anxiety reaction to the direct confrontation with the real, because psychic processing is lacking in essential points.

The psychoneuroses are a continuous processing of this traumatic real with signifiers and symptoms (i.e., symbolically structured formations of the unconscious). The psychoneuroses are an attempt to cure the original real trauma. The actual neuroses lack this type of cure because there is no pacifying symptom. (Loose, 2002, p. 219)

What this boils down to is an argument that actual neuroses (including addictions) are “not symbolically structured” (Loose, 2002, p. 146). Indeed, Loose claims that in the actual neuroses there is a failure to symbolize, regulate, process, and delimit an anxiety-inducing confrontation with the real (e.g., that which is unsymbolized, traumatic, beyond the pleasure principle, etc.). Loose
posits that because “The actual neuroses are characterized by an anxiety against which the subject cannot defend himself” (Loose, 2002, p. 219) addicts, here conceived as “actual neurotics,” turn to drugs precisely because “One way out of the actual neurotic impasse is by regulating the organism with drugs and alcohol” (Loose, 2002, p. 219).

Although Loose’s book is a noteworthy piece of scholarship, I believe it has a number of limitations. For instance, I disagree with his argument that addiction is based in actual neurosis, and is not a symbolically structured symptom. In the chapters to come, I will give case examples that support my claim that it is erroneous to assume that addictions are always actual neuroses. In addition to disagreeing with Loose’s particular alignment of addictions with actual neuroses, I also think he makes the mistake of turning addiction into a separate diagnostic category (seemingly distinguishing it from neurosis, psychosis, and perversion, which is a mistake also made in the DSM-IV-TR). What is interesting is that Loose’s characterization of addiction as a form of actual neurosis might actually repeat the same kind of mistake made in mainstream approaches such as CBT and AA. Just as CBT and AA assume that addiction is a general and monolithic whole, so too does Loose’s understanding of addiction reduce it to one supposedly consistent and univocal category by proposing a sort of general nomination: a claim that addiction is actual neurosis,
a general and separate diagnostic category, and so on. In the chapters that follow I will present several clinical case studies that demonstrate how addiction is extremely complex and variable and that it can indeed be seen to be operative within the traditional Lacanian diagnostic categories. I will explore, for instance, how addiction in a psychotic subject is qualitatively different from addiction in an obsessional neurotic subject, and that those diagnoses do not in any way depend on assuming that addiction is actual neurosis.

Another limitation of Loose’s book is that it is highly theoretical and not clinical. Unfortunately, Loose does not offer concrete clinical examples or cases to illustrate what his ideas look like in the clinical realm, and so his claims remain abstract. Further, his presentation makes it difficult to evaluate the efficacy of his theoretical ideas. Finally, the book does not offer a way to work, analytically/clinically, with addicted patients. As such, his book remains just as limited as the “applications” of Lacan detailed earlier, at least in terms of the lack of connection with the clinical realm.

I believe the primary strength of Loose’s work is the way he argues that we can only know about the cause and nature of someone’s addiction by listening to the subject:

The cause of addiction cannot be known a priori and . . . this cause can only be articulated by the subject. One is only able to get to know
something about how the effects of drugs and alcohol cause addiction by 
listening to how the subjects speak about their drug taking and how these 
drugs affect them. (Loose, 2002, p. 110)

Unfortunately, since Loose does not include case studies that might present just 
that—how the subjects speak about their drug taking—his argument goes 
unsubstantiated. My primary hope for this dissertation is that the case studies 
that I present here will return our focus to the clinic and, fundamentally, to the 
subjects’ speech. Lacanian work is indeed nothing but that.

In addition to Loose’s book, there are a few other sources of Lacanian 
literature on addictions, though they are mainly shorter article-length works that 
do not set out to build the same kind of theoretical edifice that Loose’s does. For 
instance, a number of particularly interesting ideas related to a Lacanian 
perspective on addictions are offered by French psychoanalyst Eric Laurent 
(1996) in his essay “From Saying to Doing in the Clinic of Addiction and 
Alcoholism.” Unlike Loose, who aligns addiction with actual neurosis, thus 
making it into something of a general category, separate from the other Lacanian 
diagnostic categories, Laurent begins to suggest ways in which addictions might 
be understood in terms of the pre-existing Lacanian diagnostic categories.

Nevertheless, Laurent’s speculation on this issue is limited, and does not 
go far enough. Falling short of offering a full exploration of the ways in which
addiction might show itself in each of the diagnostic categories, Laurent simply suggests that “The drug incarnates a function connected either to desire or to delusion, according to the subject’s structure” (Laurent, 1996, p. 132). Laurent’s comment is rather compelling, but he offers neither more of a theoretical exposition nor case material that might further illuminate his ideas. In addition to offering this quick suggestion that addiction might fruitfully be understood in terms of the diagnostic structures, Laurent also indicates that the analytic treatment of addictions can operate within any of the three Lacanian orders—imaginary, symbolic, or real. Still, he does not say what those different treatment situations would look like, why the treatment would wind up operating in any of those orders, or why the analyst perhaps should try to situate the treatment there and to what effect. And so, overall, while Laurent certainly offers a few very compelling ideas, they do not get unpacked or built out into a full exploration of how this would get played out in a Lacanian treatment, which limits the value of his contribution.

Charles Melman (1980), in his “Essay in Clinical Psychoanalysis: The Alcoholic,” also takes up the question of how addictions can function within the logic of each Lacanian diagnostic structure. Indeed, his article discusses how to locate alcoholism within the diagnostic structures, as he considers whether it makes sense as neurotic, psychotic, or perverse. By the end of the article,
Melman suggests that alcoholism is a perversion because it involves a relation to an object that is not sexual. While I appreciate his effort to try to think about how addictions relate to diagnostic structures, I nevertheless feel he errs in attempting to rigidly link alcoholism to just one diagnostic structure. The notion that alcoholics are always perverts is suspiciously reductive, and from what I have seen in several of my patients who are alcoholic but not perverse, his claim simply doesn’t hold up to the clinical reality I have encountered. I believe that Melman’s article makes theoretical errors in linking alcoholism and perversion, and I hope to demonstrate through the case studies in this dissertation that alcoholism (or addictions to a variety of substances) can potentially show itself in any of the diagnostic categories. That is, one of my fundamental arguments in this dissertation is that there is no one-to-one link between particular substances and psychoanalytic diagnoses.

I believe a more sophisticated attempt to understand the relation between an addiction and a psychic structure is made by Gabriela van den Hoven (2002) in her essay “Toxicomania in Context.” In this essay, she includes a very brief case vignette of a psychotic patient who was a recovering drug addict. She discusses how the patient used drugs in order to deal with his sense that he was not a part of the human race, which is one form of the psychotic’s sense of being outside the social fabric. She also discusses how the patient used drugs in an
attempt to detach from his body. In addressing how he turned to drugs to deal
with the feeling that his body was overtaken by an overwhelming anxiety that
left him feeling invaded, van den Hoven successfully begins to draw links
between addiction and the patient’s experience of psychosis. The primary
weakness of her essay is that this case vignette comprises a mere two pages! This
description of a case of a psychotic patient in drug withdrawal offers
illuminating initial thoughts, but doesn’t go far enough. She doesn’t offer many
case details, nor does she address what the analytic process was actually like.
Accordingly, we’re left wondering how the initial, valuable link that van den
Hoven builds between addiction and diagnostic structure actually impacts the
course of the treatment.

Thus, there are some interesting initial contributions to the potentially
fertile field of Lacan and addictions. Nevertheless, their limitations are that they
remain on the level of abstract theory, put forth flawed hypotheses, or make
interesting clinical or theoretical contributions that simply aren’t taken far
enough. More in-depth work tying together theory and detailed case studies is
needed.
Introduction to the Method

In an attempt to contribute both to the advancement of Lacanian clinical work and to the fields of addictions and Lacanian studies, I will bring together the theoretical and the clinical. For this reason I have chosen to ground my theoretical expositions in concrete data: clinical case studies. I believe the qualitative methodology of the case study is a research method that is ideally suited to an exploration of clinical phenomena. I believe case study research is a good medium through which to explore the complexity and multiple meanings of what our patients talk about in therapy. Robert Yin, an authority on qualitative research, echoes this idea when he states that “the distinctive need for case studies arises out of the desire to understand complex social phenomena. In brief, the case study method allows investigators to retain the holistic and meaningful characteristics of real-life events” (Yin, 2003, p. 2). Case studies, by allowing the researcher to tell a story about what happens in psychotherapy, allow us to study real life events in a way that preserves their richness and inherent complexity. Since the therapeutic process is fundamentally an interpersonal interaction grounded in speech, the narrative approach of the case study allows us to focus on what is actually said between patient and clinician in the therapeutic process. The case study methodology allows us to tell a story about therapeutic interactions that most closely matches the phenomena. This is

By exploring in detail what actually happened in each of my cases, I will highlight how certain therapeutic interventions may have contributed to shifting the structure of each patient’s addiction. I believe this approach (trying to understand and articulate the elements of clinical work that actually facilitate change) is an essential component not only of improving the treatment of addictions but also of furthering the growth and development of the field of psychoanalysis itself. As Lacan attests, “If psychoanalysis can become a science (for it is not yet one) and if it is not to degenerate in its technique (and perhaps this has already happened), we must rediscover the meaning of its experience” (Lacan, 1956a/2006, p. 221).

In other words, in order to avoid what Russell Walsh (2004) describes as the “widely acknowledged gap between research and clinical practice” we need more research that has a direct bearing on clinical work and focuses on the why and wherefore of how therapy is conducted (Walsh, 2004, p. 3). Unfortunately, there is precious little scholarship that does just that. Indeed, as British analyst Ernesto Spinelli (1997) states, "what takes place between the therapist and the
client once the door to the consulting room has been shut continues to remain something of an enigma."

Including case studies in my dissertation should contribute to bridging the gap between research and clinical practice, but it is important to recall that this gap was much smaller during the early days of psychoanalysis when case studies were by no means a rarity. Josef Breuer’s famous case study of “Anna O.” marks the beginning of the psychoanalytic case study tradition. The case illustrates how the “talking cure,” as “Anna O.” named it, proceeds by way of the unraveling and working through of symbolically structured symptoms, allowing “strangulated affect to find a way out through speech” (Freud & Breuer, 1895/1974, p. 68). Of course, Freud was also a proponent of case studies. In fact, Freud’s (1895) Studies on Hysteria, in which he offers four case studies of his work with hysterical women—“Frau Emmy von N.,” “Miss Lucy R.,” “Katharina,” and “Elisabeth von R.”—has been called the “starting point of psycho-analysis” (see Strachey, SE II, p.xvi). His most famous cases—Dora, the Rat Man, Little Hans, and the Wolf Man—also offer careful and detailed accounts of both the process of analysis and the theoretical concepts underpinning it. I hope to follow in this tradition of combining rigorous clinical and theoretical exposition in the case studies in my dissertation.
Overview of the Chapters

The case studies in the chapters that follow will situate each patient within Lacanian structural diagnostic categories (hysteria, obsessional neurosis, perversion, or psychosis) as opposed to Loose’s approach of reducing addictions to the category of the actual neuroses. Theoretical issues related to how certain features of each diagnostic category (psychic structure/character structure) might show themselves in addictions will be expounded upon in the theoretical chapters and highlighted through the case studies. I will emphasize, for instance, how an addiction in an obsessional neurotic is very different from an addiction in a psychotic.

Throughout the chapters I will place particular emphasis on the drive, jouissance, repetition compulsion, and desire—concepts closely associated with Lacanian analysis and well suited to thinking about and working with addictions. To make those ideas clearer and to indicate how they show themselves clinically, I will focus heavily on clinical examples—detailed case studies—from my own past work with patients.³ Fundamentally, I will take up these clinical examples to show how a Lacanian approach to clinical work might have a transformative impact on addictions.

³ My data will come from therapy notes written during or immediately after sessions and also from my own memory of what happened in sessions.
Chapter 2, simply titled “The Drive,” is a detailed theoretical chapter on the drive which lays much of the theoretical groundwork upon which many of the ideas that I explore in more detail throughout the other chapters is built. Although this chapter addresses how both Freud and Lacan conceptualize the drive, I place greater emphasis on the latter, insofar as Lacan’s ideas about the drive are the primary focus of this project. I explain how Lacan’s theorization of the drive includes ideas about the partial drives—oral, anal, scopic, and invocatory—though he in many ways generalizes the concept of the drive. That is, later in his career Lacan focuses less on partial drives and more on “the drive” or “jouissance” itself. Nevertheless, I will suggest that Lacan’s later work on jouissance can be reconciled with his earlier work on the drive—his ideas from the 1950s and 60s about the drive’s connection to the subject taking a position in relation to the Other’s demand. I will highlight ways in which the subject can try to either satisfy or refuse to satisfy the Other’s demand and that the subject’s drive-related activity can take shape in relation to how he or she takes a position in relation to the Other’s demand or remains “stuck” or fixated on it, so to speak.

My most central argument in this project is that addictions are experienced in very different ways depending not only on the subject’s structural diagnosis but also on the particular ways in which the subject goes through castration or Oedipalization.
As for the way in which addictions differ with regard to diagnostic structures, I will argue that in neurosis, castration or Oedipalization (or the imposition of the paternal metaphor, as Lacan also puts it) symbolically installs a kind of loss. That is, by way of primal repression through the operation of the paternal function, the subject imagines that a kind of supreme jouissance has been lost to him or her. That generates a drive to recover some jouissance. Moreover, the way in which that loss occurs is particular to each subject, and results in the subject’s particular attempt to recover some of that lost jouissance. That is precisely what I will explore through the case studies.

Whereas neurotics undergo castration and emerge as lacking subjects who then experience a drive to recover some jouissance they imagine has been lost, psychotics do not undergo castration. While neurotics experience the drive as attempts to recover some jouissance—which they often seek to do through addictions—psychotics do not experience that loss of jouissance by way of castration and therefore, I will argue, their drive manifests itself in a completely different way. That is, psychotics do not experience a loss of jouissance, and so the drive for psychotics often takes the form of something closer to a kind of overwhelming experience of unregulated drives, impulses, and sensations—not reigned in by the castration process. Psychotics then seek not to recover some lost jouissance but rather seek ways of defending against and forming limits,
barriers, or forms of protection against the drive. These are complicated ideas that will be explained in much more detail throughout the theoretical chapters that follow and then illustrated by way of clinical examples.

In sum, the most overarching argument in this project is that the subject’s relation to the drive is established, on a structural level, by how the subject proceeds through the castration complex or becomes Oedipalized (or doesn’t, as is the case with psychotics) and how the subject takes a position in relation to the demand of the Other. Desire and drive get structured by those events or logical processes within the subject’s development. Since the way in which castration operates for each subject is very particular, the subject’s relation to the drive is also very particular. By extension, that also means that each subject’s addiction is particular. In this chapter I focus on the drive as it relates to neurosis and then take up psychosis in more detail starting with Chapter 5.

My examination, from a clinical perspective, of the relation between neurosis and addiction begins in Chapter 3, in which I present a case study of Buck—an obsessional neurotic patient who abused multiple substances. I focus on how Buck’s drive to recover some jouissance associated with his mother—a jouissance that he imagined as having been lost—manifested through some of his more “oral” addictions. That chapter includes a discussion of those many manifestations of Buck’s self-described attempts to find satisfaction by putting a
whole host of objects in his mouth—from soda to paperclips—which fundamentally had to do with his experience of himself as lacking and his attempts to overcome that lack, by filling it with some object. I also discuss how Buck’s more “anal” manifestations of the drive took shape in relation to what he interpreted as the Other’s (his father’s) demand that he succeed in college and make good use of his educational experiences. That is, Buck derived a great deal of jouissance, or drive satisfaction, from his refusal to satisfy his father’s demand. This strategy included pushing his father to yell at him. In discussing the role of the obsessional’s relation to the drive as it was manifested through Buck’s addictions, I also highlight how he maintained his desire as impossible, which is a key feature of obsessional neurosis according to Lacan.

Chapter 4, “The Color of Emptiness: Re-enacting the Paternal Metaphor—From Darkness to Light—In an Attempt to Transform ‘Mamajuana’ into Ordinary Marijuana,” contains a case study of a different obsessional neurotic patient: Phil. In that chapter I describe how Phil’s addiction to marijuana took two forms. One experience of smoking marijuana was pleasurable and limited (within the bounds of the pleasure principle) while at other times he experienced smoking marijuana as incredibly anxiety-inducing and painful (beyond the pleasure principle). The latter was what led him to seek treatment, and I relate this painful addiction to the way in which his addiction manifested as a drive-
related activity associated with recovering or reexperiencing some jouissance associated with a kind of primal fusion with the mother. He achieved an almost lethal immersion in the mother by his suffocation and aphanisis through smoking. I describe his interpretation of his mother’s demand as being something like “fuse with me and die.” I also detail the precedents within the family narrative that led him to form that interpretation of the Other’s demand and I describe how he lived out that demand to suffocate himself and lethally fuse with his mother through the cycles of his addiction. Within that chapter I also call attention to technical interventions that were focused less on meaning than nonmeaning—that is, interventions that involved attending to the letter of the patient’s speech and working between meaning and nonmeaning to modify jouissance.

Chapter 6, “Psychosis and the Drive,” is a presentation of my own theoretical conceptualization of a Lacanian way of understanding psychosis and the drive. This chapter thus also establishes the groundwork for my conceptualization of the relation between psychosis and addiction. This is not something that was theorized by Lacan, and so what I present in this chapter and the two cases of psychosis which follow it is my own attempt to make use of some of Lacan’s ideas. As those are not brought together by Lacan, I thus draw
my own conclusions and put forward my own formulations that involve a
Lacanian way of understanding the psychotic’s relation to the drive.

In Chapter 7, “A (W)hole Feeling: Filling in and Creating Holes to Modify
the Drive,” I present a detailed case study of Nadia—a psychotic patient whose
addictions included drive-related behaviors involving cutting, bulimia, and
drinking and writing. I will discuss how her relation to the drive involved her
turning to her various addictions as attempts to form defenses against
experiences of invasions or jouissance. That is, Nadia’s addictions were attempts
to regulate the drive—which, because of her psychotic structure was not
regulated or limited—by either filling in or creating holes. Through her cutting
and her bulimia she tried to create holes or lack, primarily in jouissance itself in
an attempt to delimit it. Through her drinking and writing she tried to plug up
various kinds of anxiety-inducing holes (such as a question for which she could
find no answer) by which she felt overwhelmed and consumed. These will be
explained in greater detail through the presentation of the case.

In Chapter 8, “Working Within and Reorganizing a Delusional Structure:
The Case of the Woman who Believed she was Jesus Christ,” I present the case of
Janice—a psychotic woman who had a full-blown delusional structure in which
she believed she was Jesus Christ. I discuss her alcohol addiction and writing as
being wrapped up in her delusional structure and as attempts to regulate and
defend against her experience of the drive. I center my discussion of Janice’s experience of the drive around her having felt invaded by command auditory hallucinations which told her to hurt or kill her daughter. Since she did not feel very capable of resisting those commands (which I also describe as a psychotic form of the demand of the Other), she turned to drinking and writing as ways of trying to defend against that manifestation of the drive through the voices and their commands to commit acts of violence.

Throughout Chapters 7 and 8, I present further thoughts about how the drive as the subject’s position in relation to the Other’s demand might still be operative within psychosis, even though the psychotic’s relation to the Other is very different from the neurotic’s. Also, in both of the cases of psychosis, I emphasize that the addictions Nadia and Janice struggled with were symptoms, loosely speaking, of a much more all-encompassing problem—their difficulties in regulating and forming defenses against the drive. I thus call attention to the fact that the modification of the patients’ addictions—and thus the modification of their relations to the drive—followed from work being done not so much directly on the addictions but rather on a much more structural level. That is, it involved modifying, within their psychotic structures, what was causing the addictions, just as my work with Buck and Phil involved modifying the drive-related aspects of their addictions as they had to do with their neurotic structures.
In Chapter 9, the concluding chapter of the dissertation, I discuss the results of my findings, limitations of my project, and implications for future research.

Overall, I believe an approach that weaves together the theoretical and the clinical while also offering an in-depth exploration of a particular clinical problem is important for a few reasons. First, as I indicated, there is precious little scholarship in English on Lacan from a clinical perspective. Indeed, we need more clinical contributions. As Stephen Friedlander (2000), in his essay “Lacan and the Clinic,” argues:

The reason that American analysts and other clinicians have little familiarity with Lacan and little appreciation for its relevance to their work is that the bulk of the writing in English on Lacan is devoted to theory. Clinical case studies in English are in decidedly short supply. Relatively few clinicians present their own work and show how the theory applies to phenomena that other clinicians encounter in the framework of their own practices. (Friedlander, 2000, p.137)

Work that can begin to bridge the gap between theory and practice is thus very important for the development of Lacanian scholarship and clinical work. So too will it be important to the development of the study and treatment of
addictions. My hope is that this approach will begin to deepen that field and shed further light on some important features of addictions, while perhaps also illuminating particular elements of Lacanian theory that have not yet been explored. For instance, although Lacan placed a strong emphasis on the role of the drive (and jouissance), no one has yet produced any scholarship on the important role of (and how to work with) the drive in Lacanian clinical work. In offering a theoretical formulation and pairing it with vignettes of case material, my work lays the foundation for further work on addictions from a Lacanian clinical perspective.
Chapter 2

THE DRIVE

*A subject, through his relations with the signifier, is a subject-with-holes (sujet troué).*

*These holes came from somewhere*


In the previous chapter I noted that in this project I would examine addiction through the lens of Lacan’s concept of the drive. There I provided a brief gloss that the drive was closely related to jouissance—a kind of painful enjoyment beyond the pleasure principle—and the repetition compulsion. Lacan even defines jouissance as “the satisfaction of a drive” (Lacan, 1959-1960, p. 209). Jacques-Alain Miller further clarifies that the drive is “an activity related to the lost object which produces jouissance” (Miller, 1996, p. 425). In this chapter I will take up and unpack these ideas by offering a careful exposition of Lacan’s conceptualization of the drive.

Most generally, “the drive” and jouissance are practically synonymous, the latter being the satisfaction that characterizes the former. Moreover, the subject’s position in relation to jouissance (and thus the drive) is very particular. That is, the subject can either seek to recover some lost jouissance (more characteristic of neurosis) or seek to defend against or attempt to limit jouissance.
(more characteristic of perversion and psychosis). The way in which some enjoyment comes to be retroactively determined to have been lost (or comes to be something the subject seeks to defend against or limit) is thus very particular for each subject, which means that the subject’s experience of the drive is very particular. This will have consequences with regard to how subjects can experience addictions in very unique ways, depending both on their psychic structure (within Lacanian structural model of diagnosis—neurosis, perversion, psychosis) and the particular events that come to constitute castration, or how they enter language and experience some loss of jouissance. I am briefly introducing these ideas here in order to set the stage for what is to come, but these ideas will be explained in more detail throughout this chapter (as they relate to neurosis) and in Chapter 5 (as they relate to psychosis).

As I will explain, the drive can alight on various objects and can involve, even if by way of their logical structure, different erogenous zones. Freud suggests that there are partial drives (which correspond to a source/erogenous zone and an object), such as the anal drive (anus, feces) and the oral drive (mouth, breast). Lacan adds to that list the scopic drive (eyes, gaze) and the invocatory drive (ears, voice). Later in this chapter I will emphasize the importance of not getting bogged down in theorizing the drive according to any strict connection to erogenous zones.
Overall, it is important to note that Lacan often generalizes his concept of the drive—and therefore refers more broadly to “the drive” rather than individual “drives”—in order to refer to the subject’s structural relation to jouissance. Moreover, while in the 1950s Lacan theorizes the drive in terms of its connection with the demand of the Other (the drive being precisely an articulation of the subject’s relation to the Other’s demand, which I will discuss a bit further on in this chapter), later in his career his emphasis shifts slightly and he begins to accentuate the concept of “jouissance” itself. Nevertheless, I believe jouissance and the subject’s position in relation to the demand of the Other are closely connected in important ways.

For these reasons, throughout this project I will refer most often to “the drive” and only sometimes discuss more specific partial drives. Overall, I will emphasize the grammar of the drive and how each drive relates to the subject’s response to the Other’s demand. That is, I find it more useful, as will be reflected in my approach to this project, to focus on how the structure of the drive operates for each subject—referring to its logical, formal, and grammatical structure as that which governs how the neurotic subject attempts to recover some lost enjoyment, or how the perverse or psychotic subject tries to get limits set on or to

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1 Lacan often refers to “jouissance” in general without always restricting his theorization by specifying a particular kind of jouissance (e.g., Other or phallic). Similarly, he also often refers to “the signifier” in general, which indicates his focus on the signifier’s role, structure, and function.
defend against some experience of jouissance. That is, I will examine the structure of the drive and thus the structure of jouissance itself.

Before examining, through detailed case studies in the chapters to come, the relationship between the drive and addictions, and how to work with drives clinically to have an impact on addictions, it is first necessary to take a theoretical detour through Lacan’s work on the drive. This is by no means a simple task, in that the drive is one of the most notoriously complex of Lacan’s concepts and one would be hard pressed to find any clear and sustained exposition of it within existing Lacanian scholarship (clinical or theoretical). Nevertheless, I will highlight some of what I understand to be the main features of Lacan’s theory of the drive.² I will do this with the case studies in mind, by thus highlighting not only general elements of Lacan’s work on the drive but also by paying particular heed to the elements that will feature most heavily in the cases that I present in the chapters to come. What follows is, of course, my own reading of Lacan’s ideas, and no doubt other readings would be possible. In this chapter I will focus on the drive in general and as it operates within neurosis. My thoughts on the specificity of the drive in perversion and psychosis will come later in this project.

² Some of my readers may find my exposition to be overly complex, and some may find it to be a reduction or oversimplification of what are certainly very complicated and multivalent theoretical constructs. My intention in this chapter is not to say it all—Lacan certainly emphasizes the impossibility of that!—but to highlight the aspects of Lacan’s work on the drive that I find to be most relevant to my own theorization about addictions. Furthermore, I am making an effort in this chapter to explain, as clearly as possible, a number of Lacan’s symbols and mathemes because these will come up again in the subsequent chapters.
The difficulty that comes with attempting to make sense of Lacan’s concept of the drive is not simply due to Lacan being abstruse or supposedly elliptical in his theorizing (though those can certainly play a role at times!) but rather has to do with the nature of the concept of the drive itself.\(^3\) Freud himself even acknowledged how difficult it is to not only think about drives on a theoretical level but also to recognize, grapple with, and work with drives in the clinic: “In our work we cannot for a moment disregard them, yet we are never sure that we are seeing them clearly” (Freud, 1932/1964, p. 95).

Another way to frame the difficulty inherent in getting a handle on the concept of the drive is to highlight the fact that the drive cannot be thought outside of its psychical representatives. On that point, Lacan agrees with Freud:

I am indeed of the opinion that the antithesis of conscious and unconscious does not hold for drives. A drive can never be an object of consciousness—only the idea that represents the drive. Even in the unconscious, moreover, it can only be represented by the idea. If the drive

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\(^3\) One of the difficulties inherent in reading Lacan’s work—any of it—is that it is a work-in-progress, an ever-changing open system in which he constantly revises his thinking and builds upon and reworks previous ideas. This is certainly true of his work on the drive. Sometimes his terms seem to mean one thing at one stage of his career and then take on a different meaning at a later stage of his career. Nevertheless, I believe there is a thread that can be followed which connects Lacan’s thoughts about the drive across their various reworkings throughout his teachings. Furthermore, it is not surprising that it is hard to get a handle on and grasp the drive, since the structure of the drive is in and of itself elliptical! Just as attempts to formulate the drive seem to circle around something only to give the impression of never fully capturing something, this is indeed the very structure of the drive, as I will explain a few pages further on.
did not attach itself to an idea or manifest itself as an affective state, we could know nothing about it. (Freud, 1915/1991, p. 126)

Lacan extends Freud’s concepts and takes up the idea that the drive can only be known through language. Lacan is in many ways agreeing with Freud but pointing out that Freud didn’t take seriously enough his own claim that drives can only be represented by ideas or by psychical representatives. Lacan’s position is that Freud didn’t formulate that connection between the drive and the symbolic well enough and that this is partly owing to his flawed metapsychology.

Lacan focuses on the fact that the unconscious is not composed of repressed affects but rather repressed drive representatives. This means that one cannot understand the drive without the symbolic, the signifier, as I will elaborate a bit further on. In a way, Freud already knew this as he described the fact that there are no unconscious affects as there are unconscious ideas (Freud, 1915/1991, p. 127). However, as Lacan seems to imply, Freud does not adequately formulate the relation between language and the drive. Instead, Freud relies on a metapsychology that is fundamentally ill-suited for the concept of the drive.

This is the case precisely because the idea of a build-up and release of tension which Freud presents through his hydraulics model—beginning with his
1895 *Project for a Scientific Psychology*—focuses on an unclear and imprecise notion of libido/energy/affect which lacks grounding and according to Lacan does not put the emphasis where it should be: on the role of the signifier and the structure of language. That is, Freud’s hydraulic model and motif of energetics only obfuscate the reality of the unconscious (as a linguistic unconscious, governed and structured by the logic of the signifier and instated by way of the subject’s entry into language, as I will touch on a bit further on). For Lacan, the primary focus of psychoanalysis is the unconscious. Affects do not form the structure of the unconscious. Affects are not repressed; ideas (signifiers) are repressed. Lacan questions the utility of a focus on energy, as in Freud’s hydraulic model, and dryly dismisses it, saying that “Libido, in Freud’s work, is an energy that can be subjected to a kind of quantification which is all the easier to introduce in theory as it is useless” (Lacan, 1964/2006, p. 722).

Instead, Lacan wishes to save Freud from the entanglements of his flawed metapsychology by re-reading Freud through his own lens. Lacan’s famous “return to Freud” is a linguistic one. It was his attempt at illuminating that which Freud himself did not see in his own work—that which was perhaps implicit but not fully theorized: the importance of speech and language. Freud’s hydraulic model and efforts to formulate “energy” and “libido” rely on motifs
from nineteenth-century physics. Lacan strives to use models more appropriate to psychoanalysis, more in keeping with the true nature of the unconscious.

Lacan steers things away from a science of hydraulics and instead towards a science of the unconscious: “If psychoanalysis is to be constituted as the science of the unconscious, one must set out from the notion that the unconscious is structured like a language” (Lacan, 1964/1981, p. 203). This notion of the unconscious being structured like a language will become clearer a bit further on. For now it is important to keep in mind that Lacan tries to create a model that is different from Freud’s, more in keeping with the true nature of the unconscious, and that means using the model of linguistics. For Lacan, the drive needs to be formulated within the context of his theory of the signifier.

In order to begin examining Lacan’s ideas about the drive by way of his theory of the signifier, it must first be noted that it is precisely because Lacan emphasizes the role of language in the construction of the drive that he separates psychoanalytic notions of the drive from biology or instinct. Lacan implores his audience that psychoanalysis is, of course, not biology: “Freud is not a biologist. . . we analysts have contributed nothing to anything whatsoever that resembles biology” (Lacan, 1962-1963, Class of December 12, 1962). Lacan emphasizes what he believes Freud already knew: that for the human subject the pressure of the drive is constant and thus differs from, for instance, biologically-driven mating
patterns in the animal kingdom, in which there are distinct patterns, identical for each member of a species, and biologically-caused mating seasons in which animals are in heat. Lacan notes that the drive’s constancy “forbids any assimilation of the drive to a biological function, which always has a rhythm. The first thing Freud says about the drive is . . . that it has no day or night, no spring or autumn, no rise and fall. It is a constant force” (Lacan, 1964/1981, p. 165).

Lacan takes pains to clarify that the drive “has nothing to do with instinct” (Lacan, 1964/2006, p. 722). It is generally accepted that James Strachey, the translator of Freud’s Standard Edition, mistranslates Trieb as “instinct.” Whenever one encounters the word “instinct” in Strachey’s translation, it should be read as “drive.” 4 Laplanche and Pontalis provide a helpful clarification of the difference between instinct and drive. They note that instinct (“Instinkt”) is “a hereditary behavior pattern peculiar to an animal species, varying little from one member of this species to another and unfolding in accordance with a temporal scheme which is generally resistant to change and apparently geared to a purpose” (Laplanche and Pontalis, 1973, p. 214). By contrast, drive (“Trieb”) “retains overtones suggestive of pressure (Trieben=to push); the use of ‘Trieb’ accentuates not so much a precise goal as a general orientation, and draws

4 For this reason, I have replaced any instances of the word “instinct” with the word “drive” in all citations of Freud’s work in this project.
attention to the irresistible nature of the pressure rather than to the stability of its aim and object” (Laplanche and Pontalis, 1973, p. 214).

If Lacan is rejecting the notion of biological cause, the next question is: Where does the drive’s “pressure” or “constant force” come from? How and why is that generated? That takes us to Lacan’s theory of the signifier. And, like most psychoanalytic stories, that begins with the mother.

For both Lacan and Freud, the mother is the first object of the drive. In his *Three Essays on the Theory of Sexuality*, Freud notes that the aims of the drive stem from the individual’s early experiences (Freud, 1905/1953, p. 184). We can extend this primarily to early experiences with the mother. In the beginning the child is helpless and dependent upon its mother or caretaker. Note also that when Lacan refers to the mother he is essentially talking about the maternal function, insofar as the primary object for the child could be anyone who provides this kind of care and attention (any caregiver who fills this role in relation to the child, and not necessarily just the biological mother). The young child who is dependent upon the mother is fed, washed, embraced, touched, and held by her, and this is not a neutral experience for the child.

Lacan describes the child as a kind of brute subject at this point, a subject without lack (which can be represented by a symbol: “S” to designate an unbarred, uncastrated subject). Lacan designates the castrated, lacking subject
with the symbol “$” (to be read as “the barred subject”), but this will be addressed in more detail a bit further on. The infant’s body at this stage (as a brute subject prior to castration) is full of jouissance. It could be argued that at this point the child experiences drives in the real.

Early in his career, Lacan describes the real, at its most basic, as “what resists symbolization absolutely” (Lacan, 1953-1954/1988, p. 66). We can think of this experience of drives in the real in terms of the child’s body being a jumble of disparate sensations and impulses that lack symbolic representation at this stage (thus they are drives in the real, outside the symbolic/symbolization). These impulses and sensations are attended to by the mother, and the child thus experiences these drives in relation to an Other (the mOther). For the baby who lacks the ability to distinguish boundaries between self and other, self and world (such that, for instance, there is no distinction between the baby and the mother’s breast), we might say that it cannot ascertain whether these impulses and sensations—these drives in the real—are coming from itself or the mother. As for the latter, that would indicate that the mother’s desire and jouissance get read through her touches, her various forms of contact with the child, and her ways of regulating the child’s needs and impulses. What is problematic is that Lacan, to the best of my knowledge, does not clearly formulate what kind of drive might be associated with the stage prior to castration. What I am presenting here is my
own attempt to grapple with that problem and suggest possible ways of thinking about that, though some of the terminology is problematic.

Nevertheless, I think an argument can be made for referring to the experience of drives prior to castration as a form of jouissance of the Other (la jouissance de l’Autre).⁵ Lacan sometimes also refers to the jouissance of the Other as the Other jouissance. This is so in several senses. In the French grammatical form in which la jouissance de l’Autre is framed, the subjective and objective genitive, la jouissance de l’Autre can refer to the Other’s jouissance or the jouissance of the Other (loosely put: jouissance of—as in enjoying the Other—or as in belonging to/coming from the Other, with the Other doing the enjoying).

Following this logic, the experience of real drives considered from the perspective of the jouissance of the Other could indicate the mOther’s enjoyment and/or the child’s enjoyment of the mOther.

That is jouissance in the real—real drives—because those drives lack symbolic representation; they are not yet attached to representations (“psychical representatives,” for Freud). This point will become important in Chapter 5, 6, and 7, in which the status of jouissance in the real will be explored as it featured in two cases of psychosis. The drives lack symbolic representation at the pre-

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⁵ To refer to them as forms of Other jouissance is problematic. In Seminar XX Lacan suggests that although men experience only phallic jouissance, women experience Other jouissance as well as phallic jouissance. In using the term “Other jouissance” here to refer to drives prior to castration, which in Chapter 5 I will attempt to situate with respect to psychosis, I do not mean to suggest that all women are psychotics. This point will be addressed in more detail in Chapter 5.
Oedipal stage because that is a stage prior to the subject’s entry into language (prior to symbolic castration). Accordingly, the drives are also asexual at that time. For at the pre-Oedipal stage, prior to castration, the subject has not yet taken a sexual position.

They are real drives in the sense that they lack symbolic representation but also because, for Lacan, in the real, nothing lacks. Lacan says that the real is full. That relates to the retroactively determined fantasy in neurosis that there once existed a perfect dyadic relation between mother and child, before the father and language intervened, supposedly ruining everything. This is a fantasy of a sort of golden age in which everything was blissful: a hypothetically perfect jouissance.

Lacan formulates the mother’s status prior to the subject’s castration and entry into language by way of Freud’s concept of “das Ding” (“the Thing”). For both Freud and Lacan, das Ding is the maternal object. Lacan describes “the maternal thing, the mother, insofar as she occupies the place of that thing, of das Ding” (Lacan, 1959-1960/1992, p. 67). Das Ding is the mother at the pre-Oedipal stage which is associated with the fantasy that there was a perfect dyadic relation prior to castration and the father’s intervention. That is why, according to Lacan, “das Ding, which is the mother, is also the object of incest, is a forbidden good” (Lacan, 1959-1960/1992, p. 70). As I already indicated, the fantasy of the pre-
Oedipal, uninterrupted relation to the mother is connected with real drives, which Lacan attests to by stating that “What one finds at the level of das Ding . . . is the place of the Triebe, the drives” (Lacan, 1959-1960/1992, p. 110).

I will now address what, for Freud and Lacan, happens to the status of das Ding and the real drives once the subject comes under the operation of castration. Freud describes the father coming onto the scene to issue a castration threat, prohibit incest, and thus separate mother and child. The father bars the child’s unmediated access to the mother. The father conveys to the child, “you can’t have your mother all to yourself; she is mine.” That is a truncated, simplified version of Freud’s account of castration—with the literal, flesh-and-blood father being the bearer of castration. That is also a childhood developmental model.

Lacan follows Freud in associating castration—and thus the child’s separation from the mother—with the father, but Lacan slightly resituates the idea of castration by putting a linguistic spin on it (by taking it up by way of his theory of the signifier). For Lacan, the focus is less on the flesh-and-blood father, as it was in Freud’s account, and more on the father as a function. To emphasize the difference between the flesh-and-blood father and the operation of castration which gets represented by the father, Lacan refers to the “paternal function”\(^6\) and the “Name-of-the-Father.” He describes the paternal function in terms of

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\(^6\) Sometimes also referred to as the “phallic function,” which will be described within the next couple of pages.
someone or something coming to intervene between mother and child to separate them. This can be thought of in the sense of a prohibition and in the sense of a recognition of and naming of the fact that the mother has other desires—desires outside of the child. The symbolic functions of prohibition and naming are best captured through Lacan’s French term for the Name-of-the-Father, which is written as “Nom-du-Père.” Because of the French homophony, “nom” can refer to both the “no” of prohibition and the father’s “name,” or to the name or designation of the mother’s desire as beyond the child.

In sum, through the instating of the paternal function the child gets the impression that he or she is not the mother’s entire world—that the mother’s desire also lies elsewhere. Another way of putting that, using more of Lacan’s terminology, is that the child is no longer identified with the imaginary phallus of the mother—meaning that the child is not what can fully complete and satisfy the mother or totally fill her lack. Implicit in Lacan’s work is the idea that the paternal function can be carried out by someone other than the biological father, even the mother, in a sense, if the mother expresses that she has other desires besides the child. The paternal function can operate in that way because, at its most basic level, the paternal function is the naming of the mother’s desire as outside of the child. Another way to conceptualize the same structure is that the father gets named as the object of the mother’s desire—as what the mother seems
to want and have an interest in beyond the child—insofar as he stands as a kind of answer constructed within the child’s mind to the question of what the mother wants. This again shifts the focus away from a literal castrating father and towards a function.

Regardless of the particularities of how the paternal function gets imposed for each individual, it is always unique and takes place within the family narrative or what Lacan refers to as the neurotic’s individual myth.7 It is at this point—after the imposition of the paternal function—that things are no longer complete; there is a structural lack. Castration creates a hole. Another way to think about castration is in terms of a shift from a whole to hole. Moreover, by way of castration, both the subject and the mOther are lacking.8 The subject—no longer the brute subject in the real which was represented with the symbol “S”—is now lacking, which Lacan represents with the symbol “$” to indicate that the subject is struck through, in a sense, and is incomplete, divided, and lacking. This is the barred subject who is split, lacking, and castrated. So too is the Other lacking, which Lacan represents through the symbol “A.” This symbol is to be read as “the barred Other” (the symbol is an “A” with a line through it because the French word for Other is Autre).

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8 A bit further on, I will explain this in more detail and then address some of the consequences/effects of the subject’s constitutive lack. I will then connect that with aspects of addictions.
The paternal function thus effectively interrupts the child’s hypothetically complete and unmediated access to *das Ding*—that is, the paternal function brings *das Ding* into existence by prohibiting access to it. By logical extension, the paternal function sets limits on the jouissance in the real which I have described as a form of Other jouissance. The result of the paternal function is that *das Ding*—cancelled out and prohibited, rendered impossible—becomes the primally repressed. This is what Lacan means when he draws a connection between *das Ding* and the structuring of the unconscious: “*Das Ding* is a primordial function which is located at the level of the initial establishment of the gravitation of the unconscious *Vorstellungen* [representations]” (Lacan, 1959-1960/1992, p. 62).

To return again to emphasizing Lacan’s linguistic model and thinking about castration by way of his theory of the signifier, it is important to note that the Name-of-the-Father is a kind of first signifier. Lacan represents the imposition of the paternal function through what he refers to as the formula of the “paternal metaphor.” In providing this formula, Lacan explains that he is making use of the general structure of metaphor itself, in which one term gets cancelled out and replaced by another. He adds that the formula for metaphor is thus about “signifying substitution” (Lacan, 1959/2006, p. 464). Here is Lacan’s formula of the paternal metaphor:
To simplify things, suffice it to say that the most basic way to read this formula is to say that it depicts in a formula what I described previously. That is, the first half of the formula demonstrates that the Name-of-the-Father cancels out *das Ding* and represents the mother’s desire being named as beyond the child. The latter half of the formula indicates that the Name-of-the-Father comes to signify what is then lost to language as the phallus.

Lacan even directly associates the Name-of-the-Father not with the presence or absence of the biological father, as I explained, but with the “presence of the signifier” (Lacan, 1959/2006, p. 465). With the institution of the paternal function, the presence of the signifier means that something is also, in one fell swoop, lost to language: *das Ding* and the real jouissance prior to

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castration. The word kills the thing. Put another way, language acts as a barrier and protects the child from an excessive, in some ways dangerous, unmediated relation to the mother. It is dangerous insofar as the unmediated relation to the mother exists beyond the pleasure principle and kills desire, leaving no room for the individual to have a space of desire—breathing room—and to become an autonomous desiring subject. The symbolic intervenes upon, limits, and protects against the real.

To add one more symbol to this discussion: the symbolic phallus—indicated with the symbol “Φ”—stands for everything that is lost through the subject’s entry into language, through the process of symbolic castration. Lacan puts it bluntly: “the phallus is a signifier” (Lacan, 1958/2006, p. 581). The phallus represents what is lost. For that very reason, the paternal function is also referred to as the “phallic function” (Lacan, 1972-1973/1998, p. 59).

I noted previously that castration involves limits being set on jouissance. I described how, by way of the paternal function, the father represents the first inhibition of the aim of the drive. Castration thus involves a shift from a seemingly unlimited and perfect jouissance prior to castration (jouissance in the real or real drives associated with das Ding) to what Lacan refers to as “phallic jouissance” (castrated, limited jouissance). Jacques-Alain Miller also takes up the topic of differences on the level of jouissance:
Prohibition, the well-known incest prohibition, translates above all as the prohibition against satisfying desire for the mother (désir de la mère), and Lacan had already mentioned in Seminar VII that that is but a metaphor for the prohibition expressed in signifiers (l’interdit signifiant) of jouissance. The incest prohibition means: Thou shalt not have access to that which is your supreme jouissance. (Miller, 1996, p. 423)

The subject cannot have the full (“supreme”) jouissance of das Ding, but he or she can have some jouissance. This little bit leftover is phallic jouissance. The phallic drive\textsuperscript{10} involves the subject’s attempts to recover some of the jouissance imagined to be lost through castration.

The loss of das Ding is the precondition for the phallic drive. That is, the loss of das Ding generates the phallic drive’s attempts to recover something of that which had been lost. What is more, the loss itself generates repetition. This is the case because attempts at refinding what was imagined to have been lost will always have to be repeated—cycles or circuits of repetition that, in fact, never succeed in refinding the lost object, precisely because it is irrevocably lost.

Immediately after he introduces his formula for the paternal metaphor, Lacan addresses the connection between repression and repetition. When he describes repression and the signifier, he notes that it “persists there in a repressed

\textsuperscript{10} Lacan implores us to keep in mind, given the meaning of these concepts as I have been describing them, that the phallus is not the penis. Since both men and women undergo castration—neurotic ones, at least—both sexes have an experience of the phallic drive.
Now that this theoretical groundwork has been laid, we can bring together three concepts: 1) primal repression; 2) Freud’s notion that the drives can only be known by way of ideas or “psychical representatives;” and 3) the question of the constancy or pressure of the drive. The paternal metaphor results in primal repression. The signifier that cancels out and names \textit{das Ding} via the imposition of the paternal function and the repression that this signifier produces institutes what Lacan refers to as the “Other” and what Freud refers to as the “other scene.” As I described earlier in this chapter, Lacan tells us that the unconscious is structured like a language. This is similar to the structure of metaphor—one signifier stands in for (replaces) another that is repressed. The drive’s striving towards refinding something that has been lost is thus directly related to the structuring of the unconscious. This is why Lacan says that “The drive . . . is constructed by Freud on the basis of the experience of the unconscious” (Lacan, 1964/2006, p. 722). The loss of \textit{das Ding}—which is operationalized in the formula of the paternal metaphor—generates the pressure of the drive to refind something of the jouissance imagined to have been lost. Lacan notes, “The activity in the subject I call ‘drive’ (\textit{Trieb}) consists in dealing
with these objects in such a way as to recover from them, to restore to himself, his earliest loss” (Lacan, 1966/2006, p. 720).

The phallic drive is the subject’s attempt to refind and hold on to remainders of jouissance. That will become important in my discussion of the relation of the drive to addictions, later in this chapter. I noted previously that for Lacan, the phallus stands in for all that has been lost to language: Φ. The way in which the loss occurs—by way of primal repression through the operation of the paternal function, with the Name-of-the-Father coming to signify the phallus, all that is lost to language, with das Ding and the correlative jouissance having been lost due to castration—is particular for each subject. That is, this loss occurs uniquely for each subject, and within the context of the neurotic’s individual myth: the particular way in which the entry into language and the structuring of the unconscious occur for each subject. The structure of the paternal metaphor, though it can be generalized and reduced to a formula as in Lacan’s formula of the paternal metaphor, is unique for each subject. It logically follows that the way in which each subject seeks to recover, through the activity of the drive, that which has been lost, is also particular. This is precisely what I will explore through the case studies I present in the upcoming chapters.

The particularity of the subject’s entry into language also means that the subject’s relation to the real—and thus the drive’s attempts to refind that which
had been lost—is symbolically structured. This can be likened to Freud’s
description of symptoms having a real core around which there is a symbolic
structure: “like the grain of sand around which an oyster forms its pearl” (Freud,
1953/1905[1901], p. 83). The symbolic and the real are intertwined in a complex
relation, which relates to Lacan’s ideas about the structuring of the unconscious,
as I described. The relation between the real and the symbolic in the
construction of the drive is also alluded to in an essay entitled “The Unconscious:
A Psychoanalytic study,” by two of Lacan’s students, Laplanche and Leclaire,
who note poetically that “the birth of the unconscious . . . stems from the capture of
instinctual energy in the web of the signifier” (Laplanche and Leclaire, 1972, p. 167).
Although the loss of das Ding is irrevocable, and one can never access the
impossible jouissance imagined to have been lost, it is through the phallic drive’s
attempt to hold on to some remainders of jouissance that the subject is able to
access some jouissance—caught in the web, so to speak.

Lacan’s account of the imposition of the paternal metaphor is about the
subject’s entry into language. This entry, as I explained, occurs by way of one
signifier entering the scene and making a kind of cut. That cut represents the
castration threat, the prohibition of incestuous jouissance with the mother, and
the “cancelling out” or barring of the mother. Lacan brings together Freud’s
childhood developmental model and Oedipal narrative with his own ideas about
the child’s entry into language and the unconscious being structured like a
language. This is the case because Lacan aligns the idea of the father barring the
mother with the idea of the signifier making a cut and limiting jouissance. As
Lacan notes, “the signifier is what brings jouissance to a halt” (Lacan, 1972-

Through the operation of castration, the signifier makes a kind of cut
through which it also carves up the body. The signifier’s limiting function
inaugurates phallic jouissance. That is, through castration the drive becomes
limited and focused around the body’s erogenous zones. Lacan describes the
signifier’s action as a “cut. . . by which the function of certain objects . . . is
determined” (Lacan, 1966/2006, p. 719). This means that castration and the
phallic drive result in the carving out of erogenous zones. Through castration,
limits are set on the imagined total jouissance associated with the mother/child
dyad. Jouissance, in being limited, is drained away from the body as a whole
and is evacuated from all but the erogenous zones (holes, orifices of the body—
sites of interaction with the Other). The modification of the drive results in a
shift from a whole to holes. Lacan describes this as a process of the drive
“isolating” erogenous zones through castration: “The very delimitation of the
‘erogenous zone’ that the drive isolates . . . is the result of a cut that takes
advantage of the anatomical characteristic of a margin or border” (Lacan,
The drives thus become limited, hierarchized, and organized around the erogenous zones.

However, to strictly relate the “anal drive” to a literal bodily orifice can be problematic. Lacan seems to affirm this in that he rejects the notion of a progression of developmental stages (e.g., that an oral stage would be followed by anal, phallic, and genital stages). He notes that the process by which the libido or drive comes to be “must not be referred to some natural process of pseudo-maturation” (Lacan, 1964/1981, p. 64). This is not about a progression of biologically predetermined maturational stages that one reaches at certain points in development. That is why Lacan states that “There is no natural metamorphosis of the oral drive into the anal drive” (Lacan, 1964/1981, p. 180).

For Lacan, this is about dialectical stages. It is useful to think of them in connection with the role of the Other’s demand, which I will discuss in more detail within the next few pages. That is, it is more useful to think of the “stages” as times when the Other makes a demand of the subject in which the subject can either say “yes” or “no.” Accordingly, the “anal drive” can most usefully be thought of in terms of ways of relating to the Other—and the Other’s demand—which are marked by withholding or giving. What is at stake has much less to do with a bodily orifice than language and a relation to the Other that takes place within the structure of language. Moreover, that demand can go in both
directions—for the subject or the Other—and follows a grammatical structure. For instance, the “oral drive” can take the form of a demand to eat, to be eaten, or to get oneself eaten. Thinking about the drive with regard to stages or erogenous zones is meaningful only insofar as we can think of them as taking place in language and in response to language. Lacan reminds us of this when he says that “drives are the echo in the body of the fact that there is a saying” (Lacan, 1975-1976/2005, Class of Wednesday, November 18, 1975). Insofar as the Other’s demand implies lack, and touches on the structural function of lack, these ideas further highlight the important role of emptiness in the drive.

The loss of das Ding—and everything that I have been addressing that goes along with that operation—fundamentally results in emptiness, absence. What Lacan refers to as “object a” (objet petit a) comes to stand in for the loss of das Ding. Lacan addresses the relation between object a and the emptiness that results from the loss of das Ding thusly: “this object . . . is in fact simply the presence of a hollow, a void, which can be occupied, Freud tells us, by any object, and whose agency we know only in the form of the lost object, the petit a” (Lacan, 1964/1981, p. 180). The loss of das Ding creates the subject as lacking or desiring, and object a stands in the place of that lack.

This touches on the very complex relation, within Lacan’s work, between desire and drive, of which I will not give an exhaustive account. What is most
salient is that Lacan characterizes object $a$ as both cause of desire and object of the
drive: the “object that is the cause of desire is [simultaneously] the object of the
drive—that is to say, the object around which the drive turns” (Lacan, 1964/1981,
p. 243). That is the case insofar as the phallic drive circles around object $a$ as
what stands in for the loss of *das Ding*.

The castrated subject is lacking, and lack is the precondition of desire. We
can only desire or want because there is something that we lack—something that
we do not have. Still, the lacking subject does not simply accept lack and remain
stagnant in that position; the subject tries to recover some of the jouissance that
was lost. The desiring/lacking subject’s relation to the lost object, the subject’s
position in trying to recover and hold on to some piece of lost jouissance, is
articulated in what Lacan refers to as fantasy, which he represents in a formula:
($\$ \Diamond a$). This can be read most simply as: the lacking subject’s relation to
object $a$.

For Lacan lack is constitutive, structural. The Lacanian subject—
specifically the castrated, neurotic subject$^{11}$—is fundamentally a subject of lack.

When Lacan refers to “the subject” he is fundamentally referring to the split
subject (lacking, divided, or barred). The split subject is indicated by an “$S$” with
a line through it (“ $\overline{S}$ ”) to indicate that the subject is split between conscious and

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$^{11}$ As I will address in Chapter 5, 6, and 7, psychotics are technically not considered lacking subjects, as
they have not undergone the castration that constitutes lack.
unconscious and that the subject is lacking the object. As I explained, the subject comes to be lacking or desiring by way of the operation of castration. Lacan affirms, “What analytic experience attests to is that castration is what regulates desire” (Lacan, 1960/2006, p. 700).

I mentioned earlier that the subject and the Other come to be lacking at the same time, so to speak. This indicates that the subject’s desire comes into being in relation to his or her interpretation of the Other’s desire:

the condition of the subject . . . depends on what unfolds in the Other, A. What unfolds there is articulated like a discourse (the unconscious is the Other’s discourse [discourse de l’Autre]), whose syntax Freud first sought to define for those fragments of it that reach us in certain privileged moments, such as dreams, slips, and witticisms. (Lacan, 1959/2006, pp. 458-459).

Moreover, Lacan explains that “the neurotic . . . is the one who identifies the Other’s lack with the Other’s demand” (Lacan, 1960/2006, p. 698). He goes on to describe how the neurotic subject’s interpretation of the Other’s lack comes to structure his or her fundamental fantasy and experience of the drive. Lacan explains that “the Other’s demand takes on the function of the object in the

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12 There are also other ways to understand the subject to be lacking—as in the idea of the subject lacking a signifier or being divided between signifiers—but these are beyond the scope of this work and will not be explored here. For a fuller account of Lacan’s many ideas about the divided subject, see Fink’s The Lacanian Subject (1995).
neurotic’s fantasy—that is, his fantasy (my formulas make it possible to realize this immediately) is reduced to the drive: (S ◇ D)” (Lacan, 1960/2006, p. 698). For example, in Chapter 4, I present a case study of Phil, an obsessional neurotic patient who interpreted his mOther’s demand as: “die.” That is, he imagined the Other’s demand as being for him to suffocate, fuse with the mother, and die. He then took marijuana as his object and in fantasy positioned himself as smoking to the point of feeling suffocated and seemingly fused with his mother, symbolically dying by being fused with or absorbed into her.

The idea that the drive is a relation to demand also relates to the notion that a demand is always a demand for something. That is, since demand seems to be for something, for some object, the subject confuses separation from the object for separation from desire. As Lacan explains, “the drive divides the subject and desire, the latter sustaining itself only by the relation it misrecognizes between this division and an object that causes it. Such is the structure of fantasy” (Lacan, 1964/2006, p. 724). It is thus due to a kind of primal confusion that subjects think that an object is what will satisfy them. Subjects then try out objects, with varying levels of satisfaction, and it is because demand is always demand for something that subjects try to plug objects into the object a slot in fantasy. I will discuss these ideas further—as well as Lacan’s related idea of the grammar of the drive, its “grammatical artifice” (Lacan, 1960/2006, p. 692)—in the case studies.
At this point, it should also suffice to note that we are beginning to address the important idea that the drive has less to do with a phenomenal object—for no object can satisfy the drive—than the way in which the subject is oriented in relation to its own and the Other’s lack (or what the neurotic identifies as the Other’s demand).

Lacan makes it clear that the objects of the drive stand in for absence and that any number of objects can therefore come to occupy the place of lack. He notes that the object “is in fact simply the presence of a hollow, a void, which can be occupied, Freud tells us, by any object” (Lacan, 1964/1981, p. 180). As Lacan indicates, Freud too stresses the drive object’s contingency. Freud asserts that there is no such thing as a “natural” object choice, no fixed one-to-one relation between drive and object:

It has been brought to our notice that we have been in the habit of regarding the connection between the sexual drive and the sexual object as more intimate than it in fact is. Experience of the cases that are considered abnormal has shown us that in them the sexual drive and the sexual object are merely soldered together—a fact which we have been in danger of overlooking in consequence of the uniformity of the normal picture, where the object appears to form part and parcel of the drive. We are thus warned to loosen the bond that exists in our thoughts.
between drive and object. It seems probable that the sexual drive is in the first instance independent of its object; nor is its origin likely to be due to its object’s attractions. (Freud, 1905/1953, p. 147-148)

Lacan declares, “[a]s far as the object in the drive is concerned, let it be clear that it is, strictly speaking, of no importance” (Lacan, 1964/1981, p. 168). Lacan and Freud, though they take slightly different angles, both emphasize the drive object’s absolute contingency.

The concept of the contingency of the drive object has very important implications for the psychoanalytic study and treatment of addictions, as I hope to demonstrate in this project. In Chapter 5, for example, I will discuss a patient whose addiction, when he first came to treatment, had already transferred from cocaine to shopping. Although the contingent object his addiction centered on had changed, the structure of his addiction was still very much intact at the time when he was seeking therapy.

Given the drive object’s contingency, it is important to expand our framework to consider the drive object as something other than a phenomenal object (an actual object, or object in the world). That is the case also because the positions the subject takes with regard to desire and drive are governed by structural relations. What is more, the place of the object is marked by a
structural lack. This is why the drive object is not only contingent but also
displaceable, as metonymy is based on lack.

Although the drive object is something other than a phenomenal object,
and the drive object can be considered contingent and displaceable, there are
subjects who do develop an addiction to one specific substance (one particular
kind of alcohol or drug, for instance). As such, their drive object seems very
fixed (not contingent or displaceable). In Chapter 3, I discuss this issue through
the presentation of a case study of Buck, a patient who drank massive quantities
of one particular brand of alcohol. This kind of addiction, in which the subject
becomes addicted to one unique substance, is a fixation of the drive in which the
subject believes that the object is anything but contingent. Nevertheless, as I will
address in Chapter 3, even that had less to do with the phenomenal object itself
than with the signifier. I will make the perhaps controversial argument that in
that case, the patient was relating through his addiction not to the alcohol itself
but to its name, the specific brand name of the alcohol he drank excessively. In
that case, the subject’s addiction had a very clear and unmistakable symbolic
structure.

Although addicted subjects often seem to operate according to an illusion
that they have found an object that brings full satisfaction, no phenomenal object
could ever satisfy the drive. Lacan addresses that important point in his
discussion of the difference between an object of need and an object of the drive. He uses the oral drive to illustrate the point: “no food will ever satisfy the oral drive, except by circumventing the eternally lacking object” (Lacan, 1964/1981, p. 180). The object is, in Lacan’s words, “eternally lacking”; it cannot be recovered. To think that it could be recovered, and that there could be a concrete object that would satisfy the drive, is a fantasy, a misrecognition. Lacan doesn’t mince words: “no object of any . . . need, can satisfy the drive” (Lacan, 1964/1981, p. 167).

He goes on to clarify that, beyond the fact that the drive is not satisfied by an object of need, satisfaction actually doesn’t come from any object at all. Lacan explains that “[e]ven when you stuff the mouth—the mouth that opens in the register of the drive—it is not the food that satisfies it, it is, as one says, the pleasure of the mouth” (Lacan, 1964/1981, p. 167). Something around the object gets satisfied. In the example he offers of the oral drive, Lacan indicates that there is pleasure in the very filling of an orifice of the body, an erogenous zone. It gives one the temporary illusion of fullness, in all senses of the term implied by his example. Lacan is making the case that in the drive, satisfaction is not about the object, but about something that is satisfied in the drive.

Lacan offers the following as a formulation of the drive’s satisfaction: “la pulsion en fait le tour” (Lacan, 1964/1981, p. 168). One way to understand that is to
say that the drive “moves around the object” or “circles the object”—takes a tour or trip around the object. Lacan defines the drive as satisfied by its very circling around the object: a satisfaction inherent in the “circuit of the drive” (Lacan, 1964/1981, p. 178).

The satisfaction at stake in the drive can be thought of as a kind of trick in a few different ways. First, in the sense of a magic trick, like an optical illusion: Even though the phenomenal object does not and cannot satisfy the drive, the subject sometimes harbors the illusion that it can. That illusion is sustained by the object. Moreover, as I described previously, although the initial object of the drive—as das Ding or the pre-Oedipal maternal object—can never be recaptured, the drive’s attempt, in circling around the objects a, to recapture something of that lost jouissance, brings its own satisfaction. Something is satisfied in the very circuit of the drive. Some jouissance is caught in the web. The paradox of the drive—a trick—is that even though something is missed and not attained, something is satisfied (there is some satisfaction). The drive is a one-trick pony: it is stupid and knows nothing but its circling around the object. It does nothing but go in circles, repeatedly. Nevertheless, the drive succeeds every time, even in failing to attain the object or to fill one’s lack. Lacan describes the drive succeeding in being satisfied in not attaining or “snatching” the object by noting that “[b]y snatching at its object, the drive learns in a sense that this is precisely
not the way it will be satisfied” (Lacan, 1964/1981, p. 167). The more one strives
to attain satisfaction in a direct way, through a concrete object, the more one
misses it, and the more one loses one’s way. The drive, however, is what
succeeds even in missing the object. That’s the trick.

In “Drives and their vicissitudes,” Freud suggests that the aim of the drive
simply is satisfaction itself: “the aim [Ziel] of a drive is in every instance
satisfaction” (Freud, 1915/1957, p. 122). Jacques-Alain Miller echoes this with a
more Lacanian accent: “The drive follows its own bent and always obtains
satisfaction. . . . The drive never comes to an impasse” (Miller, 1996, pp. 423,
426). Although, as Miller indicates, the drive always succeeds, always satisfies
itself, the object itself always fails.

Indeed, Lacan states that “[t]he object is a failure (un raté). The essence of
fails because, fundamentally, object a is not das Ding. As such, object a is out of
synch, not what the subject sometimes imagines or hopes it to be: “There is . . .
always an essential division, fundamentally conflictual, in the re-found object,
and, in the very act of its re-finding, there is therefore always a discordance in
the re-found object in relation to the object sought after” (Lacan, 1956-1957/1994,
p. 53).
Even though the drive always succeeds, the object’s failure results in one experiencing the jouissance obtained through the drive’s circuit as a kind of letdown. Lacan describes a difference between the jouissance that is actually obtained and the jouissance that the subject hopes for: “‘That’s not it’ is the very cry by which the jouissance obtained is distinguished from the jouissance expected” (Lacan, 1972-1973/1998, p. 111). Why is there a letdown? Lacan continues to explain:

Structure, which connects up here, demonstrates nothing if not that it is of the same text as jouissance, insofar as, in marking by what distance jouissance misses—the jouissance that would be in question if ‘that were it’—structure does not presuppose merely the jouissance that would be it, it also props up another. (Lacan, 1972-1973/1998, pp. 111-112)

Lacan suggests that the fantasy of “more jouissance” is propped up by the structuring function of lack for the subject. The subject, as a castrated, lacking subject, operates according to a retroactively determined fantasy that he or she has lost a supposedly perfect jouissance associated with das Ding. This sustains the subject’s illusion that “that’s not it”—that the jouissance obtained is a rip off—and that there must be more. The subject who gets caught up in futile quests for a mythical and impossible jouissance, seeking “more” jouissance, is truly tricked or deluded!
An addict who uses increasing quantities of drugs in an attempt to reach ever higher highs exemplifies someone who acts in accordance with that fantasy of “more” jouissance. As such, addiction often involves jouissance beyond the pleasure principle. That striving is sustained by the neurotic’s fantasy that it might be possible to fill lack and overcome castration. Since demand is experienced as demand for something, the subject takes objects in an attempt to fill lack, which, as I explained, cannot work. Lacan describes the kind of satisfaction at stake in jouissance as “paradoxical” and notes, “the drive has for me no other purpose than to put in question what is meant by satisfaction” (Lacan, 1964/1981, p. 166). That relates to “la pulsion en fait le tour” as the formula of the drive’s satisfaction and also to the way in which jouissance can be associated with a kind of painful enjoyment beyond the pleasure principle, that is, a kind of painful enjoyment that is generally ego-dystonic. Freud alludes to the way in which jouissance is unacceptable, even horrifying, to one’s ego when he describes the Rat Man’s reaction to the idea of the infamous rat torture: “horror at pleasure of his own of which he himself was unaware” (Freud, 1909/1955, p. 167).

Jouissance is therefore associated with excess and with a paradoxical kind of satisfaction. Freud indicates as much by noting that “patients derive a certain

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13 The names given to many drugs—especially ecstasy and heroin (“heroine”)—supports this fantasy!
satisfaction from their sufferings” (Freud, 1909/1955, p. 183). Moreover, attempts to attain “more” jouissance involve the fantasy of a satisfaction for which, Lacan tells us, suffering subjects “give themselves too much trouble” (Lacan, 1964/1981, p. 166). Nowhere is this more evident than in addictions.

Addicts are often tricked by their drug of choice—the object they pursue according to the fantasy that through such phenomenal objects they could truly satisfy or fill their lack (and/or reach an impossible jouissance). Such efforts are destined to fail, however, because, as both Lacan and Freud insist, the object is never it. The addict being duped by the fantasy of what his or her drug object could be or could bring is similar to what Lacan describes in an anecdote of a voyeur being duped by an illusion: “What the voyeur is looking for and finds is merely a shadow, a shadow behind the curtain. There he will phantasize any magic of presence, the most graceful of girls, for example, even if on the other side there is only a hairy athlete” (Lacan, 1964/1981, p. 182). Behind the veil of the addict’s fantasy, which sustains the illusion that his or her drug is truly “it,” is a reality that is very different and sometimes agonizing and horrifying.

Addicted subjects often try to reach something they imagine would perfectly satisfy their lack and provide a kind of supreme jouissance—like hoping to access the beautiful woman imagined by the voyeur in Lacan’s example—but they go too far in their pursuit of jouissance and instead encounter, through the
misery of their addiction, nothing but a “hairy athlete”—a major disappointment.

Lacan emphasizes that the analyst intervenes not with drugs but with words (Lacan, 1973-1974, Class of May 21, 1974). That is particularly meaningful in the analytic treatment of addictions. The goal of analysis is to transform the subject’s position in relation to jouissance. That occurs via words, the talking cure, even as the process of analysis is often poised between the symbolic and the real. It is to this that I will now turn by presenting several case studies. These cases will detail how Lacanian analytic interventions can have a transformative effect on addicted subjects’ relation to the real of jouissance through speech—that is, by “treating the real by the symbolic” (Lacan, 1975-1976/2005, Class of January 20, 1976).
Chapter 3

ADDICTION AND OBSESSIONAL NEUROSIS

Buck’s Addictions: As Oedipal as it Gets

Introduction

In this chapter I will present a case study of “Buck”—an obsessional neurotic patient who was addicted to multiple substances, most predominantly coffee and a specific brand of vodka. His addictions were severe and had been going on for a few years already at the time when he sought treatment. He told me during the initial consultation that he regularly drank between six and seven pots of coffee per day, in addition to consuming several other sources of caffeine on top of that, such as caffeinated soda. His hands would often tremble, he had an almost constant facial tic, and his skin constantly felt irritated to him as his caffeine intake had led him to be dehydrated and unable to perspire. He also drank huge amounts of alcohol—so much so that he would sometimes pass out and lose consciousness. He even got kicked out of college during his freshman year due to alcohol poisoning (and underage drinking).

I will describe the overarching structure governing how Buck related to the multiple objects of his addiction. I will also emphasize that, contrary to Rik Loose’s argument that addictions are not symbolically structured, which I
reviewed in Chapter 1, Buck’s addiction did have a very clear symbolic structure. Moreover, multiple layers of Oedipal dynamics were inherent in his addictions. I will describe how his longing for a lost enjoyment connected with his mother, as well as his anger towards his father, were wrapped up in his addiction as it related to the oral and anal drive, respectively. In order to provide a context within which those dynamics can be more fully understood, I will first discuss the primary features of obsessional neurosis according to Lacan.

On Obsessional Neurosis

Lacan essentially proposes three diagnostic categories: psychosis, perversion, and neurosis (hysteria and obsessional neurosis being the two “types” or “dialects” of neurosis). Whereas the diagnostic schema in the DSM-IV primarily establishes symptoms as determinative of diagnoses, Lacan’s diagnostic system instead looks at subjective positions and views differences in psychic structure as being determinative. Lacan further specifies that the three diagnoses correspond to and are caused by three forms of negation: repression in neurosis, disavowal in perversion, and foreclosure in psychosis. In this chapter I will touch on the mechanism of repression in neurosis, and I will reserve a discussion of disavowal and foreclosure for the chapters on perversion and psychosis.
Repression constitutes neurosis. Although repression is not directly tangible, one can glean how repression has been operative by listening carefully to the neurotic subject’s discourse and paying attention to the return of the repressed through his or her symptoms. While repression is the primary, governing feature of neurosis, there are also a number of other commonly associated features. For instance, in addition to repression and the return of the repressed, the following elements are characteristic of neurosis:

[T]he instating of the paternal function, the assimilation of the essential structure of language, the primacy of doubt over certainty, considerable inhibition of the drives, . . . the tendency to find more pleasure in fantasy than in direct sexual contact, . . . the return of the repressed from within . . . in the form of Freudian slips, bungled actions, and symptoms, . . . uncertainty about what it is that turns one on, [and] considerable difficulty pursuing it even when one does know. (Fink, 1997, p. 112)

Although these are features of neurosis in general, Lacan also suggests that the two forms of neurosis—hysteria and obsessional neurosis—substantially differ from one another.

For instance, while the hysterical is hyper-attuned to other people and their desires, the obsessive concerns himself primarily with neutralizing them. That is, the obsessive attempts to annul the Other, and refuses to see himself as
dependent on the Other. These dynamics make for a therapeutic relationship that is very different from the kind one is likely to encounter in working with a hysterical client, in that the obsessive is often, particularly at the outset of therapy, blissfully unconcerned with what his therapist says to him or seems interested in. Accordingly, the clinician must make significant attempts to make herself present to the obsessive and to be recognized by him. Lacan refers to this as bringing about a kind of “hysterization” of the obsessive.¹

With regard to the obsessional’s position in relation to desire, the obsessional maintains an impossible desire. As Fink puts it, “Desire is impossible in obsession, because the closer the obsessive gets to realizing his desire (say, to have sex with someone), the more the Other begins to take precedence over him, eclipsing him as subject. The presence of the Other threatens the obsessive with what Lacan calls ‘aphanisis,’ his fading or disappearance as subject” (Fink, 1997, p. 124).

For instance, Buck’s obsessional style of maintaining an impossible desire involved significant self-sabotage: making it impossible for him to get what he wanted. When he had opportunities to perform well academically (which to Buck would have meant finally winning the love and approval of his father) he would repeatedly sabotage his efforts (for instance, by getting kicked out of

¹ In Chapter 4, I will describe how another obsessional patient, Phil, became hystericized at a certain point in the treatment.
school because his drinking problems led him to flunk all of his classes). That style of self-sabotage therefore made it impossible for him to get what he wanted but it also made it impossible for him to give his father what Buck believed he wanted.

That is, Buck positioned himself as constantly refusing to satisfy the Other’s demand—he father’s demand that he succeed in school—and he retentively withheld what his father demanded. Buck’s addictions were situated within this refusal in that his addictions—his alcohol addiction most particularly—sabotaged almost everything in his life, particularly his education, and thus any chance at success. Indeed, his alcohol addiction got him kicked out of one school, as I will describe later in this chapter, and at the time of treatment it was posing a serious threat to his academic status in the school to which he transferred—the dean was threatening him with expulsion.

Furthermore, aphanisis might have taken the form of his father, while giving him recognition and approval, becoming all too present to Buck. That is, if his father gave the sought after approval, it would turn him into a suffocating presence or one who Buck believed would then want more and more of him, metaphorically devouring him with infinite expectations or desires. Alternately, Buck also experienced his mother as a suffocating presence whom he imagined he might get absorbed into and as associated with an enjoyment that he had lost,
which left him with a kind of hole that he tried to fill through some of the substances of his addiction. Before discussing the dynamics of Buck’s addictions in more detail, I will first review some of his history so as to provide a context within which the roots of his addictions can be understood.

Case History: Buck

Clinical background.

Buck, a twenty-one year old college student, originally sought treatment because he felt he was “falling back into” some of his “addictive behaviors.” He said he felt he had an “addictive personality” and also wanted to work on breaking his cycles of depression and procrastination. As the therapy progressed, it became clear that his addictions, depression, and procrastination were interwoven.

During the initial consultation, Buck also told me that his mother was “dead-set against” his coming to our clinic. She wanted him to find someone to work with under her insurance, so that she could pay for and be “more involved” in his therapy. His father supposedly disapproved of therapy of any sort and suggested that Buck “try a little self-help.” Buck told me that he felt it was important to him to come to our clinic and “do this on [his] own.”
Overview of Buck’s addictions.

Buck told me during the initial consultation that he felt his most predominant current addiction was to caffeine. He told me that he drank between six and seven pots of coffee per day, not to mention vast amounts of caffeinated soda. He explained that he felt his parents “did it to [him]”—made him susceptible to caffeine addiction—because of how they “medicated” him with soda, coffee, and sugar when he was diagnosed with Attention Deficit Disorder (ADD) at eight years old. He said that instead of giving him prescription drugs for his ADD, which he felt was merely overactivity and attention-seeking behaviors, they chose that kind of “home remedy.” Buck intimated that he believed his parents medicated him in an attempt to suppress his anger towards them. Indeed, Buck was given these “home remedies” precisely at a time in his childhood when he became somewhat rebellious and began to speak out against his parents. That suppression of rage seemed to have lasting effects for Buck, which will become evident a bit further on.

Around that time in Buck’s childhood, the family also went out to dinner almost every night of the week. Buck told me that at the time he felt it was “a huge waste.” Ironically, however, he reacted by trying to waste his family’s money even more! When they ate out at the restaurants, he would order “glass after glass after glass” of soda, and he would stuff himself with whatever he
could snatch from the bread basket at the table, some appetizers, a full adult-sized meal usually consisting of a pricey cut of meat, and, to top it all off, the most expensive dessert he could find on the menu. He described how his little eyes would secretly scan the menu for the most expensive item from each meal category and that those would be his picks. Buck seemed to do for himself what his parents had done to him. His parents were stuffing him with sodas and sugary foods to treat his ADD, but he obviously took it to an extreme. In addition to this connection, Buck might have been taking out some of his resentment towards his parents, by wasting their money, while nevertheless feeling indignant about how they were wasting the family’s money by going out to dinner so often. It was clear that for Buck, resentment and wasting seemed to be quite strongly connected. As Buck wasted his family’s money, his waist also grew. He told me that during his childhood he had been quite thin until his parents started their “home remedy” for his ADD and that he started putting on weight from then on.

Buck’s resentment towards his parents continued throughout high school. Buck told me that during high school his parents were very strict with him and never let him experiment with any drugs or alcohol, a restriction he came to...

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2 Buck would have accomplished a bigger waste of their money if he had simply left the food on the plate. However, he said he felt more “satisfaction” and also “power” through ordering and eating and drinking excessively. “I made sure I got something—a lot—out of it,” he said.
resent quite a bit. His parents were obviously not able to watch him constantly, and Buck snuck around to experiment with drugs and alcohol. He seemed to derive a great deal of jouissance out of sneaking around and supposedly doing things behind his parents’ backs, but he actually did them right under their noses! Regardless, Buck told me that he felt if only his parents had been less “hands-on,” he wouldn’t have developed so many problems with drugs and alcohol during college. Buck speculated that perhaps if his parents had let him experiment during high school, he might have learned how to “handle” himself.4 “My biggest problem is that I have parents who love me too much,” Buck said dryly.

Buck told me that during college, he rebelled and became immersed in drugs and alcohol. During his very first day at college, he began drinking. He said that when he met his roommate, things were very “awkward” and he became uncomfortable in their new social situation of having to live together in spite of “immediately disliking one another.” That night, Buck and his roommate drank vodka to the point of extreme inebriation, a pattern which continued almost nightly thereafter. Indeed, supposedly to deal with the feelings of social awkwardness, Buck drank with his roommate and his

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3 Note the neurotic stance of blaming the other.
4 There seemed to be something important about the recurrence of Buck’s references to hands. Although I am uncertain of their exact meaning—as that did not get elaborated in the treatment—I might speculate about a possible connection between masturbation and punishment.
roommate’s friends, and always the exact same thing: Banker’s Club vodka. Buck said that the first time he took a sip of vodka, “it felt natural.” With a look of bliss on his face, he explained, “It tasted like heaven to me.” He also began drinking heavily with his rowing teammates, but with them he also sometimes drank beer. He described the “frat atmosphere” of their drinking together, and again noted that drinking seemed to ease tension for him when he felt he didn’t quite belong in the group. Nevertheless, vodka seemed to be of greater importance to him. What is more, a little jingle was often sung by Buck and his roommate’s friends when they drank together, something along the lines of, “Be a part of the club, the banker’s club.”

Given that Buck drank only one very particular kind of vodka, and in such large quantities, it is important to consider the possible meaning of the specificity of the object. First, Buck’s father was a banker. Moreover, Buck never felt he could bond with his father—he was never really part of his father’s “club,” metaphorically speaking. According to Buck, Banker’s Club vodka is also very inexpensive. I described previously Buck’s complaints about how his parents wasted their money—for instance, by going out to dinner so often during his childhood. Eventually, Buck’s drinking reached such an extreme during his first year of college that he was hospitalized twice for alcohol poisoning. At that point, he said, “everything went to shit.” As he said that during the session, he
had a little anal slip of flatulence, though he pretended not to notice. As a result of his hospitalizations for alcohol poisoning, he lost his sports scholarship and had to leave the university. Perhaps that took on the value for him of wasting his parents’ money, through wasting his scholarship, and exacting some sort of revenge on them, though the exact cause of that possible desire for revenge is uncertain.

During Buck’s first year of college, his use of soda and caffeine increased exponentially. He also began abusing several other substances, including Tylenol PM, cigarettes, and Adderol (a medication commonly prescribed for ADD). More often than not, he mixed several of those substances together. Buck’s abuse of those substances resulted in self-destructiveness of different kinds: procrastination, expulsion from school, and the production of agonizing physical symptoms. That is, abusing those substances played into his self-destructive cycles in similarly masochistic ways. He even allowed himself to become so dehydrated from excessive intake of caffeine (and refusing to drink water to rehydrate himself) that he actually became unable to perspire. That caused him great discomfort, and even pushed him to the point of curling up in a ball on the shower floor, crying because his skin was burning but would not perspire. Nevertheless, in spite of the intense agony he was in, he still would not drink water, which underscores the severity of his masochistic tendencies.
When Buck’s parents then made him move home and transfer to a nearby university, he became resentful that they kept him under their watch and didn’t trust him. He said he still continued with many of his addictions, but that he simply did so more covertly. For instance, he described sneaking out of his parents’ house to chain smoke, and then sneaking back in late at night after they were asleep, and doing laundry to wash his clothes so they wouldn’t smell the cigarette smoke on his clothing. “It’s like living a double life,” he explained. He complained about the situation, but it was clear that he was also getting off on that secret addiction. The jouissance he got from this sneaking around is suggested by Buck’s comment that the sneaking around “creates twice as much stress as the cigarettes treat.” When I asked Buck about that sneaking around, and keeping things from his parents, he referred in particular to the impact finding out about it would have on his father, noting: “it would kill him if he found out.” “Is that what this is all about, killing your father?” I ventured. “All of these addiction patterns are a big ‘fuck you’ to my father,” Buck replied. As we talked more about how those addictive behaviors might have been a way of him saying “fuck you” to his father, we noted that they nevertheless were very much directed at himself. Buck affirmed this idea as we were talking about his chain smoking and other addictions, noting, “It’s a self-defeating cycle, like my entire life.” Perhaps, then, defeating himself was tantamount to defeating his
father. In order to better understand Buck’s addictions, it is important to more closely examine certain aspects of his history.

**Highlights of Buck’s history.**

From our first meeting, it seemed to be important to Buck that he address his family history in some detail. He described how his family had a rather high social status and that they came from “old money.” Buck told me that the family fortune came from his great-great-great-grandfather on his father’s side of the family, who had invented a new kind of building material. The stories of his family being from old money were quite dramatic and often comical. Indeed, Buck offered quite a few rather Gatsby-esque stories. He described lavish family parties with people who were clearly of some importance but also quite quirky and even odd. For instance, Buck described a rather dramatic grandmother who made a show out of refusing to eat but “constantly smoked like a chimney” and spoke with an affected snooty accent (which Buck enjoyed imitating); details of men philandering while their wives seemed to be indifferent or even relieved; and women histrionically making a show of hiding things from their husbands in spite of their husbands being completely unaffected by their displays. Drama of various sorts seemed to have characterized much of Buck’s family history.
Buck explained that for the first four years of his life, he grew up in a very upper-crust area of Great Britain. Buck told me that the family moved there because his father, who was a major player in international banking, was transferred there for work. Buck described “rubbing shoulders with the elite of England,” a description which suggests that the young four-year-old Buck might have seen himself as bigger than he really was, either at the time or in hindsight, being figuratively on the same level as the British elite.

Indeed, Buck characterized these early years in England as a sort of “golden age.” In one sense, it was a golden age because those years were marked by great wealth and a lavish lifestyle. Buck’s descriptions of those years also suggested childlike fantasies of rolling in piles of dollar bills or swimming in a pool of gold coins. Richness and surplus characterized those years, and so too did the privilege of status. That is, Buck was supposedly hobnobbing with the crème de la crème, enjoying all of the privilege of status while, as Buck commented with some pride, his father’s employer paid for everything.

That lifestyle supposedly ended when the family left England. Indeed, Buck’s “golden age” seemed to end after the family moved back to the States. When a subject looks back on something that has been lost, it is often viewed through the lens of nostalgia as a sort of paradise lost. It isn’t particularly important whether such a time actually was so perfect—how could it be?—and
characterized by abundance; what is important is the value it later takes on for
the subject. This is similar to the way in which the subject imagines that he or
she has lost a golden age of a more perfect jouissance—a jouissance fantasized to
be associated with das Ding and a jouissance prior to castration, as I described in
Chapter 2. For Buck, the golden age in England certainly took on the value of a
gold nugget of his childhood that was taken from him. How did he react to that
loss? Primarily with anger, resentment, and attempts to recover and hold on to
(retain) what he imagined he lost.

Buck described feeling like an outsider when the family moved back to the
States when he was four years old. He said he had a strong British accent and
spoke “proper English” (the Queen’s English, I suppose). To Buck his British
accent also carried with it a stamp of elevated social class, much like the affected
Boston Brahmin accent marked one’s belonging to a certain social and economic
echelon. Buck spoke disparagingly of the other children and their mothers,
whom he encountered when he went to school in the U.S., noting that he felt
they looked down on him and made fun of him for his manner of speaking. He
commented with derision, “They made fun of me for speaking proper English.”
Buck felt like an outsider, but to him being an outsider took on qualities of being
both privileged (special) and very devalued (rejected). That may have

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5 Roughly an Oedipal age.
established a structure that carried throughout Buck’s life: of imagining that he occupied the role of an exception, but as the simultaneously golden and denigrated one.

Buck’s own way of describing his sense of occupying the role of exception or outsider was that he was never “group-minded.” He gave numerous examples of how, throughout elementary school and high school, he made deliberate attempts to do the opposite of whatever was popular. For instance, he told me he would often fantasize about a World War III in which the Soviet Union would win. Another example that he mentioned on several occasions, suggesting its multivalent importance to him, was that when all of the other kids rooted for Luke Skywalker, he rooted for Darth Vader. A consistent theme underlying all of the stories he told about how he was not “group-minded,” and how he deliberately went against the grain, was that he always did so for “no particular reason.” Nevertheless, he might have wanted a victory of socialism over capitalism (represented as his father as a banker) and also of the father—Darth Vader—over the son. These fantasies may have retroactively structured the “outsider” stances that he took. In Buck’s account, there was nothing particularly or inherently appealing about liking the opposite of what the others liked, other than the fact that it was precisely the opposite of what others liked. That allowed Buck to take a position against them, in opposition to them. Taking
a position that was the direct opposite of the position taken by others meant that Buck never really took a position of his own at all. Since he blindly did whatever was the direct opposite of what the others found appealing, he did not have to look within or call his own desires into question. His desire was thus formed in direct opposition to the other’s desire, in a decidedly neurotic style.

*Gender relations, gender trouble.*

Adopting a stance in direct opposition to the other also resonates with the structure of some of Buck’s familial relationships. For instance, he described being in many ways “the opposite” of his sister. Rachel, six years Buck’s senior, was his only sibling. Buck made a point of telling me during the initial consultation that the family nickname for his sister used to be something like “Raging Rachel,” which he said he related to her gender: assuming that what made girls different from boys was that they were angry. He described Rachel as “mainstream,” and clarified that while she was interested in “practical things” like “hard sciences” and math, he was more interested in “ethereal things” like languages and philosophy. He noted, with an air of superiority, that those are subjects that most people are not interested in. Explaining more about how he and Rachel were opposites, he told me that everything seemed to be easy for

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6 This is, of course, a pseudonym, but I have preserved the flavor of Buck’s sister’s actual nickname.
Rachel, who apparently had always excelled at work or academics without putting forth much effort, while Buck felt as though nothing had ever been easy for him, even when he put forth considerable effort. Buck also commented that although his sister had always done whatever their parents wanted her to do, he had not always been so acquiescent. Buck felt his parents always compared them to one another, and that while his father had a clear preference for Rachel, Buck always felt he was his mother’s favorite.

Regardless, perhaps partly because of them competing for their parents’ attention, Buck described his relationship with his sister as always having been contentious. He recounted numerous verbal arguments and physical fights they had gotten into. Buck seemed to have been the one initiating the physical fights, while Rachel seemed to have been the one initiating most of the verbal arguments and teasing. Buck gave the example that when they were children, Rachel would often put snails all over her body and then do a little dance in front of him, attempting to frighten him. It worked. According to Buck’s account, that would “freak [him] out” and he would “scream and cry like a girl and run away.” Buck told me he felt his sister has always had the “upper hand” in their relationship.

Questions of gender identification and sexual position came up not only with regard to his relationship with his sister, but also within several other
contexts. Take, for instance, the rather odd image that Buck reported when I asked him to describe his first memory. He told me that the first thing that came to mind was a video of him as a two-year-old, in which he was dressed up in one of his mother’s long shirts, which was cinched around his waist with an army belt, and that he was also carrying a “fake sword” and wearing a fireman’s helmet that he always thought resembled a crown. In many ways, Buck seemed to identify with his mother more than his father (and that meant that his phallic, masculine status was in question). He described his father as “too rigid” and as someone who didn’t “care about ethereal things” and had a “wooden mind.” In relation to that phrase, note that, as I described earlier, the family fortune came from something about building materials, and that Buck seemed to oppose his father’s “wooden,” practical, and financial interests to his own “ethereal” interests, things more in line with languages and philosophy. The phallic references inherent in describing his father as “wooden” are also obvious. Buck complained of his father’s “faux machismo,” which Buck felt represented his attempt to portray a rather flimsy façade of being an alpha male—someone interested in sports, politics, and business. Buck seemed to consider those merely stereotypical markers of masculinity, hence his accusation that his father displayed “faux machismo.”
Buck described his relationship with his father as alternately “distant” and “explosive.” Buck told me that for the most part, he simply avoided interacting with his father. On the occasions when they did interact, usually when there was something important to be discussed, such as Buck’s status in school, their relationship became explosive and verbal arguments inevitably ensued. Buck said he felt he had “power issues” with men in general, most particularly his father. (I will address Buck’s relationship with his mother in more detail in a later section of this chapter, in which I address the oral drive, and I will also return to Buck’s relationship with his father in a section on the anal drive.)

Gender and sexuality seemed to have been particularly problematic for Buck during high school. He told me that during that time he began to worry that he might be gay. He said he saw the other boys beginning to take an interest in girls but that he did not share their curiosity, which led him to think that there might be “something wrong” with him. Eventually, he said, the other kids tried to “use that against” him—knowing that he was sensitive to issues about his sexuality—and make fun of him, telling him that everyone “knew for sure” that he was gay. Buck told me that he became very “defensive” and tried to deal with
his insecurity by putting up a front and telling everyone, very angrily, that he would “beat the gay out of [his] own son.”

During his senior year of high school, Buck became interested in Maureen, a girl who always sat in the bleachers during his sports practices. Although he had admired her from afar for several months, he had never spoken to her at all. He finally asked one of his teammates to approach her to find out if she might be interested in dating him. Apparently Maureen rejected him on the spot, which Buck characterized as a major narcissistic wound for him. He said he became “enraged” and then began “stalking her,” following her around school and watching her when she didn’t know he was there. At the time of treatment, Maureen was dating one of Buck’s closest friends, and Buck continued to maintain an impossible relationship with her, asexually admiring her while knowing he couldn’t have her because she was someone else’s girlfriend. That is also a feature of obsessional neurosis—the other man’s desire for a woman generates his desire, precisely as an impossible desire.

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7 Buck referring to the idea of having a son of his own some day, and one who might be homosexual, suggests a possible underlying fantasy that his father would beat any signs of homosexuality out of him. Buck stating that he would “beat the gay out of” his son is thus faux machismo covering his fear of being homosexual.
8 Later in this chapter I will address some possible connections that might have existed on an unconscious level for Buck regarding rage and sexuality. For now, I’ll raise the following speculations: Did he refuse to seek out relationships with women on a sexual or even romantic level because he might perceive their sexuality to be “raging?” Perhaps it would mean he would be eclipsed? Would it take on the value of annihilatory fusion?
Buck also told me that his history of relationships was extremely limited. He said he had only ever gone on three dates with someone—a girl whom he dated about a year prior to starting therapy. He said he broke things off with her when she began to give him the impression that she wanted to move towards having a sexual relationship with him. He told me that he became “intimidated” by the fact that she was much more sexually experienced than he was and that she wanted sexual contact from him (which he hadn’t been giving her). He said he eventually broke up with her due to those issues, and he added that he never even knew what to do doing during kissing. Was Buck identifying with his father? He had described his father as “the most asexual person” he had ever encountered and reported that his parents literally never touched one another, at least as far as he had seen. Regardless, even in the way in which Buck approached Maureen during high school, it was clear that he frequently set himself up for failure. It should have been obvious that she was attending every sports practice due to her being either interested in or dating another boy there, which could hardly have escaped Buck’s notice! Indeed, setting himself up for failure had become a major motif in Buck’s life, which was also evident in his addictions, which I will now address in more detail.
“Gaping holes” and the role of emptiness: Orality and the drive.

The clinic in which I was treating Buck required the administration of psychological assessment measures within the first few sessions of a new case. I chose to give Buck a Rorschach test. Many of his card responses were interesting, in that he kept seeing what he referred to as “gapng holes” in many of the inkblot images, as well as images suggestive of either annihilatory or symbiotic fusion. I will touch on a few of these to highlight what light they shed on the role of emptiness and the oral drive in some of his addictions.

Indeed, the most predominant theme that came up over the course of Buck’s Rorschach had to do with feeling engulfed. Linked with that dynamic was the recurrence of his apperceptions of holes and open mouths in the blots. For instance, Buck said he felt one blot was “either Darth Vader or a woman” (which we can easily see as being suggestive of parental figures), and in both of those responses he focused in particular on how the character’s mouth was open and seemed to him to be a “gaping hole.” Similarly, in his response to another card, Buck again focused on a mouth detail and said that the blot appeared to be an image of a “grandmother with no teeth.” He said she had a weak chin and that because she had neither teeth nor dentures, she must have had an over- or underbite such that her mouth was “always a little bit open.” He then said that he had another thought about what else that blot image could be: the jaws of a
shark. He noted in particular the structure of what he imagined was a chin and a “strong looking link” at a certain place where the upper and lower portions of the jaw met. Again he commented that what he saw was an open mouth, “another gaping hole.” There seemed to be an interesting shift across those two apperceptions for that card. The first—the grandmother with no teeth—seemed to be associated for him with weak figures (perhaps weak parental figures, fantasized or real) who would not pose to him any threat of engulfment. The second—the shark jaw—was in stark contrast to the first one, and seemed to radiate for him a feeling of being threatened with engulfment. In response to another card’s inkblot, Buck noted the “scary” feeling he got from the image, and talked about his sense that the image was of a mouth or head descending on someone and eating his or her head and upper body.

I asked Buck to tell me more about the times when he felt engulfed, and he told me that he often felt that way around his parents. He lamented that his parents didn’t understand him and wanted to be very involved in his life, which he found “invasive.” He complained that since they didn’t trust him they kept him trapped in their house like a prisoner or a child—“holed up.” What is evident in all of this is an interesting connection between the role of the oral drive for Buck and his experience that when the Other became present to him—he had a role in his life and claimed to want something of him—he felt suffocated
and devoured. Imagining the Other’s desire to be obliterating is a radical form of the obsessive’s experience of aphanisis, to be sure!

In considering the possible role of the oral drive in Buck’s case, it is important to more closely address Buck’s relationship his mother. That is particularly important in light of my hypothesis that many of Buck’s addictive patterns had to do with attempting to defeat the father by attempting to defeat himself. My sense was that his addictions were Oedipally-structured symptoms by which he was trying to hold on to a piece of lost enjoyment associated with the mother (and with the “golden age” of the family’s stay in England) and through which defeating the father would take on the value of winning the mother.

In speaking about the history of what he himself referred to as his “oral fixation,” Buck described often feeling compelled to put “anything at all” into his mouth. He described getting satisfaction from putting a whole host of things into his mouth, such as pens, paperclips, food, cigarettes, alcohol, and Mountain Dew. Buck also said that whatever he put into his mouth became a “pacifier.” I punctuated that by echoing his word choice back to him with the inflection of a question—“Pacifier?”—and I asked him what came to mind. He told me that when he was a young child he used to wrap the fingers of one of his hands
around his mother’s curls\(^9\) while sucking the thumb of his other hand. He told me that later he would fall asleep by sucking the thumb on one hand and touching the fur on his teddy bear with the other hand, which is of course an interesting variation on the original configuration with his mother. His excessive consumption of alcohol, food, and cigarettes can be understood as attempts to recover a lost enjoyment connected to his relationship with his mother.

Coincidentally enough, Buck also described himself as “obsessive” about how he put things into his mouth, particularly in reference to his drinking. He said he felt the primary function of his drinking was not so much to get drunk, per se, but rather to pass the time. He said he often felt the need to do something, to put anything at all in his mouth, in order to pass the time. Perhaps this can be likened to the obsessional’s relation to time (and issues of procrastination in Buck’s particular case)—in the logic of waiting for the father/master to die in order to then live. Perhaps Buck’s experience of time within the context of the oral drive had to do with an attempt to recover a little leftover jouissance in the meantime—akin to a mere pittance of the pleasure of a golden age.

The connection between Buck’s experience of the oral drive and his longing for a sort of golden age also related to his passion for coffee. Indeed,

\(^9\) Note that just as the drive circles around a hole, so too does a curl encircle a hole or emptiness!
coffee was very serious business to Buck. “I love coffee like some people love wine,” he declared. As he leaned back against the couch and stared off into the distance, he began telling me about his passion for coffee. As he did so, I was reminded of how the character of J. Peterman on Seinfeld acts when he begins telling stories of his exotic adventures in far-off lands, with extremely poetic descriptions that he then includes as copy in his catalogue to sell eclectic and creatively named products such as “The Urban Sombrero” and “The Himalayan Walking Boot.” Buck began telling me about his love of dark roast coffee above all the other roasts. “You can taste the earth, where it came from,” he cooed. Appearing to conjure up a sense memory of how coffee profoundly transported him somewhere, he described in minute detail the characteristics of a particular kind of roast that gets left out on the ground somewhere in the heart of Africa for several weeks. He described how in the process of the beans laying atop the African soil, they became exposed to the elements—they were rained on, “kissed by the wind,” and “pressed up tight against the soil, all cuddled up.” Buck also described how the coffee beans were also on top of animal manure in some places and absorbed some of that as well. He commented on how “perfect” it seemed to him that the coffee beans that were exposed to manure became, through the process of time passing as the beans were exposed to the elements, the most delectable ones. Seeming fascinated by the process, he noted:
“Everything goes into everything else.” He continued: “It’s beautiful, symbiotic, everything becomes one in perfect harmony.” Buck fell silent for several moments, staring off into the distance with his lips slightly apart.

While the idea of a sort of fusion towards One was evident in Buck’s homage to coffee, it is worth considering the relation between wholes and holes. Buck characterized his relation to coffee in terms of wholeness and plenitude, but there was also another way in which he took in all of his oral objects—running the gamut from soda, to alcohol, to paperclips—excessively and repeatedly in response to his experience of a hole, and of being lacking. That is, he was trying to fill a hole and overcome his lack. For instance, in speaking of his impulses to devour large quantities of food or drink, Buck recounted a time when he forced himself to finish a gigantic hamburger and a towering pile of fries even though he wasn’t actually hungry at the time. When I asked him about why he ate everything in spite of not being hungry, he had a slip of the tongue and instead of saying “Because I want it to be empty” (he told me he meant to refer to wanting the plate to be empty) he said “Because I wanted to not be empty.”

As I described in Chapter 2, Lacan formulated that the drive circles around an emptiness—a void or a hole—and that the subject takes objects in an (impossible) attempt to fill that emptiness. Jouissance and an attempt at recovering it is what is at stake. Buck’s pattern of taking in oral objects certainly
relates to some jouissance associated with the scene of sucking his thumb while touching his mother’s hair. While the structure of Buck’s relationship with his mother seemed primary with regard to orality and the drive, turning now to the question of the role of anality and the drive will return us to Buck’s relationship with his father.

“Piles and piles of shit”: Anality and the drive.

It is high time (pun intended, as we will see) that Buck’s anger is examined in more detail. During the initial consultation, Buck warned me that he had gotten into a number of verbal and physical altercations in his day and announced with decidedly flat affect: “I am a very angry person.” Indeed, when he was in elementary school and was resentful of being made fun of by the other kids, he literally wrote up a list of people that he wanted to kill—a more extreme form of a mental “shit list,” to be sure! Apparently, that list became the subject of several PTA meetings.

Later in the therapy Buck also told me about his resentment about having been rejected by his top-choice university, which I will refer to as “Golden University.” He said he believed that if only he would have submitted college applications one year earlier, he would have been accepted into Golden

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10 Interestingly enough, the physical altercations seemed to be limited to his relationship with his sister.
University. He said he was sure that he was only rejected because that school raised the SAT score requirements the year he applied, which resulted in him falling just short of being accepted—falling just below the newly-raised bar. Buck told me how “insulted” he was by that rejection and how much of an impact it had on him when he then had to go to what he felt was a less desirable school, which I will refer to as “Crap College.” Having to enroll in Crap College took on, for Buck, the meaning of being rejected by the academic big Other—not being seen as valuable or worthy, and thus cast out like a little turd. Reacting in his typical style, Buck became resentful and depressed—angry at the Other but also angry at himself, two gestures which for him were never easily separable. Nevertheless, instead of expressing his anger directly or doing something more constructive with his feelings, he acted out in his self-destructive patterns—drinking, smoking, using various substances, and procrastinating with his academic work to the point of compromising his academic career—which might be understood as bearing anger towards himself and others in one fell swoop (anger at others being turned around on himself).

When Buck moved back home after losing his scholarship during his freshman year at Crap College, his parents became watchdogs, much to Buck’s dismay. They didn’t trust that he wouldn’t fall into his addictions again, as he had done at Crap College, and they also wanted to keep a close eye on his
academic progress at his new university, where his parents wanted him to be, which I will refer to as “The University of the Other’s Desire.” Indeed, Buck’s father was the primary figure who nagged him about his academic work. That was not entirely unfounded, in that during his sophomore year at The University of the Other’s Desire Buck took incompletes in four of his classes and managed just barely to pass the others. He was sent a letter by the Dean warning him that his status at the University was precarious and that disciplinary action would ensue if he didn’t get his grades back on track.

Once Buck’s father got wind of that letter, he began to “nag” Buck and to insist on getting weekly updates from him about his academic progress. Buck responded by becoming even more angry and resentful and by procrastinating even more. As Buck complained about his father’s invasiveness and his own procrastination, he said, referring to his father, “He sees my education as his. I can’t do any work . . . because it’s for him!” Buck’s education became something his father was so “invested” in—both in terms of his concern and also in footing the entire bill for his schooling—that on some level, for Buck, his education became his father’s. Buck thus perceived his education to be a little turd/gift that he retentively didn’t want to hand over to the Other. Buck exclaimed, “An
education should be *yours!*" He continued, railing against his parents, "They see it as an investment so they feel they can intervene and intrude at any time. But they should just leave me alone!" Buck’s procrastinating and keeping himself on the verge of getting kicked out of school was, in fact, a way of wasting his father’s money, and really making him pay. That seemed to be yet another example of Buck’s pattern, which started early in his childhood, of wasting things. Nevertheless, although he complained about his father badgering him about his academics, Buck’s procrastinating and wasting his education was a way of keeping his father quite actively invested and invasive. Perhaps it was a way of keeping him alive while perpetually—and angrily—waiting for him to die, to “go.”

As Buck complained of his parents’ invasiveness and their excessive “investment” in his education, he said, “They want to help me but I wish they’d just let me go.” Wishing they would let him “go” might have a double meaning—wishing that his parents would let him be separate and autonomous, and also wishing that they could let him “go” (experience “relief” such that he would no longer be angry and retentive/withholding). Buck’s retentiveness kept his anger directed at himself and kept him unable to “produce” anything. Moreover, as Buck described the connection between his parents considering his

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11 Buck’s use of the “general you” in that statement can be thought of as a slip. Rather than saying something like, “An education should be one’s own,” he said “yours”—the Other’s.
education to be theirs and his procrastination and inability to take action to resolve his academic situation, he said, “It puts me in a hole.” He said he reacted by becoming depressed and wanting to “sleep and do nothing.” In that sense, Buck became identified with feces, withdrawn into a death-like dark anal lair. Indeed, during a later session Buck declared that thinking about his academic debacle made him feel “like a piece of shit.” As he reflected on how he felt overwhelmed by what seemed to be an endless hole that he might not be able to get out of, he slowly sunk deeper into the couch as he gestured with his arms above his head, in a pose like Atlas, saying, “It feels like I’m under piles and piles of shit.” A connection between Buck’s procrastination, depression, and addiction suggests itself in Buck’s pattern of becoming depressed about his academic situation, for instance—then procrastinating even more, and then turning to alcohol or drugs to help “pass the time,” which only exacerbated his situation of perpetually and passive-aggressively waiting. Buck had to keep his father alive in order to have an enemy/rival and yet he also wanted to kill his father.

Nevertheless, an important question is: what was Buck waiting for? His self-destructive patterns seemed on the one hand to be inverted attempts to destroy the father, but ones that were very strongly directed at the self. Perhaps that was an example of the classic feature of obsessional neurosis—waiting for the master/father to die. Still, it is equally plausible that Buck’s perpetual
waiting actually had the function of keeping the master/father alive. For example, not finishing his course work certainly kept his father angry and involved. Perhaps in making his situation worse and worse he was unconsciously waiting to be punished by his father. That is, perhaps he was trying to get himself yelled at by his father—note the grammatical form of the drive—and was deriving jouissance from that.

I already described how Buck often suppressed his anger, but there were also times when his anger emerged—explosively. That is, Buck’s anger sometimes exploded either through his mouth or through his bowels. At times he had angry verbal outbursts with his father, which often followed long periods of avoiding his father—that is, periods during which his anger built incrementally (excrementally?) and then eventually reached a peak and erupted in a volatile argument. Buck even described experiencing “an adrenaline rush, a high” when he was very angry and also when he saw that his father was very angry. Being angry with his father seemed to bring both Buck and his father to life. Interestingly, Buck was, regarding his choice of substances, more inclined towards uppers, which further indicates that there was an excitement value—jouissance—he experienced in getting himself wound up to a certain explosive point. That explosiveness was not only verbal but also physical at times. For instance, his mixing of substances and his excessive consumption of coffee
during his freshman year at Crap College affected his bowels; he would be
flatulent and severely constipated for days before switching over to diarrhea.
Perhaps those explosive moments—of anger expressed through a verbal
altercation or explosive diarrhea—were precisely the moments when Buck felt
most alive.

_The end of therapy: How Buck ultimately “went.”_

Although Buck seemed to be enthusiastic and engaged in therapy, and
even said that he felt he should have come to the clinic a long time ago, his
attendance, like other aspects of his functioning, was irregular. He also began to
accumulate a debt with the clinic as a result of falling behind with his session
payments. He was holding on. Moreover, whenever we had a particularly good
or productive session, he would invariably miss the next one and begin
backtracking from the initial progress we had made.

His unwillingness to pay his bill, in spite of numerous attempts to address
this with him from different angles, became one of the primary “obstacles” to the
therapy. I got the impression that he was pushing me to become angry with him,
perhaps even to threaten him or terminate the therapy entirely. He told me that
he could not pay his bill in spite of our having agreed upon a very low session
fee so that he could manage to pay it on his own. I had the sense that he was
repeating with me the same situation he put his parents in: pushing them to anger and perhaps even threats, which I pointed out to him, and drew a connection between that and the dynamics of his relationship with his father and his professors, but to no avail. In hindsight, perhaps the fee should have been set at the price of a bottle of Banker’s Club vodka!

During what became one of our last sessions, Buck told me that he wanted to stop coming to therapy. He said he wanted to do so in order to “focus all of [his] energy” on his academic work and on raising his grades so that he would not lose his scholarship, which is what his Dean had threatened. He thanked me and said that the therapy had helped him to “feel much better” and that he felt a lot of “relief.”

However, Buck discontinued the therapy prematurely, in my opinion, as I felt there was more that could have been worked on. I’m reminded of Buck’s complaint about his parents: “They want to help me but I wish they’d just let me go.” Perhaps, in a way, I let Buck “go” (though I encouraged him to stay) within the therapy itself, in a way that brought him some relief—that is, he no longer had to hold on to all of his anger, including how it was wrapped up in his addictions, and instead his anger was given verbal expression. Although the therapy was certainly not as “productive”—according to my definition,
anyway—as my other cases, perhaps what Buck wanted to “produce” was something a bit different and he had found enough relief.

It is possible that Buck’s decision to stop treatment coincided was a shift such that, in choosing to focus on his academics, he no longer wanted to waste his father’s money (by risking flunking out of school) and provoke such anger in him. It is possible that by the end of treatment Buck’s jouissance was a bit less wrapped up in that circuit. Buck’s drinking did reduce, though only somewhat. He drank a bit less excessively than he had at the beginning of treatment and he drank mainly beer—no longer did he mention Banker’s Club vodka. However, he continued to smoke cigarettes excessively (seeming to derive quite a bit of jouissance out of sneaking around to smoke) and continued to drink quite a bit of coffee, by anyone’s standards, though he reduced his consumption by about half.12 At the end of treatment he was not using any drugs, to the best of my knowledge.

Perhaps those marked minor shifts with regard to Buck’s position in relation to the drive. His jouissance linked to his father and the Banker’s Club vodka was somewhat less pervasive but I felt his drive-related attempts to regain and hold onto a jouissance associated with his mother remained unchanged. Perhaps there was a shift of emphasis from father to mother. The therapy did

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12 Three pots of coffee per day still seems excessive!
not go far enough to effect more substantive change with regard to the drive. I had the sense that the early phase of the work, which involved calling attention to and highlighting the signifiers related to his addictions and patterns of drive satisfactions, could have progressed, if Buck had remained in treatment, into a later phase which might have had more of an impact on the drive roots of his addictions. Buck stayed long enough to work on the level of the symbolic but not to experience adequate working through, which would have involved a more substantive impact on the real drive roots of his addictions. Perhaps Buck reached a point at which he had experienced some change but was unwilling to part with any more of his jouissance. He certainly had a pattern of holding on. What became clear was that Buck did at least begin viewing his education as more his than his father’s. Ultimately, I do not know if Buck’s decision to stop treatment and focus on his academic work resulted in his getting a better handle on his education or enjoying wasting it yet again. I wasn’t sure if, in leaving the therapy, he was coming or going.
Chapter 4

ADDITION AND OBSESSIONAL NEUROSIS

The Color of Emptiness:

Re-enacting the Paternal Metaphor—From Darkness to Light—In an Attempt
to Transform “Mamajuana” into Ordinary Marijuana

Introduction

In this chapter, I will present a case study of “Phil,” an obsessional
neurotic patient who was addicted to marijuana. I will address how Phil may
have been re-enacting the paternal metaphor through his drug use (and the
circumstances that got played out around that) in an attempt to reassure himself
of the Name-of-the-Father—that is, to reassure himself of limits against being
devoured by an incestuous jouissance associated with his mother as that
jouissance related to his smoking. I will also discuss Phil’s perception of the
Other’s demand and how his drug use related to that. I will describe how by the
end of treatment Phil’s drug use changed and he seemed to experience jouissance
differently, such that his position in relation to the drive shifted into something
much more livable.
The Drive’s “Color of Emptiness”

In “On Freud’s ‘Trieb’ and the Psychoanalyst’s Desire,” Lacan makes a brief reference to the drive’s “color of emptiness” (couleur de vide). Referring to the drive, Lacan notes that

Its sexual coloring, so categorically maintained by Freud as its most central feature, is the color of emptiness: suspended in the light of a gap. That gap is the gap desire encounters at the limits imposed upon it by the principle ironically referred to as the “pleasure principle,” the latter being related to a reality which, indeed, is but the field of praxis here. (Lacan, 1964/2006, p. 722)

Although in that brief text Lacan does not unpack the multiple meanings suggested by the concept of the drive’s color of emptiness,1 I will focus in particular on how, as Lacan reminds us beginning in Seminar XI, and as I described in Chapter 2, the jouissance of the drive is attributable to its circling around an object beyond which is a semblant of emptiness. That is, there is always a gap between the objects of the drive and the lost satisfaction for which the subsequent objects stand in as always insufficient replacements. Insofar as it

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1 Given the scope of this chapter, I will not address some of the other ways to understand the drive having a “color of emptiness”—for instance, as in Lacan’s idea of there being no sexual relation, and that there is a gap between the partner and the object a. Considered from that vantage point, the drive’s satisfaction thus again takes on the color (the quality) of a gap or emptiness.
is irreparably lost, that place of satisfaction is always empty, and the drive’s attempts to recover some jouissance take on the color of emptiness.

As I explained in Chapter 2, the drive is not satisfied by the tangible object itself. The satisfaction of the drive has more to do with the particular position the various drive objects occupy and thus how they are implicated in the drive’s circuit. It is also important to keep this in mind when we think about addictions, in that the drive satisfaction of an addiction is often about much more than the drug object in and of itself. Indeed, as I hope to demonstrate through the presentation of the case to follow, a symptom such as an addiction can have a real core, around which there is a symbolic structure. Freud describes this as being “like the grain of sand around which an oyster forms its pearl” (Freud, 1953a/1905[1901], p. 83). Utilizing techniques that aim at working with the symbolic structure around the real of the drive is crucial if the analytic process is to have an effect on the real of the drive through the symbolic medium of speech. That is the case because, fundamentally, “psychoanalysis has but one medium: the patient’s speech” (Lacan, 1953/2006 p. 206).
Case History: Phil

Clinical background.

A patient whom I will refer to as Phil was in his early thirties when I began working with him. The therapy took place over the course of a few months, until he relocated to a different state. In spite of his age, he had not yet graduated college and had a rather low-level, low-paying job. From the first session, Phil identified himself as an “addict” and stated that he wanted to quit smoking marijuana “cold turkey.” He explained that over the years his drug use had fluctuated, but that his smoking was now “out of control.” He had made at least six separate attempts to pursue university studies in various schools across the country, but every time his drug use would become so problematic as to eclipse his studies, and he would wind up flunking out of school. Phil told me that he kept trying to complete college because “that was what people did” but I did not get the impression that he was actually trying to learn anything, enrich his life, or reap the rewards or pride that might go along with receiving a degree; indeed, Phil did not desire symbolic achievements. He even asserted that his inability to complete a college degree was his way of “keeping adulthood at bay.” Phil told me that rather than pursuing an “adult life” in which he had a well-paying job, complete with a wife, family, and white picket fence, he had always been much more interested in drugs, marijuana in particular.
With regard to his drug use, Phil told me that he only smoked at night (a
detail which is important, as we will see a bit further on) but smoked quite a bit
of marijuana and felt he couldn’t stop himself. He explained that over the years
his drug use had fluctuated, but that, by the time he decided to seek treatment,
his smoking had gotten “out of control.” Phil told me that he smoked a
substantial amount of marijuana every night, even though he didn’t want to.
That is, at the end of the day, although he claimed that he wanted to resist the
urge to smoke, he felt he never could. He always found himself in the same
predicament of giving in to the urge, always magnetically drawn to a situation
he supposedly wished to, but felt he could not, resist. Referring to his drug use,
he stated: “It has to be stopped.” Note the passive form—“It has to be
stopped”—as opposed to something like “I have to stop smoking.” By saying “it
has to be stopped,” Phil presented himself as someone who felt helpless,
desperate, and trapped—caught within an arbitrary order that supposedly had
power over him.

On beginning the treatment.

It is evident in the grammatical form of Phil’s complaint—“it has to be
stopped”—that he positioned himself as appealing to an Other for help. As I
would soon find out, Phil often put himself in situations in which it was in fact
someone else who might become responsible for putting a stop to his drug use. During our first session in particular, it became clear that Phil was hoping that I would put an end to his drug use. Indeed, he told me that prior to coming to the clinic where I was working he had assumed that being in treatment would mean that he would be required to stop using drugs. When I told him that this was not a requirement, and that he would be the one to make choices about his drug use, he was disappointed and stated that he felt he wouldn’t be able to “give it up” unless someone else “forced” him to do so. He told me that he was going to try to quit “cold turkey,” but that if he couldn’t handle that yet, he would at least commit himself to not smoking on the nights prior to our sessions. Note that this was a plan that Phil himself came up with and was, in fact, able to hold himself to for the duration of the treatment—not once did he smoke the night before an appointment.

From demand to desire. When Phil asked me to demand that he stop smoking, I refused to satisfy his demand. My choice was driven by many general reasons having to do with establishing an analytic rather than a behavioral approach to the treatment of addictions, which I will discuss further in Chapter 8, as well as my sense that in Phil’s particular case I should not allow his familiar dynamic of taking a passive
position—getting others to do things for him—to be repeated. Instead, it was something to be analyzed.

Such reasoning was based on the particularities of Phil’s situation, but my choices were also strongly guided by Lacan’s assertion that clinicians should not satisfy their patients’ demands. Indeed, Lacan insists that “Demand is exactly what is bracketed in analysis, it being ruled out that the analyst satisfy any of the subject’s demands” (Lacan, 1961/2006, p. 535). One reason why the analyst should not satisfy the patient’s demands is that the patient may be demanding something he or she does not actually want: “Just because people ask you for something doesn’t mean that’s what they really want you to give them” (Lacan, 1965-1966, Class of March 23, 1966). What is more, Lacan equates every demand, at its core, with a demand for love. Not only was Phil making a demand, he was demanding that I make a demand of him (i.e., demanding that I demand that he stop smoking). Lacan clarifies that there are good reasons for sustaining and not satisfying patients’ demands: “the analyst is he who sustains demand, not, as people say, to frustrate the subject, but in order to allow the signifiers with which the latter’s frustration is bound up to reappear” (Lacan, 1961/2006, p. 516). The point is also to allow the patient’s desire to emerge—to direct the treatment towards the patient’s recognition of the truth of his or her desire (Lacan, 1961/2006, p. 535).
Phil’s demand for a separation from the drug was certainly not the same as a demand for analysis or increased insight through therapy, and so I made an intervention during the first session in an attempt to incite desire and curiosity—that is, to try to create the initial conditions for beginning analytic work. I told Phil that I would not necessarily endorse getting him to stop smoking as the only goal of our work. I told him that I wanted the two of us to work together to explore the various facets of what might be involved in his drug use as well as many other aspects of his life. I emphasized that there was no direct or preset route to him experiencing changes related to his issues with marijuana and that therapy would involve exploring many things, not just his drug use. Essentially, I asked him to agree to speak—and to speak not only about his issues with marijuana, but also about things like his dreams, fantasies, and relationships. I thus asked him to trade demand for desire and speech. I addressed all of this and said to Phil, “Let’s explore it,” and he agreed.

My intervention also stemmed from my belief that a simple and instantaneous separation from the drug, even if he could maintain abstinence, would not automatically be equivalent to a modification of his position in relation to desire and jouissance and would be more like a short circuiting of the goals and effects of sustained analytic work. The particular way in which I

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2 The hope is that patients will eventually give up their specific demands and instead pursue the open-ended process of analysis on its own terms and by exploring questions they have about themselves.
formulated this intervention, asking Phil to agree that we would try to “explore it,” was deliberately ambiguous, touching perhaps on the way in which “it” might have been as yet unsymbolized, and drawing together snippets of his own discourse during that first session.

**A jouissance crisis.**

Although Phil entered treatment with a complaint about his drug use, he reported two rather different modes of using, and it was a very specific experience associated with one type of drug use that he wanted to bring to an end. He told me that sometimes he would smoke marijuana and have the sense that he was still in control of his drug use, even though he felt the amount of marijuana he smoked was excessive. Other times, however, he felt his smoking reached a point at which he was “no longer in control,” and it was this latter type of drug experience that became the central focus of his complaint. Indeed, Phil said he was seeking treatment because something about the smoking in which he was “no longer in control” had become “just too much” and, in his account, caused a great deal of suffering. Phil was no longer enjoying what he had once enjoyed; his smoking had become painful. Phil entered treatment in the midst of a jouissance crisis. Fink notes that “The moment at which someone seeks therapy can thus be understood as one in which a breakdown occurs in that
person’s favorite or habitual way of obtaining jouissance. It is a ‘jouissance crisis.’ The jouissance-providing symptom is not working anymore or has been jeopardized” (Fink, 1997, p. 9).

Phil told me that the “highest highs” of smoking actually became anxiety-inducing for him. What is striking about Phil’s reported experience of feeling anxious when he smoked and reached those “highest highs” is that something other than or more than the drug itself seemed to be operative. He described a viscous feeling, like “dark syrup” oozing throughout him, that accompanied these “highest highs” and made him feel “suffocated” or “consumed.” He described this experience of being overwhelmed by a diffuse and nebulous darkness rather poetically, noting, “The darkness comes over me, seeps throughout every pore of my being, like little dark cloud fingers slowly creeping through my body, taking over, possessing me entirely: body, mind, and soul.” Phil claimed that the drug experience associated with darkness overtaking him had become so problematic that he felt it was urgent that it be stopped immediately, stating, “It’s killing me.” Marijuana is generally not considered to be one of the most addictive substances, much less a drug that kills, and so when Phil spoke of his drug use and noted, “It’s killing me” and “It has to be stopped,” I didn’t assume that “it” was necessarily marijuana itself. Instead, I suspended judgment and left
room for the various possible meanings of “it” to emerge more fully throughout our work.

The first clue came with his first slip of the tongue, when instead of saying marijuana, he said “mamajuana.” Not surprisingly, I asked Phil to tell me about his mother.

*Intervening between the real and the symbolic.*

Over the next couple of months of sessions, Phil spoke in detail about how he and his mother had always been extremely close, and that their close bond began when she was pregnant with him. Phil attributed this early bond to the one thing that made his mother’s pregnancy with him different from her pregnancy with his older brother (Phil’s only sibling): she smoked cigarettes while she was pregnant with Phil. He explained that his mother had always been a “chain smoker,” but that when she was pregnant with his brother, she was able to quit “cold turkey,” as he put it. Note that this is also the wording he used during the first session to describe how he himself wanted to quit smoking marijuana, which, as we shall see, begins to suggest an interesting connection between his smoking marijuana and his mother’s smoking cigarettes.

Over the course of those initial months of sessions, Phil’s discourse was quite thick and heavy, like the dark viscosity he associated with his experience of
the excessive “highest highs” of smoking marijuana. He spoke rapidly, said quite a bit—in great detail—and was very anxious. Further, Phil spoke about things in such a way that his suffering was very present in his speech. That is, his speech was jouissance-laden—it seemed almost to carry the heaviness of his suffering and keep him stuck there, not moving forward. He tried to make meaning out of everything, and brought a profusion of words, but in a way that backfired. It perhaps backfired precisely because his speech was not getting at something (a different kind of level of meaning) and remained stuck in being a replication of the excessiveness inherent in his suffering rather than being able to move beyond it.

During another session, several months into the therapy, Phil spoke about two topics: his mother’s smoking when she was pregnant with him and also the fact that he had recently been feeling even more overwhelmed while smoking marijuana. Phil told me his grandparents explained his mother’s inability to stop smoking while she was pregnant with him by saying, “With you, she just couldn’t stop it.” “She just couldn’t stop it?” I echoed. Phil said, “Well, I meant to say that my grandparents said, ‘She just couldn’t stop.’” Sticking close to the specificity of what he actually said, I said to Phil, “But you said ‘she just couldn’t

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3 Lacanian analysis focuses not on what the patient “meant” to say—which would mean privileging their conscious, egoic discourse—but rather what the patient actually said.
stop it,’ and during our first session you said, ‘It has to be stopped,’ and ‘It’s killing me. . . .’ I then ended the session by saying “Let’s stop there for today.”

My impression was that Phil seemed to feel there was something limitless about his mother’s smoking as well as his own, and that something about the absence of limits in both of those areas was contributing to his suffering. That is, contributing to his jouissance crisis. During the session following the one just described, Phil reported that a great sense of relief had set in for him following where we ended the session. Throughout the therapy, he had described going through life always with a “dark cloud” looming right over his head, which he felt was a mix of anxiety, depression, and a sense of impending doom. The dark cloud also might be associated with marijuana or cigarette smoke as well as Phil’s description of the “little dark cloud fingers” that he felt seized him when he smoked. Smoke had also been equated with Phil’s mother and then with himself, which I will elaborate on a bit further on in this chapter.

Phil said that after that session, the cloud seemed to be a bit further away, and he felt he suddenly had much more “room to breathe.” He said he wasn’t sure why he was feeling that way, but that it felt good. The intervention had created space for him—let in air, so to speak. The intervention also affected him on the level of his body, as it gave his body more possibility—possibility for something different through his breathing: taking in fresh air as opposed to toxic
smoke. That felt sense of having more room to breathe coincided with a diminishment of Phil’s anxiety. That makes sense in light of Lacan’s notion of anxiety as a lack of lack\(^4\) (something being too present or suffocating being what generates anxiety). Phil began to experience more lack, more of a space of desire, which he experienced as anxiety-relieving. Later in the therapy he told me that since that session he no longer experienced the “dark cloud” that he had always felt to be looming overhead. It was a crucial shift for him.

Perhaps my intervention, in splicing together pieces of his discourse and scanding\(^5\) the session as I did, might have hit the real\(^6\) and also had an anxiety-relieving, limiting function. Something about linking Phil’s comments (“She just couldn’t stop it;” “It has to be stopped;” and “It’s killing me”), and then ending the session, allowed those words to resonate and created an impact. Scansion can also be implemented in such a way as to also have an impact on the drive: “it is insofar as the analyst intervenes by scanding the patient’s discourse that an adjustment occurs in the pulsation of the rim through which the being that resides just shy of it must flow” (Lacan, 1966/2006, p. 716). I hoped also to create

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\(^4\) See Lacan’s Seminar X.

\(^5\) To “scand” is the verb form of “scansion.” “Scansion”—stemming from the French verb “scander,” which means “to scan”—is a way in which the clinician can punctuate something or make a kind of cut, such as by ending a session on a particular note that the clinician hopes will resonate for the patient and have an impact (often an impact beyond meaning).

\(^6\) Fink explains that the analyst’s interpretation can “hit the real” by aiming at what the patient had been unable to say and circling around repeatedly while also not reducing it or tying it down to any one meaning through an unambiguous interpretation. The analyst’s intervention can hit the real by having an impact on or shifting this cycle of circling around some piece of the real: something that had been unspoken or unsymbolized. (Fink, 1997, pp. 47-49).
something of a limit precisely where he was speaking of the suffering that the absence of limits brought him—to demonstrate, beyond the creation of a meaning effect, that what was supposedly killing him could be mitigated, that there was something that could be done about “it.” Perhaps this intervention also began to open up a space through which a process of symbolization could unfold—a space similar to the gap that he felt had suddenly emerged between him and the dark cloud.

My intervention went in the direction of the cause of desire, the real, and brought an absence of meaning. That is consistent with Lacan’s assertion that “it is not the effect of meaning that is operative in interpretation, but rather the articulation in the symptom of signifiers (without any meaning at all) that have gotten caught up in it” (Lacan, 1960/2006, p. 714). Affecting the drive roots of a symptom involves shaking up, without reducing to any one meaning, the signifiers that became encoded with the jouissance of the symptom. Lacan’s guidelines on how to assess the value of clinical interventions thus place the emphasis on the results or impact of the intervention, rather than something like the patient’s ego wrapping around a new meaning. He posits that an intervention’s “well-foundedness . . . [can only be] gauged by the material that emerges afterward” (Lacan, 1961/2006, p. 497). Interventions are aimed at
advancing the analytic process—spurring the work along and getting the patient to say more.

Indeed, during the session that followed the one described above, Phil responded by bringing not more meaning but rather a hole in his knowledge. An important shift had occurred, which proved to be productive in that much important material began to emerge. Phil posed two questions: he expressed curiosity as to why his mother smoked while she was pregnant with him as well as why he himself continued to smoke so much in spite of the distress that resulted for him when he did. The emergence of a question in the early stages of any therapy or analysis is always an important marker, particularly with obsessional patients, signaling a hysterization of discourse, an acknowledgment of lack (e.g., a hole in knowledge) and a relation to an Other. Lacan even suggests that “The structure of a neurosis is essentially a question” (Lacan, 1955-1956/1993, p. 174). The hysteric’s question, which focuses on sex/gender identity, is “Am I a man or a woman?” (or: “What does it mean to be a woman?”), and the obsessional’s question, a more existential one, is “Am I dead or alive?” Resonances of the obsessional’s question having to do with Phil’s case will be addressed a bit further on.

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7 As we will see, these indeed turned out to be related.
Since a question implies a lack—fundamentally not knowing something, having a lack or gap in one’s knowledge—and desire is based on lack, Phil beginning to pose questions also marked a shift from demand to desire. Phil had been demanding, among other things, that someone put a stop to his drug use, but, instead, he questioned his drug use. Essentially, jouissance was questioned, talked about, rather than just lived out in a painful cycle of repetition.

Perhaps my interventions during the previous session put a limit on Phil’s style of thinking, which gave meaning to everything, and so his limitless jouissance saw a limit for the first time. My intervention stopped a certain kind of push towards the endless creation of meaning—a limitless flow of more and more meaning that seemed to lack a stopping point. My intervention aimed less at meaning-making than at having an impact. This is consistent with Lacan’s claim that “Analytic interpretation is not designed to be understood, it is designed to make waves” (Lacan, 1976, p. 35).

My intervention also allowed the symbolic to be present where previously only jouissance had been present. That is, prior to the session of note, Phil had used signifiers to be continually suffocated, to dwell in the toxic smoke of jouissance. The way he spoke of his drug use and his distress was such that both remained ever-present, unmodified, and even perpetuated by his cycle of being overwhelmed, seeing himself as helpless and trapped in an arbitrary order that
had power over him, and lacking an end point to that. His style of drug use also had made jouissance continually present, involving as it did a sexualized (even incestuous on the level of fantasy) relation to his mother. What is more, his smoking involved a kind of imagined abuse by his mother, in that her choice to smoke so much while she was pregnant with him resulted in Phil being born dangerously underweight (he almost died). Those are nothing other than the layers of the death drive. Phil’s horror at being consumed by his mother, overwhelmed by the jouissance of the smoke that was “too much,” was the real core of his symptom/addiction—the grain of sand—around which was a rather elaborate symbolic structure, the oyster as in Freud’s analogy. Both the real core and the symbolic structure of the symptom are intertwined and interventions must target both in order to affect the drive.

Accordingly, my interventions were poised between the symbolic and the real, between meaning and non-meaning. What followed in the sessions thereafter was that jouissance was taken up by way of the symbolic. Jouissance became a question for Phil. Jouissance became something that could be talked about in a different way, and perhaps modified, rather than something that could only be lived out in a painful way—which involved his suffocation—and in seemingly endless, limitless, cycles of repetition. The advent of Phil’s questions during that stage of the treatment opened the door to working on the
fundamental fantasy. His questions touched precisely on how his drug use related to jouissance and his relation to his mother, and thus the fundamental fantasy itself.

“Mamajuana” and the fundamental fantasy.

The multiple resonances involving the connections between Phil’s and his mother’s smoking became even more amplified after the session in which I lined up Phil’s comments ("She just couldn’t stop it;" “It has to be stopped;” and “It’s killing me”) and then ended the session. Indeed, the material that unfolded in the subsequent sessions seemed to give voice to the multiple layers of “it,” as both something and nothing. Over the course of several sessions, one layer unfurled as Phil began discussing his sense that his mother’s supposed inability to stop smoking while she was pregnant with him meant that he must have occupied a unique role of being, paradoxically, both very strongly loved and also very strongly hated. Obsessionals often complain that their mothers loved them too much. One thing underlying that is an Oedipal fantasy of a privileged love relation with the mother.

First, as for being very strongly loved, Phil speculated that the fact that his mother smoked with him and not with his brother made him special, and made their relationship oddly privileged from the start. Phil told me he imagined how
he must have been such a happy baby in the womb, as he pictured himself being encircled by his mother’s cigarette smoke. He would often joke about that, saying that being in a smoky womb must have been quite “trippy.” He likened that to being high at a party and losing oneself in the drugs and music: “It’s like when you’re dancing around and you’re so buzzed and immersed in the drugs and the music that everything melds into one—you can’t tell the difference between you, the music, and the drugs.” His mother’s inability to quit smoking took on the value of love in that Phil imagined that his mother’s smoke was a liminal entity that unified them.

Phil took the idea of being united with his mother through the smoke as evidence of his mother’s love but also of her hatred. That is, precisely because she couldn’t “stop it,” and smoked so much during the pregnancy, Phil was born dangerously underweight and quite frail; he almost died. Phil concluded that his mother’s intense love/hate for him, manifested in her smoking while she was pregnant with him, was quite literally almost lethal.

Phil may have interpreted his almost dying as an infant—which he attributed to his mother’s excessive smoking during the pregnancy—as what his mother desired or even demanded. That takes us back to Lacan’s ideas about the role of the Other’s demand in the drive. In Chapter 2, I explained Lacan’s notion that neurotics often mistake the Other’s desire for demand. One possible way to
interpret Phil’s perception of his mother’s demand is: “Fuse with me in the smoky womb and suffocate: die.” Since the neurotic takes the Other’s demand as the object in fantasy, Lacan aligns his formula of the drive ($◊D$) with his formula of fantasy ($◊a$). The Other’s demand determines the drive object, which is taken up in the structure of fantasy. Phil’s fundamental fantasy might be read as something like: to be suffocated by (fused with, devoured by) someone or something associated with his mother (and thus smoke and darkness). In that manner, Phil’s fantasy can be written in a formula as something like:

$$(S ◊ “Mamajuana”).$$

Instead of being positioned in relation to object $a$ as cause of desire, Phil was positioned in relation to something that went beyond the pleasure principle: a more toxic jouissance that he was steeped in. That was a relation based on jouissance rather than desire, such that his status as a lacking/desiring subject was eclipsed, a more correct depiction of which might be:

$$(S ◊ “Mamajuana”).$$

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8 Within the next few pages, I will describe Phil’s attraction to women with “dark” features.
9 It could be objected that Phil situated himself as object $a$ for his mother’s jouissance, in that he imagined her to be a mother who enjoyed suffocating her child. That would indicate a hysterical structure. Nevertheless, I believe what is most operative in his case is the structuring role of his perception of the Other’s demand and how, through his smoking, he repeated for himself a kind of satisfaction—though experienced sometimes as suffering—that involved his imagined experience of recovering or reexperiencing some jouissance he imagined to have experienced with his mother prior to the imposition of the Name-of-the-Father. That, along with all of the other features of obsession within the case, in my opinion places Phil within the category of obsessional neurosis.
Phil’s fantasy was reduced to the Other’s demand, and thus to the drive.

Although Phil felt his mother’s smoking was evidence of her love and her hatred, jouissance was also a central factor. That is, she couldn’t stop smoking because she enjoyed it so much, and was hooked. Since he imagined that the smoke became continuous with him in the womb, Phil logically aligned himself with the substance his mother enjoyed—if she enjoyed the smoke, and he was unified with the smoke, then she enjoyed him. “It went from her mouth to all around me,” Phil said of the smoke. Note that this is a rather striking reversal. In Phil’s own associations and language, it works both ways: smoke as him and his mother, and smoke as evidence of both his mother’s love and his mother’s hatred. In the therapy, Phil provided the two terms of the syllogism: 1) mom=smoke, and 2) Phil=smoke, and in the work I drew the conclusion: then 3) Phil and mom are one. That was a kind of overcoming of repression: reinstating the broken thought connection\textsuperscript{10} which had been severed but re-enacted in the drive circuit of his addiction. As Lacan attests, “The neurotic symptom acts as a language that enables repression to be expressed. This is precisely what enables us to grasp the fact that repression and the return of the repressed are one and the same thing, the front and back of a single process” (Lacan, 1955-1956/1993, p. 60).

\textsuperscript{10} As I described earlier, Freud formulates repression as a severing of affect and thought.
Resonances of the oral drive predominated in Phil’s case. That was evident in Phil’s fantasies of being incorporated by the mother from the start (fused with her in the smoky womb). The oral drive was also manifested through Phil’s drug use: inhaling and thus incorporating something associated with the mother through his smoking marijuana later in life, fearing being devoured or overtaken by it. Note that I am referring to the oral drive not just because Phil’s smoking involved his oral cavity, but principally because the logical (and grammatical) structure of what we refer to as the oral drive—devouring and being devoured—operated in the case.

What is more, Phil’s oral drive manifested as a death drive. That was due to the close association of the jouissance of his excessive smoking—“mamajuana”—with fantasies of being absorbed in the mother’s womb. Further, it tipped into a death drive because of Phil’s interpretation of the Other’s demand as being: “die.” The obsessional’s question—“Am I dead or alive?”—thus took on a very particular meaning in Phil’s case in that the drive satisfaction of his addiction aimed at a lethal immersion in das Ding, so to speak, and thus at his own effacement.
I have been laying the groundwork to elaborate on several points of connection between three key elements in the case: Phil’s mother, darkness, and jouissance. First, recall Phil’s description of the darkness he felt overtook him during the “highest highs” (the excessive jouissance) of smoking: “The darkness comes over me, seeps throughout every pore of my being, like little dark cloud fingers slowly creeping through my body, taking over, possessing me entirely: body, mind, and soul.” His description of the drug-related high associated with darkness (marijuana/“mamajuana” smoke) strongly resonated with the enjoyment he imagined he derived from being unified with his mother in the dark and smoky womb.

During his childhood, Phil’s mother made him watch horror films with her in the darkness of their living room when his father was away on business trips. With a gleam in his eye Phil told me that as they watched horror films, he and his mother would engage in “intimate touching.” The jouissance associated with the excitement of his intimate embraces with his mother in the dark recalls his description of the darkness that overcame him when he smoked. His mother’s nicotine-stained fingers—memories of which he described numerous times throughout the therapy—that touched him in the dark were represented
through his account of marijuana use in which “dark cloud fingers” — fingers simultaneously associated with darkness and smoke — possessed him.

Another event in which darkness, jouissance, and Phil’s mother were featured was a primal scene in which Phil caught sight of his mother’s naked body as she left her bed. He said he was able to decipher the outlines of her breasts, but that what he saw of her pubic area was “darkness.” He said he was able to see “everything and nothing.” That can be heard a bit differently: “Everything there was to see but no thing.” The scene thus related to Phil’s long-standing fear of the dark but also may have contributed to his developing a specific attraction to women with dark features.

In fact, Phil was attracted only to women who had dark features. The condition for finding women sexually exciting was that, physically, something about them had to be dark, such as having dark hair, eyes, or skin. His finding darkness compelling in women thus took on a rather fetishistic character, although dark features became more of an object for Phil than an actual fetish in the proper sense of the term. This is also an important issue in terms of a differential diagnosis — this was a case of obsession with perverse features, and Phil did not, in my opinion, have a perverse structure. The object is symbolically determined — determined by the signifier — and in Phil’s case it was linked to the “darkness” associated with the mother’s smoky womb and the “dark cloud
fingers” associated with his mother’s embraces. Even for Freud, the libidinal object often has more to do with the signifier than a tangible object in the world. As he discussed in his “Fetishism” essay, the example of the fetish of Glanz auf der Nase (shining on the nose, glance at the nose) is grounded in a linguistic transformation, via an error of translation (Freud, 1927/1961, p. 311).

**Between darkness and light: Re-enacting the paternal metaphor.**

Although Phil found women with dark features sexually exciting, his relationships with them never lasted very long. Those relationships were short-lived because he would frequently argue with the women and push them to break up with him. This also played out in the transference, which is not surprising—not only because through the transference relationship with the therapist the subject repeats important dynamics but also because I have dark hair and eyes. Phil sometimes seemed to experience an erotic transference, finding something about his relationship with me and/or our work exciting. He would then sometimes become agitated—excited or even anxious—and push me to end the treatment. For instance, he would say that everything that was happening in the therapy was clearly “too much” and that maybe I couldn’t “handle it,” couldn’t help him, and that I should just end the treatment. More grist for the analytic mill.
One way to interpret Phil’s pattern of pushing girlfriends to break up with him is that perhaps Phil was trying to get the women to lay down the law—to say no to his verbal abuse and enact a sort of mini-castration by breaking up with him. If that were applicable to what Phil was doing with the women—getting them to lay down the law—that might have been more indicative of a perverse structure. However, although Phil pushed the women’s buttons, he was usually the one who ended the relationships. Perhaps, then, through his repeatedly breaking up with women with dark features, Phil was trying to act as his own Name-of-the-Father and set limits on the maternal figure (the women being associated with his mother). Phil was repeatedly trying to re-enact or prop up the paternal metaphor.

With his drug use, too, Phil seemed to seek out and re-enact something having to do with a limit-setting function. When he reached the anxiety-inducing “highest highs” of his drug use, he sought to put an end to that experience and to limit the excessive jouissance. Phil described his experience of smoking as first satisfying but then suddenly so excessive that it was utterly intolerable. As he described it, “I enjoyed it, and then it enjoyed me.” That was aligned with his fantasy of his mother overtaking and devouring him. Thus the active form of his position in relation to the oral drive—devouring: “I enjoyed it”—was followed by the passive form—to be devoured: “It enjoyed me.” That
was also a shift from ordinary marijuana use (which had a beginning and an end and brought a pleasant and tolerable level of enjoyment) to the overload of his smoking that was associated with “mamajuana” (which was anxiety-inducing, barely tolerable, and felt limitless).

With his mother Phil shared a kind of excessive jouissance—connected with being in her womb—through the symbolism of the smoke. In his fantasy, both of them enjoyed the smoking, which took on a quality of excess: beyond the pleasure principle. That was the excessive jouissance that he sought to limit, which he experienced through the “mamajuana” form of his drug use. He associated such experiences with the feeling of darkness possessing him.

During those “mamajuana” smoking experiences, Phil would often repeat a sequence of events: leave his apartment, go to something like a convenience store, and commit petty theft in a manner that made it likely, in his mind, that he would get caught. Phil imagined that he would get caught for stealing but also that he would get reprimanded for his drug use. That was the case because he would smoke quite a bit of marijuana prior to going out stealing, and he imagined that it would be obvious to onlookers that he had been smoking so much. Phil often entertained masochistic fantasies about the police finding him and throwing him in jail—that is, ultimately setting limits to what he experienced as an overwhelming, seemingly limitless jouissance.
However, Phil almost never actually got in trouble with the police and never got caught at all for stealing or smoking. More often than not, he would test the limits of how much he could get away with—for instance, how many small items he could abscond with by hiding them under his clothing—but not actually get caught or reprimanded by the police (or anyone else, for that matter). A perverse subject would have orchestrated things in such a way as to actually get caught by the police, as was the case with Gary, a perverse subject I will discuss in Chapter 5. Whereas perverts live things out in action, neurotics dwell more often in fantasy rather than action.

That begs the question: Why was Phil repeating the cycle of smoking so much and then going out to steal, supposedly hoping to get caught for both, if that cycle didn’t actually result in him getting caught? I already suggested that Phil was re-enacting something having to do with a limit-setting function and that he was attempting to get limits set on jouissance. As I described in Chapter 2, Lacan’s formula of the paternal metaphor describes how the instating of the Name-of-the-Father results in limits being set on das Ding and an incestuous jouissance with the mother. While I considered Phil to be structurally neurotic—the Name-of-the-Father was instated for him—he had traces of perversion, as I have been describing. That may have been attributable to the Name-of-the-Father having being imposed in a fragile way—perhaps through things like
getting the impression that no father was around to separate him from his
mother’s “intimate touches” as they watched horror films in the dark—such that
what he lived out through the cycles of using drugs and trying to get caught by
the police involved attempts to reassure himself of the Name-of-the-Father. That
involved re-enacting the paternal metaphor, which in his particular situation
involved seeking light to cut into darkness and hoping limits would be set to
“mamajuana,”\(^{11}\) which is akin to the signifier making a cut in jouissance through
the operation of the paternal function. The particular form Phil’s re-enactment of
the paternal metaphor took can be reduced to its simplest form and depicted
schematically as:

\[
\begin{array}{c}
\text{Light/Name-of-the-Father} \\
\hline \\
\text{Dark/“Mamajuana”}
\end{array}
\]

Reassuring himself of the Name-of-the-Father by way of his re-enactments
of the paternal metaphor also meant reassuring himself that “mamajuana” could
be limited—that there was something that could prevent him from being
devoured by “it.” Lacan describes the Name-of-the-Father as precisely what
intervenes and offers protection against being devoured by the mother, as in a
fantasy of a passive form of the oral drive in which the mother is a voracious

\(^{11}\) Mama wanna: mama wants to be with Phil, fuse with Phil and suffocate him.
crocodile whose gaping maw threatens one with the ever-present risk of being 
devoured:

A huge crocodile in whose jaws you are—that’s the mother. One 
ever knows what might suddenly come over her and make her shut her 
trap. That’s what the mother’s desire is.

Thus, I have tried to explain that there was something reassuring. 

. . . There is a roller, made out of stone of course, which is there, 
potentially, at the level of her trap, and it acts as a restraint, as a wedge. 
It’s what is called the phallus. It’s the roller that shelters you, if, all of a 

Perhaps a fantasy is also evident in Phil’s seeking punishment by the 
police (symbolic Others as representatives of the law) after experiencing, through 
the “mamajuana” form of his smoking, what he equated with an incestuous 
jouissance associated with his mother. This is a variation on the obsessional’s 
fantasy of believing himself to be deserving of the father’s punishment for a 
privileged relationship with the mother. The way in which Phil gave meaning to 
his experiences and lived out cycles of setting limits on an excessive jouissance 
supported that fantasy, sustained it. As such, that fantasy had very real effects. 
Working with the drive means also working with the fundamental fantasy.
Nevertheless, the particular ways in which Phil aimed to get limits set to his drug use revealed ways in which he was re-enacting the paternal metaphor to reassure himself of the Name-of-the-Father. That was all the more poignant given the ways in which something about “light” and “yellow” related to something about Phil’s actual father, which I will discuss in the following section.

*The light of sublimation.*

Phil’s frequent fantasies of being caught and punished by the police always involved a very particular element that came up in several of his fantasies, dreams, and, as we will see, his creative writing: a yellow light. For instance, he imagined that the police who would catch and reprimand him for his drug use would have bright yellow flashlights. Phil even reported a dream in which he was smoking in a dark basement and then was startled out of his drug haze by what he described as police outside a basement window, shining the yellow light of their flashlights into the basement. The yellow light cutting into darkness also featured in a number of poems he wrote, particularly ones about the rhythmic flashing of the yellow light of a lighthouse. The yellow light in these examples took on the value of that which might make a cut in jouissance,
and set limits to it, perhaps in the style of a paternal function—that is, to cut through and delimit the overwhelming darkness.

Yellow also seemed to have struck a chord with Phil as he told me during one session about his favorite song, entitled “Yellow.” He was compelled by the fact that the songwriter wrote the song with gaps—unfinished lines of lyrics—within it. He told me that the songwriter knew there was something fundamentally missing from the song because of that, but that he couldn’t come up with the right word to end each unfinished line. The songwriter was sitting at a desk, struggling to figure out what was missing from the song, and looked over and noticed the phone book next to him: the Yellow Pages. He then decided to insert the word “yellow” into each of the incomplete portions of the lyrics and to make “Yellow” the title of the song, to boot. Phil told me that this delighted him because there was no inherent meaning to the word yellow or why it was in the song, but that it simply completed the song. He called it “an example of pure creativity.”

What makes Phil’s preoccupation with yellow even more striking relates to a way in which it is connected with a name associated with both his father and himself, in their native tongue. As such, something about “yellow” might have functioned as a signifier that could establish a place for Phil, albeit a fragile one, within a paternal lineage, in that it was associated with both his father and
himself. For Phil, “yellow” became associated with desire and a name of his father, while “dark” became associated with jouissance and his mother. Perhaps, then, “yellow” represented something akin to a signifier acting as support of castration, something like a version of a Name-of-the-Father.

Furthermore, both “yellow” and “dark” came together in the structure of Phil’s addictions and drive satisfactions. This was so in that Phil sought to limit the excessive jouissance that for him was often associated with “darkness” of various sorts, with indications of “yellow” or light. For instance, the incestuous jouissance associated with his mother’s caresses in the dark and the feeling of dark cloud fingers possessing him or dark syrup oozing throughout him during his “highest highs” of smoking marijuana became limited, whether in fantasy or action, through maneuvers like trying to get caught by the police, whom he associated with the yellow light of their flashlights. Even the highly charged arguments with women with dark features, during which he would become so angry that he felt he would “black out,” were a way he tried to get limits set, by pushing the women’s buttons, test the limits of the relationship, and ultimately breaking up with them. That is, Phil sought breathing room, space, like shining light into darkness.

A number of Phil’s artistic productions also reflected an attempt to symbolize something about “dark” and “yellow.” For instance, the flashing
yellow light of a lighthouse became a recurring theme in many of the poems he wrote. The yellow light of the lighthouse is similar to many of the other instances of “yellow,” such as the yellow light of the police flashlights. Such representations may suggest the symbolization of an invocation to the Other, a wish to re-enact the paternal function, tantamount to asking for someone to be able to shine a light into the darkness of jouissance with his mother during the horror films, and set limits to it, thus creating breathing room and a space wherein his own desire might come to the fore. The repetition of the coming and going of the beam of the lighthouse even parallels the coming and going of Phil’s father, with his frequent traveling, throughout Phil’s childhood. Like his writing of poetry, the analytic work, through a process that includes opening up a space of symbolization, can create an effect of sublimation. Over the course of our work, Phil’s anxiety and drug use reduced significantly. Indeed, speech can bring a bit of light to darkness.

*A modification of jouissance: From “mamajuana” to ordinary marijuana.*

Although the treatment was cut short due to Phil moving to a different state, substantial improvements had already been made. By the end of the treatment, Phil was generally much less anxious, felt “freer,” and had more “room to breathe.” He was in far less mental and physical distress overall.
As I described earlier in this chapter, after the session in which I linked Phil’s comments about “it”—“She just couldn’t stop it,” “It has to be stopped,” and “It’s killing me”—and then ended the session at that point, he reported that a significant impact had been made. Part of that involved no longer experiencing the “dark cloud” looming overhead, as I described earlier.

Such interventions operate not on the level of clear and unequivocal meaning-making, but rather on the level of utilizing equivocation and the polyvalence of the signifier as a way of reorganizing multiple levels that coalesce in a symptom, such as an addiction, and having an impact on it. I have seen such analytic techniques create these oddly transformative effects on a number of occasions with a variety of patients. Lacan insists that interpretations that attempt to reduce symptoms to specific meanings miss the opportunity to shake up the drive roots of the symptom, which lie not in sense but in the clustering of signifiers invested with jouissance. Further, we should keep in mind Lacan’s insistence that “it is only through equivocation that interpretation operates. There must be something in the signifier that resonates” (Lacan, 1975-1976/2005, p. 17, as qtd. in Fink 2007) and that “analytic interpretation is not designed to be understood, it is designed to make waves” (Lacan, 1976, p. 35).

That highlights an important difference between Freud and Lacan regarding clinical technique. Freud argues that “therapy works by transforming
what is unconscious into what is conscious” and that “as soon as the unconscious processes concerned [in symptom formation] have become conscious, the symptom must disappear” (Freud, 1916-1917/1963, p. 347/346). Lacan has a different take:

It is false to think that an analysis comes to a successful denouement because the analysand consciously realizes something. . . . What is at stake is not a move from an unconscious level . . . to the conscious level, the seat of clarity, by some mysterious elevator. What is at stake is not, in fact, a move to consciousness but, rather, to speech . . . and that speech must be heard by someone. (Lacan, 2001, p. 139-140, as qtd. in Fink 2007)

That is, putting things into words isn’t enough; work must also target the level of the signifier’s “‘literating’ structure” (Lacan, 1957/2006 p. 424) and thus attempt to fundamentally reorganize the subject’s position in relation to the drive.

Indeed, the ways in which Phil’s drug use changed over the course of treatment suggest that his position in relation to the drive might have been modified. Phil did continue to occasionally smoke marijuana. However, he eventually no longer experienced the sense of being overwhelmed, in a kind of anxious agony that led him to seek limit-setting through his re-enacting the paternal metaphor (going out stealing and hoping to get caught, as I described). He no longer felt overtaken or devoured by what emerged for him through
smoking. For Phil, “mamajuana” became what I will refer to as “ordinary marijuana.”

I believe that marked a shift within the structure of how he was living out the drive, such that there was a shift from oral to phallic jouissance. By that I mean to refer to the logic of the drive and its structure. That is, the oral drive relates to fantasies of devouring and being devoured, and seems limitless and overtaking. The phallic drive, on the other hand, relates to an experience of jouissance that is more limited and has a beginning and an end—a start and a stopping point, like tumescence and detumescence, or like the Name-of-the-Father as a stopping point, a fundamental marker of limit.

At the beginning of this chapter I referred to a passage from Lacan’s “On Freud’s ‘Trieb’ and the Psychoanalyst’s Desire,” in which Lacan describes the drive having a “color of emptiness: suspended in the light of a gap. That gap is the gap desire encounters at the limits imposed upon it by the principle ironically referred to as the ‘pleasure principle’” (Lacan, 1964/2006, p. 722). One way in which the ideas inherent in Lacan’s reference apply to Phil’s case is in terms of his re-enacting of the paternal metaphor, which involved the alternation of “dark” and “light” and was his way of trying to reassure himself of the Name-of-the-Father. To do so was to seek a space or gap of desire, and light, and to shift from a painful jouissance beyond the pleasure principle to something more
manageable, more livable. Ultimately, that is what he was able to accomplish through the process of the treatment itself, but through language, through speech. Indeed, the treatment involving working with, and having an impact on, the signifiers that were invested with jouissance for Phil, and in so doing created both more of a space of desire and also a modification within his experience of the drive, as I described.

It seems fitting to conclude by referring to Freud’s example of a child who was afraid of the dark and said, “If someone speaks, it gets lighter” (Freud, SE XVI, p. 407). Although the child in Freud’s example longs for his mother, the light Phil longed for seemed instead to be associated with a father, perhaps a reassurance of the Name-of-the-Father. Accordingly, the jouissance or drive satisfaction at work in Phil’s addiction took on its color from, and fell somewhere in the gap between, the play of “dark” and “light,” and indeed in the alternation between them.
Chapter 5

ADDITION AND PERVERSION

A Thief is Being Beaten

Introduction

In this chapter, I will present the case of “Gary,” a structurally perverse subject who had a history of drug and alcohol addiction which then shifted to a kind of addiction to shoplifting, according to Gary’s description. Although he was clean at the time when he sought treatment, I viewed the structure of his addiction to nevertheless be fully intact. I will describe how his shoplifting and criminal activities functioned as attempts to enact castration and bring the Other into existence, and to metaphorically (and sometimes literally) get himself beaten. In describing the latter, I will rely on Freud’s ideas from his essay “‘A Child is Being Beaten’: A Contribution to the Study of the Origin of the Sexual Perversions.”

On Perversion

Since there are so few cases of perversion written from a Lacanian perspective, I hope the case presentation in this chapter will highlight certain important features of the perverse structure, while also paying heed to the
specificity of the structure as it shows itself in Gary’s addictions. In turning now
to the case, we should also be attentive to Lacan’s reminders that “Perversion is
indeed something articulate, interpretable, analyzable, and on precisely the same
level as neurosis” (Lacan, 1959/1982, p. 16) and also that “Perversion does not
appear as the pure and simple manifestation of a drive, but it turns out to be
related to a dialectical context which is as subtle, as composite, as rich in
compromise, as ambiguous as a neurosis” (Lacan, 1957-1958/1998, p. 230-231, as
qtd. in Nobus, 2000).

To move on now to a brief consideration of Lacan’s structural diagnostic
category of perversion, note that while neurosis is governed by the mechanism of
repression, the essential differential feature of perversion is that it is governed by
the form of negation that Freud and Lacan refer to as disavowal. Simply put,
whereas the neurotic initially accepts or takes in some thought, experience, or
portion of reality only to repress it and put it out of mind later on (and Lacan
specifies that this has to do with a thought about the subject’s own drives), the
pervert instead disavows or denies some aspect of reality. Freud puts this in
terms of a disavowal of a perception of the female genitals (and a belief in the
maternal phallus), which we can understand as leading to issues around sexual
difference. Lacan formulates disavowal as the perverse subject’s denial or
refusal to accept a paternal castration threat (indeed, that threat is often never
posed at all in perversion). The paternal function has not been fully instated for the perverse subject—the father has not fully intervened between or separated mother and child. The mother’s lack is thus not symbolized, and the child who comes to develop a perverse psychic structure is taken as her imaginary phallus, or that which can satisfy her and fulfill her needs. The result is that the perverse subject can be prone to experiencing anxiety (Lacan formulates anxiety as a lack of lack) and generating anxiety in others (perhaps trying to push the other person to bring about a mini-castration and thus bring relief of anxiety to the perverse subject).

Since the father’s role as symbolic separator (the paternal function or Name-of-the-Father) needs shoring up in perversion, the perverse subject engages in attempts to bring the law into being—to get the law laid down—as a way of making the Other exist, thus propping up the paternal function. This often manifests itself, as was the case for Gary, in frequent instances of shoplifting or getting into trouble with the law, thus getting himself sanctioned by judicial Others. Fink articulates the pervert’s disavowal and the dynamics and behavior that result from it:

I know full well that my father hasn’t forced me to give up my mother and the jouissance I take in her presence (real and/or imagined in fantasy), hasn’t exacted the ‘pound of flesh,’ but I’m going to stage such
an exaction or forcing with someone who stands in for him; I’ll make
that person pronounce the law. (Fink, 1997, p. 170)

The pervert has not fully undergone a sacrifice of jouissance, which results in
later attempts to act that out by getting the law laid down (bringing the Other
into existence).

Given these dynamics, a clinician working with a perverse subject should
anticipate that the patient is likely to cause anxiety in the clinician and flaunt his
crimes and seedy behavior as an attempt to get the clinician to symbolically
castrate him, to bring the Other into being by getting the Other to lay down the
law. In working with Gary, being attuned to and anticipating such dynamics
enabled me to direct the treatment so as to avoid being pushed into the position
of symbolic castrator, and instead to begin drawing Gary into the analytic
work—for instance, by exploring myriad unconscious formations. I focused in
particular on how Gary’s addiction fit into his pattern of trying to enact
castration, to get the law laid down. Before addressing how his addiction
manifested itself through variations in the grammatical structure of a beating
fantasy (which I will use Freud’s work on “A Child is Being Beaten” to explicate)
I will first review some of Gary’s family history and trace the development of his
addiction.
**Case History: Gary**

**Clinical background.**

Gary, a Caucasian man in his mid-forties, sought treatment because he was feeling anxious, depressed, and suicidal. Although he had a long history of addiction to cocaine and alcohol (as well as other drugs on occasion), at the time of treatment he had been clean for several months. Nevertheless, he was in a great deal of distress. During the initial consultation, he told me that he was seeking treatment because he wanted to “locate the emptiness the drugs once filled.”

At the beginning of treatment, Gary was single and living with his mother. He had had one long-term but unsatisfying relationship with a woman (with whom he had a daughter, who was generally not in contact with Gary) and several sexual relationships with men. He was unemployed and, due to having a criminal record, had been having trouble finding work. A few months into the treatment, Gary disclosed that he had been imprisoned on two or three occasions, for the sexual assault of a child as well as various other crimes.

For about a year and a half, Gary and I met twice-weekly for sessions. Our work ended when I left the clinic and referred him to another clinician.
Overview of Gary’s addictions.

At the beginning of the treatment, Gary told me that although he was currently not using any drugs or alcohol, he had a very severe and long-standing history of addiction. During the initial consultation, Gary declared that the last time he used cocaine he wound up hospitalized and almost died.

Gary endorsed alcohol, cocaine, and heroin as his substances of choice. He told me that his first experience of inebriation dated back to when he was eleven or twelve years old. As a teenager, he continued to drink very heavily (primarily hard alcohol), even to the point of losing consciousness on several occasions. He also began using cocaine as an adolescent and heroin as a young adult. His drinking and drug use continued in its severity throughout his adulthood and ceased only when he was incarcerated (between his mid- to late-thirties and early forties) and no longer had access to drugs or alcohol. He was able to maintain his sobriety after he was released from prison; nevertheless, when he began treatment with me I considered the structure of his addiction to be fully intact in spite of the fact that he was not using drugs or alcohol.

The central element that Gary played out through his cycles of drug and alcohol addiction was trying to get caught by the police or punished by various male authority figures, or symbolic Others. Once he was no longer using drugs or alcohol he simply reenacted that very same structure through shoplifting.
That is, he felt unable to stop shoplifting and derived a great deal of jouissance from the excitement of trying to steal and risk getting caught by the police (the same dynamics that he lived out through his drug and alcohol use). Gary sometimes even referred to himself as a “shopaholic” and was able to recognize that his addiction shifted from drugs and alcohol to shoplifting. Gary told me that he would steal at least one item each time he went into any kind of store or even newspaper stands, and that he stole myriad items such that there did not seem to be any particular meaning behind what he stole. What was most salient was that he would shoplift whenever he could and that he kept pushing the limits of what he could steal and how many of each item he could steal, to the point of getting into trouble with the police for his shoplifting.

An important diagnostic difference between Gary and Phil (whose addiction, as I described in Chapter 4, functioned as an attempt to reassure himself of the Name-of-the-Father) is that although Phil pushed limits to risk getting caught and punished by the police, he never actually allowed things to reach that point. Gary, on the other hand, did, and even wound up in jail for multiple crimes. As I stated in Chapter 4, Phil was neurotic but was trying to reassure himself of the Name-of-the-Father through the specific patterns he lived out with his addictions. Gary, however, was structurally perverse and was trying not to reassure himself of the Name-of-the-Father (indeed, it was never
fully instated at all) but rather to enact castration and bring the Other into existence.

For Gary, getting into trouble with the police for his drug or alcohol use or other crimes, which ranged from petty theft to much more serious crimes such as sexual assault (which occurred while he was using), took the form of symbolically being beaten by a father figure. This is central to his perverse structure, in that through his addictions—whether alcohol, drugs, or shoplifting—he lived out a drive pattern such that he got himself beaten, got the law laid down, and enacted castration. I will describe this in more detail a few pages further on, when I discuss the course of treatment. For now, it is important to note that for Gary, becoming a “thief” was quite overdetermined. A review of several important aspects of his history will illustrate that.

**Family history.**

Gary grew up in a household comprised of his mother and several sisters. Gary’s father was generally not in the picture. Gary told me that he never felt like a part of the family, and he often referred to himself as an “appendage of the family.”¹ Gary described his mother as “cold” and “harsh.” He said his mother treated him very differently than his sisters and would treat him as “a slave,”

¹ This, along with other details of Gary’s childhood, suggests an identification with the imaginary phallus.
yelling at him constantly and forcing him to do arduous chores but never asking
his sisters to help out around the house. Gary told me that his mother always
said to him, “I have to love you, but I don’t have to like you.”

At some point in his childhood, Gary was told that his father allegedly
killed someone on the day that he was born and that he had been incarcerated
for several years because of that crime. Gary stated that his earliest memory,
dating back to when he was approximately four years old, involved waiting for
his father to come home from jail. Gary told me that he recalled witnessing an
“upsetting” scene when his father came home that day, which was the only day
his father was actually present during his childhood. Gary described his mother
“shuffling” him, along with his sisters, from the first floor of the house to the
basement. Gary said his mother must have done that because she had
anticipated that “something bad was about to happen.” Gary said that his
paternal grandfather, who was visiting the family that day to welcome Gary’s
father home from jail, followed them into the basement and chased Gary’s
mother with a butcher’s knife. Gary said his father then chased both his mother
and grandfather with the butcher’s knife. Gary then wasn’t sure where his
mother went but noted that his father then pushed his grandfather to the floor
and began “beating or assaulting” him. Gary said he hid behind a pillar while
that was occurring but peeked several times, frightened yet enthralled by what
was occurring. As the story goes, the police were called and his father went right back to prison.

Gary reported another childhood memory, his description of which paralleled the memory just described with regard to a few details. Gary told me that when he was approximately seven or eight years old, he was sexually molested by his uncle. He said that although he loved to go to the movies, his mother never took him there, and so he would frequently visit his cousin because his uncle would take them to the movies. Gary said his uncle would get him alone and then “push [him] down” and molest him. He said he didn’t know it was “bad or wrong” until one day his cousin walked in on them—he knew by his cousin’s face that what was happening was “bad” and he felt “ashamed” thereafter. “I prostituted myself to go to the movies,” he said.

Later in his life, Gary’s addictions were stuck in a cycle of repetition that encompassed several details from these scenes, including various kinds of assaults, getting caught/beaten, and attempting to bring the Other into existence. This was particularly relevant given the relative absence of a symbolic Other during his development. Although Gary’s father was not present for the majority of his childhood, he existed through his mother repeatedly telling him that his father’s nickname for him was “Thief.” Gary’s mother told him his father called him that on the day when he returned home from jail, and that he
continued to refer to Gary as “Thief” whenever he spoke with his mother when she visited him in prison. Gary’s mother took this a step further and frequently said to Gary, “You’re a rotten thief, just like your father.” Throughout his life, and by way of his addictions in particular, Gary became a thief who tried to get himself beaten.

Course of treatment and results.

An important focus of the treatment was tracing and unpacking the several staves of the beating fantasy as it functioned for Gary. That is, Gary’s addictions were intertwined with attempts to get the law laid down. Properly speaking, it was the latter to which he was truly addicted. His addictions were caught in repetition because it was through them that he attempted to enact castration and bring the Other into existence.

In his essay “A Child is Being Beaten,” Freud addresses masochism, the origin of the perversions, and the prevalence of beating fantasies. He notes that “It is surprising how often people who seek analytic treatment for hysteria or an obsessional neurosis confess to having indulged in the phantasy: ‘A child is being beaten’” (Freud, 1919/1955, p. 179). He outlines the multiple levels and transformations of the beating fantasy in which, on an unconscious level, beating and loving are equated. As will become clearer through my discussion of the
case of Gary, beating fantasies in perversion are different from how they function in neurosis. In perversion they take the form of something actually lived out through action—often by way of criminal activities through which the pervert tries to get himself caught by the authorities—which functions as an attempt to enact castration. I will make use of Freud’s ideas to address how I formulated and attempted to work with Gary’s addictions insofar as they were linked with incurring punishment. That is, through his addictions he got into trouble with the law and thus metaphorically got himself beaten and punished. Making himself into a thief and a criminal who would get punished took on the value of getting himself punished by a paternal symbolic Other, and thus bringing the Other into existence.

Gary lived out his addictions in a way that was directly related to his perverse structure in which castration was not fully operative. That is, he engaged in attempts to complete castration, which took the form of getting high, engaging in criminal acts, and then metaphorically getting himself beaten (punished or caught) by the police (symbolic or judicial Others). Moreover, the jouissance at stake in such patterns was evident in Gary’s description of how he felt when he got high and then got caught or punished: “like sticking your finger in a socket or plugging something in and getting an electric shock.” Gary sometimes literally got himself beaten (he provoked other men until they beat
him up) and also metaphorically got himself beaten, as in the examples just described. Freud even emphasized that “punishments and humiliations . . . may be substituted for the beating itself” (Freud, 1919/1955, p.186).

In the therapy we worked on tracing all manifestations and permutations of the beating fantasy. This included instances in which Gary tried to get himself beaten and also, though less often, instances in which Gary tried to metaphorically or literally beat others. This exemplifies the grammar of the drive. That is, Lacan finds it useful to conceptualize the drive as having a grammatical structure, such that beating fantasies can be in the active, passive, or reflexive voice (to beat, to get oneself beaten, etc.). In that, Lacan relies on Freud’s indications that the beating fantasy can manifest itself according to different permutations:

beating-phantasies have a historical development which is by no means simple, and in the course of which they are changed in most respects more than once—as regards their relation to the author of the phantasy, and as regards their object, their content and their significance. (Freud, 1919/1955, p. 184)

An example of how Gary lived out a beating fantasy was that for several years he engaged in a sexual relationship with a man in which he became the man’s “sex toy." Gary allowed him to have rough and often quite violent sex
with him and let the man literally beat him during sex. During the therapy we made a connection that that man lived on the same street where Gary, when he was a child, once saw his father drive up to the house, pause for a second, and drive away. Other than the day when his father came home from jail and began “beating or assault[ing]” his grandfather, that was the only other time Gary saw his father. Gary’s father’s existence was thus inextricably linked with beatings or assaults, such that Gary’s sexual relationship with the man just described might have taken on the meaning of getting himself beaten by his father.

The exploratory work of the therapy allowed Gary to recognize that he was “setting [him]self up for pain.” Gradually, that was rendered less necessary and his tendency to metaphorically get himself beaten and to engage in criminal behaviors, most notably shoplifting, decreased. This went hand-in-hand with Gary coming to recognize that his addictions were not about what he thought they were about, insofar as they were really about trying to get the law laid down. What is more, through the therapeutic work we explored connections between the structure of those behaviors and the details of the memories (perhaps screen memories) about Gary’s father “beating or assaulting” his grandfather and about Gary having been sexually molested by his uncle. Gary came to acknowledge that through the structure of his cycles of addictions, he was “punishing himself.” Although given his history of having assaulted a child
he had very good reasons to punish himself (which, though I am choosing to not focus on that in this chapter, given its scope, was by no means ignored in the treatment itself) his larger pattern of seeking punishment predated the child molestation and related to overarching difficulties on the level of his perverse structure.

Within the therapy itself, working on the issues around his cycles of addictions also involved my not allowing Gary to be a “Thief” in the therapy. That is, when he commented on valuing the therapy a great deal (he once called it “highway robbery” that he was able to get quality therapy at such an affordable price), and asking to delay his payment, I insisted that he pay his bill regularly and in full. When he reported extreme distress and suicidal thoughts but then wanted to cancel the next session or come in but not allow those issues to be worked on, I insisted he come in (and did not discuss his feelings with him by phone—which would have felt like him trying to steal therapy and sympathies—but simply encouraged him to come in for an appointment so that we could discuss them). In this manner I did not allow him to be a thief and thus hoped to shake up that identification for him.

While I worked to help Gary with his addictions and the other things wrapped up in them—criminal activity, etc.—my work targeted difficulties on the level of his perverse structure itself. Gary often complained of not having
much of a personality or identity (he described sometimes feeling like a “chameleon”). In many ways, that can be understood as the pervert’s inability to assume a position. Most broadly, Gary seemed to have identified with “Thief,” as a kind of master signifier or designator of identity, and as a way of maintaining a link with his father. The therapeutic work aimed to dialectize the master signifier “Thief”—to mobilize it, loosen its fixity, and make room for other aspects of his identity or sense of self to emerge or to be created by him.

The language I used with him was chosen so as to emphasize temporality and changeability—for instance, by using the past tense and formulations such as, “you had been...” whenever he talked about drugs or crime. I did this to help create more space within the present for him to come to be in a new way, and to mobilize different identities for himself. This process also involved, as I began to describe earlier in this chapter, putting “Thief” in relation to other signifiers, memories, and meanings. That can be understood as a process of creating new metaphors—breathing new life into the place where he had been identified with “Thief” and creating space for new aspects of self to emerge.

That was confirmed by a dream he reported later in the treatment that indicated that his identity as a “Thief” was dying. This was also interpreted in the context of his occasional suicidal feelings. Without going into detail about why I did not consider Gary to be a suicide risk, I will simply note that I
interpreted his suicidal feelings as indicators of his sense that the thief identity was dying and that he wasn’t sure who else he could exist as. Following the sessions that focused on those interpretive moves, Gary reported that he felt much better, was no longer suicidal, and had a newfound sense of energy and lightness.

That shift away from his thief identity also marked a shift within the structure of his addictions. I believe that was evidenced by the sharp decrease in his behaviors that involved being a criminal and a thief and that involved getting himself beaten. He shifted from being a thief to instead becoming someone who invests, works, and earns. Even within the therapy itself, rather than stealing sympathies, he became engaged in the more creative work of free associating, making connections, and so on. What is more, by the end of treatment Gary found a job and was working part-time. Many of his relationships also improved, particularly his relationship with his friends and his daughter. He described having a much easier time holding a conversation with people (which had been excruciating for him prior to treatment). Additionally, Gary told me during one of our final sessions that he was very grateful for the therapy and that it was the first time in his life that he had hope and could envision a future for himself. Although our work was cut short because of my departure from the clinic, and although Gary did make notable progress through the treatment, I felt
Gary would benefit from continued therapy. I encouraged him to continue the work with another clinician, and I have reason to believe that he did.
Introduction

In order to formulate the psychotic’s relation to the drive, I want first to discuss two things: the mirror stage and Lacan’s work on the paternal metaphor. In the cases that follow, I will then discuss how the drive functions in psychotic patients’ addictions. Although in Chapter 2, I reviewed Lacan’s theory of the paternal metaphor as it applies to neurosis, in this chapter I will focus on Lacan’s ideas about how the paternal metaphor fails to operate in psychosis. That will help us to understand several things, including the psychotic’s relation to his or her body and the status of the psychotic’s ego. These preliminaries are necessary in order to formulate strategies for working with addicted psychotic patients that are different from those used with neurotics.

The Mirror Stage and Psychosis

Lacan’s work on the mirror stage is by now well known in the US. I will review it quickly with an emphasis on the differences between how the mirror
stage operates in neurosis and in psychosis. That will help us to understand the status of the ego for the psychotic and the consequences that result from a non-neurotic passage through that phase of development.

In his first description of the mirror stage in 1949, Lacan posits that prior to that stage a very young child experiences him- or herself as a chaotic jumble of feelings and perceptions. The mirror image gives a unified form to this chaotic jumble. The child experiences his or her body in bits in pieces. There is no distinction, no separation or boundary, between the child and the world. The whole and unified image in the mirror both organizes the child’s perceptions and sensations and delimits the boundaries of the child’s body as distinct from the rest of its world. It thus establishes the “me” and the “not me” (it is a first delineation of self and other).

When Lacan reformulates the mirror stage in 1960, he does two things: 1) he makes the mirror into more of a metaphor, and 2) he places greater emphasis on the role of the symbolic order in this developmental moment or phase (thereby putting more of an emphasis on the dimension of speech and language). He focuses less on the mirror as a concrete object than on the mirror function that can be carried out for the child by way of a parent figure. The emphasis shifts from the role of the image in the mirror to the importance of the role of the

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3 See Lacan’s Seminar VIII.
Other. In this version of the mirror stage, the child acquires a sense of self by way of the Other’s recognition. Lacan explains that the child’s image in the mirror takes on its value or importance because it is ratified (entiériné) by the Other. The Other recognizes and approves of the child, says “yes, that’s you,” and this allows the child to have a sense of self. Thus the image is libidinally invested, which allows the child to internalize this sense of self received through the Other. In this manner, the Other’s recognition and approval of the child fundamentally contributes to the formation of the child’s ego. That is, this process results in the child internalizing an image of itself as seen through the Other.

Note also that in this process the child comes to perceive itself as its parents do—or at least as the child understands its parents’ perception. This happens through the dimension of speech and language, through what the parents say about the child and to the child. The child assumes its parents’ ideals and goals, and this is the process of assuming what Freud called the ego-ideal. With the advent of the ego-ideal, there is a stable point outside of the ego that allows the ego to cohere (the ego forms in relation to the ego-ideal as an organizing point, so to speak). This also means that the ego holds together; the ego-ideal keeps it from coming undone or disintegrating. This ego-ideal also establishes one’s sense of self—a cohesive or stable ego—insofar as it stems from
the Other’s recognition of a unified self. At this point we can see that this phase of development involves and brings about more than an imaginary image of wholeness giving form to a chaotic jumble of sensations; it also involves an internalized set of symbolically expressed goals, ideals, and expectations, as well as a relation to an Other. (This does not happen for the psychotic—we’ll come back to this and address the consequences of this later.)

Here is the next logical step: In this manner (in the neurotic way of proceeding through the mirror stage), the imaginary is overwritten by the symbolic. What happens is that the imaginary order is reorganized, restructured, by the symbolic order according to the way in which the child is talked about by its parents, the impression or sense of self the child gets from the way its parents talk about it and present their view of the child through language. In other words, this symbolically-governed version of the mirror stage is retroactively imposed on the imaginary version, such that the goals and ideals are posited as having come from the parent who approvingly held the child up to the mirror. The imaginary is thus overwritten by the symbolic. With this rewriting, several things occur: the drives are hierarchized, the subject’s relationships are not bogged down in the imaginary (the subject is not imprisoned in the imaginary), and the subject develops a stable sense of self.
In psychosis, however, the ego-ideal is not established, and the imaginary is not overwritten by the symbolic. The lack of ego-ideal for the psychotic (and lack of place within the Other’s desire, which will be discussed further in the next section) results in a tenuous sense of self. Since in psychosis the imaginary is not overwritten by the symbolic, and the ego-ideal does not lead to the creation of a cohesive ego, something else needs to come into play in order to hold the subject together. Later in his career Lacan formulates his concept of the *sinthome*: something that comes to knot the three orders of imaginary, symbolic, and real together to allow the subject to cohere. In Seminar XXIII Lacan discusses his belief that James Joyce’s writing functioned as a *sinthome* that held his psychical structure together for the duration of his life. Lacan hypothesizes that during Joyce’s childhood the Name-of-the-Father (discussed in Chapter 7 and also discussed a few pages further on) might not have been operative, but that his writing became something that filled in for that absence, thus stabilizing his ego by way of supplementation or suppletion (*suppléance*)—a way of making up for or filling in for a lack or deficit—and preventing him from ever experiencing a psychotic break. In one of the case studies to follow, we will see how a psychotic woman who believed she was Jesus Christ engaged in a writing project which seemed to function as a kind of *sinthome*, insofar as her writing functioned as an attempt to reconstitute and reorganize her ego after its
dissolution following a psychotic break. In that chapter I will explain how her writing was also a fundamental part of her delusional structure and that both were attempts to reconstitute herself (her ego) after her psychotic break.

In psychosis, the instability of the ego results from the failure of the imaginary, symbolic, and real to become organized and held together (as they do in neurosis). We have been examining this in terms of the symbolic’s failure to overwrite the imaginary. The result is that imaginary relations dominate in psychosis and are often marked by competitiveness, aggression, and paranoia. The psychotic gets bogged down in the imaginary rather than having relationships marked by neurotic features such as striving for symbolic recognition from authority figures, attempting to achieve, feeling guilt, and worrying about being good enough, measuring up, and so on.

Lacan warns clinicians not to situate themselves in the position of symbolic Other in relation to a psychotic patient because this is a position that has no precedent for the psychotic and an encounter with someone in this position could potentially destabilize them. Positioning oneself as someone who might become perceived by the psychotic patient to have some sort of hidden knowledge about them can trigger paranoia (given their problematic slippage between inside and outside, this is potentially destabilizing). The clinician should therefore not indicate that psychotic patients mean more than they say.
(have holes in their knowledge, and so on), because this might cause them to see
the analyst as a persecutor. The clinician risks triggering a break in a psychotic
patient should the clinician situate him- or herself “in a tertiary position in any
relationship that has as its base the imaginary couple” (Lacan, 1959/2006, p. 481).
Lacan is essentially saying that the clinician working with a psychotic patient
must situate him- or herself along the imaginary axis, because the failure of the
symbolic to overwrite the imaginary means that the imaginary is all that is there
to be worked with (and shored up). Although this way of positioning oneself is
sometimes quite risky, it is often the only position available.

Lacan alludes to the imaginary needing to be shored up, propped up,
stabilized, or supplemented in some way in psychosis when he describes how
the psychotic can often stabilize the imaginary by adopting “imaginary crutches”
(Lacan, 1955-1956/1993, p. 205). We can see how a sinthome is indeed something
like an imaginary crutch, something that shores up the psychotic’s ego and thus
the imaginary order. Sometimes the psychotic subject finds ways to take on or
build such crutches for him- or herself and sometimes this occurs through the
work of therapy. Furthermore, as we will see in one of the cases to follow,
shoring up the psychotic’s imaginary is one of the primary techniques in
working with psychotic patients. In fact, psychotics often turn to drugs or
alcohol in an attempt to regulate these breaches if the imaginary crumbles or is
somehow compromised and reveals the hole in the symbolic that is constitutive of their psychotic structure.

Why does Lacan warn clinicians who are working with psychotic patients to not situate themselves along the symbolic axis, in the position of Other? For the psychotic there is no precedent for a relationship with the big Other. To explain why will require a brief review of Lacan’s work on the paternal metaphor. In this chapter I will focus in particular on Lacan’s ideas about the failure of the paternal function to be instated in psychosis and the consequences that result from that failure.

*The Paternal Function and the Other’s Demand in Psychosis*

Castration, paternal metaphor, paternal function, imposition of the Name-of-the-Father—these terms are practically synonymous for Lacan. In short, these are all ways of referring to the way in which the father comes to set limits on the mother/child relation. As Fink explains, “the father serves a separating function: he acts as a bar or barrier between mother and child, refusing to allow the child to be no more than an extension of the mother” (Fink, 1997, p. 92). The father acts as agent of prohibition and division or separation and creates a space wherein the subject can come to be in his or her own right. The mother is then seen as lacking, desiring, and desiring something beyond the child (the child is
not the sole object of the mother’s desire, that which makes her complete). The mother’s desire then has a phallic signification. Lacan represents these concepts through his formula for the paternal metaphor:

*Figure II*

The instating of the paternal function occurs in neurosis. In psychosis, however, this does not occur. For Lacan this is the fundamental difference between neurosis and psychosis. The psychotic does not undergo castration, which is another way of saying that the paternal metaphor is not instated in psychosis or that what Lacan refers to as the Name-of-the-Father is foreclosed.

We can make sense of Lacan’s formula of the paternal metaphor by considering the family narratives we hear from our patients. Psychotic patients often report that they were either not wanted by their parents (and were either told that directly or simply got that impression based on how their parents treated them) or that their parents treated them like inanimate objects, like things

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or like pets rather than like human beings. Either way, what this amounts to is that they did not receive symbolic recognition. The conditions necessary for them to come to be as autonomous desiring subjects were not present.

One way to understand this is by way of a developmental perspective that focuses on the status of the Other’s desire and the impact that has on the developing child. Lacan tells us that for the psychotic, the Other is not lacking. Since the parental Other does not lack, does not desire, the psychotic thus cannot become the Other’s lack (as in the case of neurotics) and does not have a place within the Other’s desire. Whereas in neurosis the subject comes to be in relation to the Other’s lack, this relation generating their neurotic fantasy, the psychotic is left without a place.

For psychotics, a delusional structure can develop in response to this absence of a place in the Other. What I am suggesting is that a delusion in psychosis can take the place of fantasy in neurosis. Whereas fantasy is the neurotic’s response to the Other’s desire, a delusional structure is a possible psychotic response to the status of the Other as being complete and without lack in psychosis. That is, the neurotic’s fantasy is a way of formalizing or describing in structural terms how he or she situates him- or herself in relation to the Other’s lack. For example, by becoming the professional football player that one’s father wished he himself had become, the neurotic child attempts to
complete the Other’s lack. The structure of that relation to the Other’s lack is the fundamental fantasy ($S 	riangle a$). The psychotic’s delusion is often another kind of narrative (a replacement for the missing family narrative that would describe how he or she was wanted, what the Other desired or expected of him or her) and forges for the psychotic a narrative about how he or she does have a place—often in a very grandiose form.

As we will see in one of the cases of psychosis to follow, in which “Janice” had a delusional structure in which she believed she was Jesus Christ, a delusion can often give the psychotic a mission or place in the world, and often a very privileged one at that. For instance, Janice’s delusion of being Jesus Christ and having a “mission” to save the African-American children created for her a place in the Other and gave her a purpose—gave her a place within a kind of imagined lack or demand (imagined by way of the delusion itself). The delusion thus supplements and stands in for the absence of what happens in neurosis, in which the neurotic’s fundamental fantasy is constructed in relation to the Other’s desire and in relation to the subject’s fantasies about what the Other wants of him or her.

As I explained in Chapter 2, the neurotic often mistakes the Other’s demand for the Other’s desire. The neurotic’s fantasy and position with respect to the drive take shape in relation to the Other’s demand. I suggested that a
delusion in psychosis can come to occupy the position that fantasy would occupy in neurosis. A delusion does imply a relation to the world—but obviously a delusional way of relating to the world. In psychosis, demand can still be experienced as a demand **for** something (as I explained in Chapter 2 with regard to the neurotic’s experience of demand). That implies that in psychosis demand can play a similar role of muddling up the relation to objects in the delusion, by way of the subject presuming or making the assumption that there is an object that would satisfy, that whatever particular object of demand the psychotic relates to might satisfy.

Nevertheless, as I will argue further in Chapter 7 through the presentation of the case of Janice, the psychotic’s experience of demand is different from the neurotic’s experience of demand. I am hypothesizing that psychotics experience demand in a different register, and that this is due to the fact that their development is different, in that they have not been Oedipalized or castrated—have not undergone the imposition of the Name-of-the-Father. The neurotic experiences demand as coming from outside him- or herself, by way of the Other’s demand—as in his or her interpretation of speech coming from the Other, an articulation of the Other’s demand coming from outside. The

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5 Just as the neurotic’s way of relating to the world is fantasmatic.
psychotic, on the other hand, experiences demand as coming from inside him- or herself, most typically by way of hallucinations.

Command auditory hallucinations, such as the ones Janice experienced, are a form of demand: a voice commanding the psychotic to do something. The command hallucination for the psychotic is, like demand in neurosis, language of the Other or speech directed at him or her, but there is a difference in register in psychosis such that the demand is coming from another place. In neurosis the language of the Other comes from the Other’s demand as he or she perceives it through the Other’s speech, but in psychosis the demand comes from inside by way of the hallucinated voice. The rub is that the psychotic’s own experience of the auditory hallucinations is that they are coming from outside—the psychotic doesn’t understand that the voices are coming from inside him or her and instead attributes them to some external source or agency, often by way of persecutory delusions and ideas of reference. The way in which some psychotics experience hallucinated voices is also consistent with Lacan’s assertion that psychotics, rather than inhabiting language (as neurotics do), are inhabited by language. Psychotics who experience command hallucinations experience the drive by way of demands expressed through imposed speech.

In neurosis the imposition of the paternal function organizes the drives and orients and organizes them by way of the operation of repression and the
entry into language. In psychosis, however, the failure of the paternal function results in the psychotic lacking a means of having some distance from and being defended against the drives. Psychotics thus sometimes escape into delusion and/or turn to drugs, alcohol, or other forms of addictions as ways to defend against the drive.

This means that the imposition of the paternal function has consequences for the status of jouissance for the subject. That is, the father sets limits on the mother/child relation also in terms of setting limits on jouissance. This is essentially the incest prohibition. Castration means that some jouissance is given up, sacrificed, and that limits are set on it. Accordingly, some protection against a jouissance that is too much or is overwhelming is erected. In cases of psychosis, instead of a wall of protection there is something more like a hole. Whereas in neurosis the imposition of the Name-of-the-Father installs fundamental limits and barriers, in psychosis it is absent, and instead there is something like a hole where the Name-of-the-Father should be. Lacan also describes how “in psychosis something hasn’t functioned, is essentially incomplete, in the Oedipus complex” (Lacan, 1955-1956/1993, p. 201). Let’s look more closely at how this hole left in the absence of the Name-of-the-Father comes to be and what some of its consequences are.
Part of Lacan’s unique contribution to the psychoanalytic study and treatment of the psychoses is that he also considers them through the dimension of language. In so doing, Lacan highlights the fact that castration fundamentally results from the effects of the signifier. Lacan explains that in psychosis, just as the father does not act as a barrier or agent of separation and division between mother and child, so too, for the psychotic, language does not serve as a barrier against the real. This is another way of saying that in psychosis there is a lack of symbolic mediation between self and world. This means that for Lacan the paternal function can be understood not only developmentally by way of the mother-father-child triad, but also as a function relating to limits and lack which has effects on language. In psychosis, the father does not set limits on the mother/child relation. Similarly, the signifier does not set limits to jouissance. These concepts are fundamentally linked. This is important for us to understand because the topic of this section of my project (how addictions in cases of psychosis relate to the particular status of the drive in psychosis) is based on my notion that the addictions are fundamentally related to the foreclosure of the Name-of-the-Father for psychotic subjects. That is, an addiction can often function as a kind of sinthome for such patients, standing in for the absence of the Name-of-the-Father, and the drug or alcohol can serve as substances psychotics
turn to in an attempt to regulate their drives, or as a defense against their drives, which will be discussed in more detail a bit further on.

It is important to look a bit more closely at why language does not function in the same way for a psychotic as for a neurotic subject. For Lacan, the foreclosure of the Name-of-the-Father in psychosis leaves a hole in the symbolic. For neurotics, the prohibition of incest and installation of the Name-of-the-Father establish a sort of barrier of language (symbolic mediation/protection against the real) and establish anchoring points. Lacan describes the installation of the Name-of-the-Father as a kind of anchoring point or quilting point\(^6\) (point de capiton). Without this, as is the case in psychosis, words and meanings are not tied together. This is similar to Freud’s idea that in psychosis there is a disjunction between word-presentation and thing-presentation. The psychotic’s characteristic concreteness of language and inability to create new metaphors can be seen to result from this.

What are some other consequences of the foreclosure of the Name-of-the-Father, in terms of language and jouissance? Since the psychotic subject doesn’t have the signifier of the father (Name-of-the-Father\(^7\)), the psychotic subject is left without a signifier to symbolize the real. The psychotic faces the real without a signifier that would have two related functions: to symbolize and to create lack.

\(^6\) For a fuller discussion of the Name-of-the-Father as a quilting point, see Lacan’s Seminar III, pp. 258-270.
\(^7\) Or signifier of the phallus, as I described in Chapter 2 and as I will explain within the next pages.
For the psychotic subject, who has not undergone castration, jouissance is thus experienced as an anxiety that threatens to overwhelm the subject (and it thus stands in opposition to desire). As I explained in Chapter 2, for psychotics the Name-of-the-Father has not been instated—*das Ding* and the jouissance associated with the relation to the mother prior to castration have not been named and limited. That is why psychotics experience drives in the real—drives that lack symbolic representation; that are not hierarchized or organized according to erogenous zones, or modulated (as they are by way of the instating of the Name-of-the-Father for neurotics); and that threaten to overwhelm, invade, or overtake the psychotic.

For the psychotic, drives are prior to castration, and relate to the mother. As I explained, it is owing to the psychotic’s porous boundaries between self and other, self and world— and the failure of the Name-of-the-Father to be instated—that the psychotic has little protection against drives. Since the drives have not been limited—barriers have not been established between the psychotic and the maternal object or *das Ding*—they constantly threaten to overtake or overwhelm the psychotic. Lacan compares the mother to a crocodile that threatens to devour the subject:

> The mother’s role is the mother’s desire. That’s fundamental. The mother’s desire is not something that is bearable just like that, that you
are indifferent to. It will always wreak havoc. A huge crocodile in whose jaws you are—that’s the mother. One never knows what might suddenly come over her and make her shut her trap. That’s what the mother’s desire is. (Lacan, 1969-1970/2007, p. 112)

For psychotics there is a sense of there being too much, as jouissance has not been limited by way of castration. The psychotic is often easily overwhelmed, and has little protection against the real.

For the psychotic, language does not create a barrier between the individual and the outside world or between the individual and the real. One way in which Lacan explains this is by comparing the Name-of-the-Father to a kind of stick inserted into a crocodile’s mouth to prop it open (the idea here being that the paternal function bars the mother, thus protecting the subject from being metaphorically devoured by her). Lacan continues his analogy: “There is a roller, made out of stone, of course, which is there, potentially, at the level of her trap, and it acts as a restraint, as a wedge. It’s what is called the phallus. It’s the roller that shelters you, if, all of a sudden, she closes it” (Lacan, 1969-1970/2007, p. 112). Psychotics, since the phallic function has not been operative and the Name-of-the-Father has not been instated for them, lack that which would have regulated their relation to the real and thus to drives or jouissance that threatens to invade.
Lacan says that the psychotic not having language as a barrier is due to the failure of the paternal function. This is what he means when he clarifies that “psychosis consists of a hole, a lack, at the level of the signifier” (Lacan, 1955-1956/1993, p. 201). What is lacking in psychosis (the absence of which leaves a kind of hole) is precisely the Name-of-the-Father. Lacan also discusses the concept of the foreclosure of the Name-of-the-Father in psychosis at some length in “On a question prior to any possible treatment of psychosis” (1959). In that work, Lacan explains that the failure of the paternal metaphor to function in psychosis means that there is something like a fundamental hole left within the structure of language. Lacan explains that a hole in the symbolic is constitutive of psychosis:

I will thus take Verwerfung to be “foreclosure” of the signifier. At the point at which the Name-of-the-Father is summoned—and we shall see how—a pure and simple hole may thus answer in the Other; due to the lack of the metaphoric effect, this hole will give rise to a corresponding hole in the place of phallic signification. (Lacan, 1959/2006, pp. 465-466)

Lacan represents the resulting hole in the place of phallic signification with the symbol “P₀” in the following diagram, to allude to a kind of hole in the symbolic:
What this means is that in psychosis the father does not cancel out the mother, so to speak, as happens in the successful imposition of the paternal metaphor in neurosis, and the mother’s desire is not signified. Instead there is a hole, an absence of phallic signification, represented in the diagram by (Po). In Jacques-Alain Miller’s commentary on the graphs used in Lacan’s *Écrits*, he clarifies the meaning of (Po) in Lacan’s diagram pictured above:

The foreclosure of the Name-of-the-Father (here Po), which leads to the absence of representation of the subject, S, by the phallic image . . . skews

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the relation among the three fields: the divergence of the imaginary and
the symbolic, the reduction of the real to the slippage between them.


That is, in response to the question “what does the Other want of me?” there is a
void for the psychotic, nothing (recall that in psychosis the Other is considered to
be not lacking). The Other’s desire is not signified—there is no symbolic
inscription. Consequently, jouissance rather than desire predominates for the
psychotic. Since castration and lack/desire have not been instated, there is
jouissance. Perhaps we can think of this as a jouissance prior to castration that
stands as an overwhelming real threatening the psychotic subject with being
overwhelmed or overtaken by it, like being devoured by a crocodile.

As for the drive in psychosis, we can begin to see that the psychotic falls
under the sway of real drives that have not been subjected to the operation of
castration. For the individual prior to castration the drives are not attached to
representations (or: the signifier/the Name-of-the-Father has not established
limits on them). The psychotic’s experience of the drive can thus sometimes look
like a manifestation of tremendous anxiety, being overwhelmed by something
that seems unnamable, or feeling invaded or overtaken in some way.

The following diagram from Lacan’s Seminar 23 is instructive on these
issues:
In this diagram Lacan situates anxiety in the area where the real invades the imaginary. Recall from our discussion of the mirror stage that in psychosis the imaginary is not fully overwritten by the symbolic. This means that the psychotic is left vulnerable to the real, with little protection, barrier, or symbolic mediation against it. When the real invades the imaginary and symbolic

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mediation is lacking, the result is anxiety. What is also located between the real and the imaginary is the jouissance of the Other (JA). Anxiety and the jouissance of the Other can both manifest in similar ways: as eruptions of being overwhelmed, seemingly overtaken, and experiencing a sense of lack of recourse to the signifier (a sense that something can’t be described, is unnamable, lacks symbolic inscription).

We will see examples of such experiences in the cases to follow. I would suggest that, at least in many cases of psychosis, the psychotic subject experiences a real jouissance, or Other jouissance, that has not fully come under the operation of the phallic function. I refer to “Other jouissance” within the context of my discussion of the psychotic’s relation to the drive to indicate that, as I began to introduce in Chapter 2, I am referring to a jouissance prior to castration, closely aligned with a real that has not been delimited by the signifier, and a jouissance that thus lacks symbolic or phallic inscription. This is also related to the experience of (JA) in which some real invades the imaginary without the mediation of the symbolic, which results in a manifestation of anxiety or overwhelming on the level of the drive—a sense that there is too much, and that lack is lacking—in the absence of the mediation of the symbolic/the signifier. Drugs and/or alcohol then often function as attempts on
the part of the psychotic subject to fend off, delimit, or regulate that experience of Other jouissance, an invasion or overwhelming on the level of the drive.

Essentially, that means that the drives that are (logically, hypothetically) prior to castration are prior to the subject’s passage through the imposition of the paternal metaphor and the limiting function of the Name-of-the-Father. What is at issue in psychosis, in my opinion, is a primordial jouissance prior to castration that does not get organized and limited by the Name-of-the-Father. Strictly speaking, prior to the imposition of the Name-of-the-Father, there are no drives in the sense that drive is the relation of the subject to demand ($\mathbb{O} D$), but there is jouissance. There is a difference between symbolically determined drives and the kind of jouissance characteristic of psychosis. Finding appropriate terms to theorize these ideas is difficult, and that is complicated by the fact that Lacan himself never addressed these ideas let alone provided terminology for them. To refer to those “drives” in psychosis as forms of Other jouissance is admittedly problematic. For instance, in Seminar XX Lacan associates Other jouissance with women. In using the term “Other jouissance” here I do not mean to suggest that all women are psychotic! What I am suggesting is that whereas neurotic women go through the passage of the castration complex and emerge with two possible modes of jouissance—phallic and Other—though neurotic men emerge with access only to phallic jouissance, an argument which is beyond the scope of this
To emphasize the key point: the difference, though this is a problem perhaps of semantics or terminology, is in whether or not the individual has gone through castration. Lacan does not offer a specific term to designate the drives prior to castration. Furthermore, I am arguing that those may be related to the drives psychotics experience, which Lacan also does not formulate. I am simply referring to them as either “primordial drives,” “drives prior to castration,” or “forms of an Other jouissance” prior to castration or the imposition of the paternal metaphor in order to emphasize that because the psychotic does not undergo castration he or she experiences something other than phallic jouissance.

**Psychosis, the Body, and the Drive**

Viewing psychosis either from the perspective of Lacan’s work on the mirror stage—in which for the psychotic subject the symbolic does not fully overwrite the imaginary—or from the perspective of the paternal function, in which the Name-of-the-Father is foreclosed for the psychotic, we can see that the psychotic subject is more vulnerable to the real because there is a lack of
symbolic barrier against, or protection from it. The psychotic subject’s ways of responding to this vulnerability can vary, including, to name a few, the construction of a delusional system, a *sinthome* (both discussed previously), or the development of an addiction. Those are all ways of regulating the real in the absence of the symbolic mediation/protection that the neurotic has at his or her disposal thanks to the paternal function having successfully been instated.

How do psychotic subjects’ lack of protection against the real relate to their experience of the body? The neurotic’s body is a body overwritten by the signifier—it is, in fact, a body of signifiers—and as a consequence of castration and the operation of the signifier jouissance is generally evacuated from all areas of the body except for the erogenous zones. Another way to say this is that for the neurotic, jouissance has a phallic inscription, which I described previously. As Jacques-Alain Miller notes, the neurotic’s experience of castration and the cutting in of the signifier, or the Name-of-the-Father, involves the idea that the “signifier penetrates the body” (Miller, 1996, p. 425).

For the psychotic, on the other hand, who has not undergone symbolic castration as the neurotic has, jouissance is not delimited in this way and lacks a phallic inscription. The psychotic has not experienced a sacrifice of jouissance, a draining off of some of the real. The signifier, which would have established lack and boundaries, and an organization and regulation of the drive, has not
penetrated the psychotic’s body. Accordingly, that means that the psychotic’s body is instead penetrated by jouissance—jouissance not having been drained away and delimited by the operation of castration or the penetration of signifiers that bring regulation of the drive. The psychotic’s body is awash in an Other jouissance, perpetually vulnerable to invasions of unregulated drive that leave the psychotic feeling as though he or she is being penetrated and overtaken.

I will now turn to Freud’s analysis of the memoirs of Schreber\(^\text{10}\) to pick up this question and consider an example of bodily phenomena in psychosis. Recall that Schreber described feeling the “nerves of voluptuousness” under his skin, bodily disintegration, and strange sensations that he could not quite describe—that did not have symbolic inscription or representation, we might say. Indeed, psychotic subjects often speak of strange sensations in their bodies,\(^\text{11}\) and one way to understand those bodily experiences is in terms of an experience of the jouissance of the Other. Schreber’s body is inundated with, invaded by, the jouissance of the Other, the jouissance of God. We will see in the two case studies which follow, in Chapters 6 and 7, examples of psychotic subjects who experienced related forms of jouissance invasions.

\(^{10}\) See Freud’s “Psychoanalytic Notes on an Autobiographical Account of a Case of Paranoia [Schreber],” SE XII, 9-82, and Daniel Paul Schreber’s *Memoirs of My Nervous Illness* (Cambridge, MA: Harvard University Press, 1988).

Owing to the often very fragile distinction between self and other in psychosis, the psychotic is particularly vulnerable to an experience of a collapse of boundaries, or even something that gets experienced as a sort of invasion. In many ways such experiences can be attributed to inadequacies relating to the mirror stage and the paternal function. In psychosis, since the image of the body is not supported by a symbolic identification, the image remains fragile and inconsistent. When the imaginary is compromised or collapses, the psychotic sometimes faces a confrontation with, or an invasion of, the real—the psychotic then experiences a jouissance invasion, an invasion on the level the drive.\textsuperscript{12} Schreber describes invading the divine agencies that he feels invade his body and mind just as much as they supposedly invade him. Here again we are seeing evidence of the predominance of imaginary relations in psychosis in his rivalry with his tormentors as well as the porousness of boundaries in psychosis and almost nonexistent distinction between self and other. Similarly, perhaps it can be said that he enjoyed God as much as God supposedly enjoyed him—the jouissance of the Other thus supposedly working in both directions according to how it is experienced by the psychotic, given the psychotic’s porous boundaries and difficulty distinguishing between self and other.

\textsuperscript{12} Just as the psychotic often experiences a lack of control in terms of jouissance invasions, so too does the psychotic sometimes experience a lack of control over the drives which manifests in instances of violence, etc, with a corresponding lack of guilt over their actions.
As we have seen, since the psychotic subject does not have the symbolic as mediator or as protection against the real, the psychotic is vulnerable to invasions of the real (jouissance invasions). In such cases the psychotic might use drugs or alcohol as a form of protection against the drive and against the real. That is, the psychotic’s addiction can be used in an attempt to regulate and modulate some overwhelming real that lacks a signifier, and that does not have symbolic mediation. Sometimes the drug or alcohol use can fit into the psychotic subject’s delusional structure such that the substance is actually a form of *santhome*, something that is holding the psychotic subject together.

This is why we need to understand how drugs and alcohol function for each subject. Clinical approaches that lack theoretical grounding and that simply reduce all addicted subjects to the same (without regard for their different structural diagnoses, and thus the major differences in how the drug functions for them) can be dangerous. Cases of psychotic addicts for whom their drug or alcohol use functions as a kind of *santhome* are of particular note. If a clinician fails to recognize the way in which a psychotic addict’s drug use might be functioning as a *santhome*, as the only thing holding him or her together, and too hastily intervenes to get such a patient to stop his or her drug or alcohol use, thus removing the substance or very glue that has been holding the psychotic
together, this can in fact trigger a psychotic break. I have seen cases in which this had occurred, and with very negative consequences.

It is often the case that psychotic addicts do not really use drugs or alcohol in an attempt to get high, but rather to set limits to some overwhelming real, or to modulate something that lacks symbolic inscription. For instance, in Chapter 6, I will describe how Nadia’s alcohol use functioned as an attempt to come down from some experience of an overwhelming jouissance invasion and to try to find words for that which seemed to be unnameable, seemed to lack symbolic inscription. In other cases of psychosis, the drug can function so as to provide a self-induced high instead of the uncontrollable highs that come on spontaneously, and the cycles of being affected by the drug—experiencing a high—and then coming down from that high function as ways in which the psychotic tries to find a pseudo-regulation for their unregulated experience of jouissance. Often, as we will see in the two case studies that follow, drugs or alcohol function within and facilitate some effort on the part of the psychotic to—through things like writing or other activities, sometimes linked to a delusional structure—translate, modulate, and potentially give words to some jouissance experienced in the real. In many situations, the drug is all the psychotic has to regulate the real. Let us now turn to the two cases to see examples of this and how to work with these clinical phenomena.
Chapter 7

ADDITION AND PSYCHOSIS

A (W)hole Feeling: Filling in and Creating Holes to Modify the Drive

Analysis is a matter of suturing and splicing


Introduction

A fundamental argument I am making in this project is that neurotics and psychotics have radically different experiences of the drive, and that this is due to the fact that their development results in different organizations of the drive—the neurotic goes through the castration process and the psychotic does not. In neurosis, the operation of castration produces holes, as I explained in Chapter 2. The drive is then oriented around those points of absence, those holes, and circles around object a as an attempt to recover some enjoyment imagined to have been lost. In psychosis, however, castration has not been operative, and there is thus no creation of a hole or lack constitutive of desire and linked to the establishment of an object a. There is, however, a different kind of hole—a radical hole in the place where the Name-of-the-Father should have been.
The circuit of the drive in psychosis is thus different from the circuit of the drive in neurosis, and the former often has to do with attempts to either fill in or to create holes. As for filling in holes, the psychotic’s experience of the drive can involve finding ways to fill in or defend against the radical hole where the Name-of-the-Father should have been. The psychotic often turns to an addiction as something that, loosely speaking, stands in for the absent function of the Name-of-the-Father, insofar as the addiction can function as an attempt at organizing and defending against jouissance (which in neurosis the Name-of-the-Father would have done).

As for creating holes, note that the psychotic has not been castrated and thus experiences a lack of lack—since the cut of the Name-of-the-Father has not been instated and has not created holes by way of establishing the psychotic subject as a lacking and desiring subject, as is the case in neurosis. The psychotic thus sometimes turns to an addiction as an attempt at creating holes—making a kind of cut or hole in jouissance. As I will explain within this chapter, the psychotic’s experience of the drive also relates to the status of the Other’s demand in psychosis—and frequently involves the psychotic being positioned as the object for the Other’s jouissance and being unable to separate from that position (which is perhaps a kind of fixation of the drive).
In the following discussion of a case of a psychotic woman whom I will refer to as “Nadia,” I will examine the patient’s relation to the drive according to ways she turned to various addictions as attempts to either fill in or create holes (and all as ways of regulating the drive). She had a severe alcohol addiction—drinking heavily and frequently, often even to the point of blacking out and losing consciousness—which had begun several years prior to the beginning of the therapy. Nadia also suffered from severe bulimia—she would binge and purge at least once per day, often even more frequently, which had also been going on for several years prior to the beginning of treatment. What is more, she frequently engaged in cutting (self-injurious behavior of cutting her body with a blade) either alone or by having partners cut her during sex. Nadia told me that under her clothing her body was almost covered in scars from cutting.

I will focus on how Nadia’s cutting and her bulimia—both of which are often considered to be forms of addictions—were ways in which she tried to create holes. Another of her patterns of addiction—having to do with cycles of drinking and writing—instead functioned as her attempt to fill in holes. Through drinking and writing Nadia tried to manage and fill in different kinds of anxiety-inducing holes that she found herself encountering and feeling engulfed by (the imaginary no longer serving as a layer of protection or defense against them). These will be explained in detail through the presentation of the case.
Moreover, the patient came for treatment during a psychotic break, and as such the imaginary had fundamentally crumbled and had been punctured by the real. I will first address how the patient initially sought treatment, and I will move on to discuss her history so as to outline how for her, given various precursors in her history, she came to develop a psychotic structure such that her imaginary was continuously vulnerable to coming undone. That is, I will explain how for the patient the three orders of imaginary, symbolic, and real were not knotted together in a solid way, which left her vulnerable to encountering holes and unraveling. Because her alcohol use and writing were attempts at managing those vulnerabilities, as I will explain, the treatment focused more broadly on working on the level of her psychotic structure itself—including ways in which what had been keeping her together had crumbled—and working to modify her position in relation to the drive.

A fundamental argument I am making in this chapter (and in this project overall) is that by working on the level of the *cause of the addiction*—and how the addiction functions with regard to the subject’s psychic structure and position in relation to the drive—the addiction can be fundamentally transformed. Working in this way means that addictions can shift as their cause gets modified and that some improvement or resolution of the addiction follows from the work being
done on a much more structural level. With Nadia, I worked on the level of the organization of the drive and jouissance itself.

Case History: Nadia

Clinical background.

Nadia is a Mexican-American woman in her mid-twenties whom I treated in intensive psychotherapy for approximately two years. Nadia’s mother tongue was Spanish, and so, in light of my own familiarity with Spanish, although the treatment was primarily conducted in English, Nadia frequently cited exact Spanish wording, idiomatic expressions and aspects of expressions that got lost in translation, and things that were said in Spanish in her family household. During the treatment Nadia worked part time in retail and then began nursing school. She was single, identified as bisexual, and at the beginning of the treatment was dating Luis, a man who she later told me had sexually assaulted her earlier in their relationship. Nadia described herself as never having been wanted by her parents—she had no place within the Other’s desire. She described her father as a passive figure who did not have much of a role in her life during her childhood. Her mother was quite ill psychologically: she was extremely paranoid, had auditory and visual hallucinations, almost never left the house (due to her extreme anxiety and paranoia), and insisted on keeping Nadia
away from all men throughout her upbringing. Nadia said that her mother gave her the impression that men would rape or murder her. Nadia has one sibling, a brother a few years older than her, who maintained a semi-incestuous relationship with their mother and was idealized by her. For most of the sessions during the early phase of our work Nadia was quite paranoid, frequently edgy, and overwhelmingly anxious. Although the majority of the treatment that I carried out with Nadia was conducted at a frequency of three sessions per week, for a period of several months we met four to five times per week.

Nadia was referred to me after having had a negative experience with another therapist whom she saw for four sessions, which may have contributed to Nadia coming to therapy in the midst of a psychotic break. In short, Nadia’s previous therapist became a very invasive figure to Nadia and also presented herself as the same as Nadia (both amounted to what Nadia referred to as “boundary-violating” maneuvers). My working hypothesis was that this experience may have led to a collapse for Nadia on the level of the imaginary. That is, rather than having a relation to an other (let alone an Other, in the Lacanian sense), Nadia began experiencing her previous therapist as the same as her. Rather than having a relation of self to other (and the gap and breathing room that comes with that relation of difference and separateness), Nadia experienced her relationship with her previous therapist as self to self and
experienced that as an invasion (on a very primitive level) and a collapse of the separateness of the self. This became clear through Nadia’s discourse in the beginning of therapy with me.

During my first meeting with Nadia, she told me that she felt she was “losing her mind.” She reported frequently “blanking out,” which was her way of describing dissociative episodes in which she lost stretches of time and could not account for how she wound up in various places (e.g., taking a bus and winding up in the wrong town, not remembering how she got there). Nadia also reported experiencing diffuse “panic” which she felt she could not articulate and having the sense that she was “losing [her] grip on reality.” She also had what seemed to be sporadic visual hallucinations that were unrecognized as such by her.

Nadia indicated that these symptoms began to emerge after a couple of sessions with her previous therapist. She eventually told me that she had begun to feel “unsafe” being in the room with her previous therapist, which had contributed to her deciding to not leave her apartment for a couple of months. During sessions, her previous therapist supposedly spent a significant amount of time talking to her about the time when she herself lived in Mexico (perhaps trying to develop a rapport with Nadia, who grew up in a section of Texas close to Mexico), and always pronounced Nadia’s name with an accent, even though
Nadia herself did not do so. Nadia quickly began cancelling or simply not showing up for sessions, and she began to feel unable to leave her apartment. The last contact Nadia’s previous therapist had with her was a phone call in which, while trying to get Nadia to return to sessions, she yelled at Nadia and told her that if she kept refusing to leave her apartment, she would lose touch with reality, be fired from her job, and lose her friends and boyfriend. Nadia later called the clinic and asked to be transferred to a different therapist.

The fact that Nadia had a breakdown in the course of those few sessions already sheds light on some things that will become clearer as more details of the case unfold. For now, it will suffice to note the relevance of the fact that Nadia seemed to have experienced her previous therapist’s maneuvers, well-intentioned though they may have been, as an attempt at fusion (invading her, by presenting herself as the same as Nadia, which Nadia experienced as a destabilizing primitive violation of the boundaries of self and other). That seemed to trigger Nadia’s flight response—locking herself in her apartment and terminating that therapy. This seems to have been her way of responding to an experience of erasure in the face of an invasive presence: more specifically, someone attempting to present herself as being the same as Nadia.

We will see that during Nadia’s childhood, the conditions for the development of a psychotic structure were clearly in place for her, which
resulted in the construction of a fragile ego and a predisposition to coming undone. As I discussed in the previous chapter, the psychotic often does not develop sturdy boundaries (between self and other, self and world). I believe this element of her psychotic structure, on top of other experiences of feeling invaded by others (which we will address as we proceed with the case), accounts for why she decompensated when her previous therapist presented herself as being the same as Nadia. Her already fragile imaginary became punctured and began to crumble. The moment of triggering was due to a rupture of the imaginary axis.

For Nadia the three orders—imaginary, symbolic, and real—were not securely knotted together. This resulted in a generalized fragility and sense that very little was cohesive or stable for her, like a patchwork quilt that kept unraveling and coming undone in different places. The treatment largely focused on trying to put the pieces back together.

*Family History*

*No place.*

Let us now address how Nadia came to develop a psychotic structure. Recall first that the psychotic experiences a lack of place within the Other’s desire, which I addressed in the previous chapter. When I asked Nadia to tell me
about any stories she was told about her conception, she told me that her mother stated, on quite a few occasions, that she was not wanted. Since Spanish was the primary language spoken in the home, I asked Nadia what, exactly, her mother had said. She told me that her mother said “Nunca le deseamos,” and I noticed that the verb conjugation suggested she was not wanted by more than one person (“we never wanted you”). Nadia told me that she never heard any stories from her father about whether or not she was wanted by him, but the connotation of her mother’s oft repeated statement also implicated him as not having wanted her. What is more, her mother also made it quite public that she felt having Nadia was one of the worst mistakes of her life (although there seemed to be no further explanation of the reasoning behind this). Other family members had also told Nadia that when her mother became pregnant with her she entered a deep depression, which seemed never to have lifted.

From the very start, Nadia was not wanted by her parents, and she thus had no place within their desire. As is characteristic of psychosis, the paternal metaphor was never instated and there was no explanatory principle—no way of having a place within her parents’ desire and no articulation that could have provided her with a place in the world. Her brother (Paco, a few years her senior), on the other hand, was something of a golden child—wanted and idealized. As the story goes, when he was born her mother wanted to have a
child, but had to go through several years of difficult and expensive fertility treatments before Paco was finally conceived. Nadia has described the relationship between her mother and her brother as being “creepy-weird” in that they are so close that his mother would often get into the shower with him to wash him and he would sometimes sleep alone with her up until he was fifteen. Paco seems to have occupied something of a husband role for her mother, and he was indeed the center of her world.

“La unidad” without Dad.

While Nadia’s mother maintained a very intimate relationship with her brother, her mother also insisted that the three of them (mother, brother, and Nadia) create at least the illusion of a united front against the father. That is, her mother always enjoined Nadia and her brother, “We have to show your father that we are a unity. There can’t be any tension.” (“Tenemos que demostrar a tu padre que somos una unidad. No puede haber ninguna tensión.”) The implication of this was that the unity of their little family of three had to be preserved at all costs, and Nadia said this often meant that her mother wanted the children to be “against” their father. Nadia said her mother would try, for instance, to orchestrate things so that the children listened to her and not their father. What is more, she said that her brother would give the silent treatment to anyone who dared to speak against their mother. Nadia noted that both she and her father
had sometimes been subjected to her brother cutting them off in this radical way—Nadia’s brother didn’t speak to her at all for an entire year, in one instance. While Nadia originally believed her brother to have been the sole cause of this silent treatment, she later found out that her mother had orchestrated it all along. To speak against the mother was to violate “the unity,” which would not be tolerated. Nadia faced something of a forced choice: be a part of the unity or essentially have no existence at all. Either way, the status and nature of her existence was certainly precarious from early in her childhood.

Not only did her mother insist on turning Nadia against her father and maintaining a unity (a united front) with her, but she also insisted on keeping Nadia away from all men. For instance, Nadia once told me that when she was younger (she couldn’t recall how old, but she said she might have been approximately seven years old) her mother saw that the only two empty chairs at a table of family members were between two men, and she refused to allow Nadia to sit next to either man. She then pulled one of the empty chairs towards a corner of the room, away from the table, and sat there with Nadia on her lap. Nadia said she always got the impression that her mother thought men would
rape or murder them, because her mother often spoke about that as something that would almost certainly occur.¹

To suggest a connection between Nadia’s experience of the drive—as some jouissance that invaded and from which she had little protection—and the Other’s demand: It is possible that Nadia took her mother’s comments about men being dangerous as a kind of demand, such that she interpreted her mother to be saying something like “You will get yourself raped or murdered by men.” This could suggest a way of understanding how, as I suggested in Chapter 5 and will describe a bit further on in this chapter, the psychotic’s experience of the drive is, like the neurotic’s, still structured by the Other’s demand, though Nadia, given her psychotic structure and the failure of the Name-of-the-Father to be instated, lacked protection or defense against the drive.

The severity of Nadia’s mother’s own pathology was likely a significant contributor towards not only the sense of fragility that characterized Nadia’s childhood world but also the fragile sense of self that Nadia came to develop. Her mother’s paranoia and anxiety created an environment saturated by a sense that the world was a very dangerous and scary place, and that one had better brace oneself against all sorts of imagined dangers. What is more, separation

¹ Nadia’s mother apparently made a habit of locking herself in her house, fearing that people were trying to come to rape or murder her. The connection that also suggests itself between this general fantasy of her mother’s and Nadia’s own reaction of locking herself in her apartment, described at the beginning of this chapter, is also noteworthy.
from the mother thus took on the value of being raped or murdered.\textsuperscript{2} We can see how Nadia got the impression that there was very little protection against threats of danger in the outside world.

Nevertheless, unity or togetherness with the mother was also unsafe. Nadia described childhood memories in which her mother allowed for no pleasure and also no separateness for Nadia. For instance, Nadia described how her mother would suddenly take away all of her toys, leaving Nadia crying and confused. Nadia reported that her mother seemed to do this for no apparent reason, out of the blue, and Nadia also recalled her mother often saying something about how she herself had no toys when she was a child and saw no need for Nadia to have any. Nadia described how her mother did these things to stifle Nadia’s personal interests and to keep her yoked to her mother’s side. She was relegated to staying with her mother and being berated by her rather than playing outside by herself or with her brother. Being with her mother meant not having pleasure and not having an autonomous sense of self, as with her previous therapist, who collapsed her identity into Nadia’s. But being apart from her mother meant facing the threat of being raped or murdered by men. There was no safe place for Nadia to come to be. Furthermore, Nadia’s

\textsuperscript{2} Note that this will become relevant later in this case study, when I discuss Nadia’s abusive relationship with Luis.
experience of nothing being safe had deeper layers, and we can consider these other layers of meaning by way of a primal scene.

A primal scene.

Nadia had a hard time sorting out when a particular event took place. During one session she said this event happened when she was nine, but during another session she said she was approximately twelve years old when it took place. She told me that during her childhood, all four family members (mother, father, brother, and Nadia) slept in the same bed. She said one night her father tried to get her to stay in the bedroom, alone in the dark room with her brother. She said she became frightened of being alone in the dark and walked out towards the living room. Nadia said that she saw her father “fondling or trying to have sex with” her mother on the living room couch, and that her mother appeared to be crying or in pain.

One possible interpretation could be that this scene was taken up by Nadia as a representation of the consequences that might result from a lack of unity. That is, if there is separation between Nadia and her mother, even here in the scene involving sleeping arrangements, then sex that seems like rape might be the consequence. Another possible interpretation could be that if Nadia and her mother were identified with one another, Nadia lacking an identity separate
from her mother, then whatever happens to her mother metaphorically also happens to her. Recall also her mother’s fantasy that men were out to rape and/or kill both of them. This scene, combined with her mother’s keeping Nadia from men according to her explanations as detailed previously, may have also contributed to Nadia coming to identify as bisexual, turning to women for most of her relationships. Nadia had only one relationship with a man, which was quite violent. I will now address Nadia’s relationship history, paying attention to how her particular relationship patterns resulted from the conditions of her upbringing and difficulties on the level of ego development.

Relationships

One attempt at building a fragile imaginary: “I’ll never allow myself to get like that.”

At the time of treatment, Nadia had had two relationships with women. She did not tell me much about the first one, but she mentioned quite a bit about Natalia, the second woman she dated. It is important to note that she described both women as being extremely similar to her. (I have also tried to create a close similarity between their pseudonyms here to replicate the extent of similarity between their actual names as well, distinct by a mere syllable.) When Nadia was in her early twenties, she dated Natalia for three and a half years. Nadia
described that relationship as her “only certainty in life.” She said Natalia was the only person she had ever really trusted, and that she had found great “support” in Natalia. I think we can interpret this as imaginary support—that is, a shoring up of Nadia’s fragile imaginary.

The one thing Nadia continuously emphasized about their relationship was that being with Natalia kept her own eating disorder in check. Nadia had struggled with bulimia since she was somewhere between ten and twelve years old (see the section on symptoms a few pages further on). Natalia apparently struggled with a fairly severe anorexia throughout their relationship, even to the extent of having to be hospitalized on several occasions. Nadia remarked that she was always keenly aware of how serious Natalia’s anorexia was, and that she always told herself she would never allow her own binging and purging to reach the extremes of Natalia’s eating disordered behavior. Nadia often commented during sessions about how startling it was to see Natalia’s bones pressing against her skin and to see her throw up blood. On these occasions she thought to herself, “I might have problems but I’ll never allow myself to get like that.”

Nadia’s relationship with Natalia, clearly embedded in the imaginary order (they were very much like each other, semblable to semblable, or ego to ego, along the imaginary axis), may have served as an attempt at shoring up the

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3 Note the references to the real of the body and her horror at that.
4 A “semblable” is an imaginary other—someone seen as similar to oneself. The term is also meant to allude to Lacan’s work on the mirror stage.
imaginary for Nadia. (Recall my previous explanation of how the imaginary is often weak and fragile in psychosis, which we also saw illustrated through the descriptions of Nadia’s early development.) In Nadia’s relationship with Natalia, Natalia served as a sort of imaginary prop, shoring up Nadia’s sense of self by way of this mirroring relation ($a$ to $a'$). Fundamentally, their relationship also had within it a limit, a “not me,” against which Nadia’s sense of self could hold steady. The death drive inherent in Nadia’s binging and purging was limited by making sure she did not reach the morbid limit/excess embodied in Natalia. Nadia’s relationship with Natalia, thanks to the imaginary stabilization inherent in it, served as one way in which Nadia may have formed a protection against the real (here as in the real of the body) albeit a tenuous one. Recall how in psychosis the imaginary is often continually vulnerable to crumbling and the psychotic subject risks then being faced with an overwhelming real. That is, in psychosis the symbolic does not fully overwrite the real, leaving the psychotic subject needing other means of protection against the real. Here we see how Nadia turned to one such attempt to form a barrier against the real by way of the imaginary.

Natalia thus seemed to serve a stabilizing, mirror function for Nadia, but she also served a limiting function, embodying a dangerous limit Nadia would never allow herself to reach. In this sense, to put a slightly different spin on the
relationship and to situate it within the context of something from her early development, their relationship was a kind of unity, but with an element of tension. That is, they were a unity—like one another, along the imaginary axis—but there was also a slight difference or tension, in that Natalia also embodied a limit for Nadia. This is in some ways similar to Nadia’s relationship with her mother. They were similar, or something of a unity, but her mother also represented a limit in that Nadia knew that her mother had auditory and visual hallucinations, to which Nadia responded just as she responded to the extremity of Natalia’s anorexia: “I might be like her, but I’ll never allow myself to become that crazy.” Recalling her mother’s oft repeated injunction about forming a unity and not showing any tension, we can further understand the structure of the relationship between Nadia and Natalia as both repetition (unity) and wish (tension).

A man who raped her.

Aspects of these dynamics were also at work in Nadia’s relationship with Luis, the only man she had ever dated. Luis and Nadia began dating just a few months after her relationship with Natalia ended (about a year and a half prior to the beginning of treatment). She said that although she didn’t have particularly strong feelings for Luis during the first few months of their relationship, at a
certain point things shifted and she began to believe she wouldn’t be able to “breathe or exist at all” without him. Coinciding with this shift, their relationship began to include physical and verbal abuse by Luis, and Nadia began to “lose [her]self” as she adopted many of his viewpoints, mannerisms, and phraseology. When Luis would sometimes become verbally and/or physically abusive towards Nadia, she would become overwhelmed and tell him she needed five minutes to get away from him so that she could “collect [her]self”—which was an attempt to establish a boundary, a form of defending against what felt like an invasion. However, Luis would refuse to allow her to do so, and on several occasions he would even continue yelling at her and follow her into the shower, where she would go in an attempt to get away from him. In this manner, Luis refused to allow Nadia to have a separate existence, an autonomous sense of self. Accordingly, they became a “unity” (unidad).

A different way to look at this is that being with Luis seemed to have provided her with a perspective with which to identify, a way of supplementing her fragile sense of self and thus guaranteeing a certain (albeit tenuous) kind of existence and point of identification. Nevertheless, the presence of abuse in their relationship can be understood as an introduction of tension within the unity, and another form of limit—a violent one. Here again the relationship as carrying
both repetition and wish (as relevant to her mother’s statement about being a unity and not showing any tension) is evident in these dynamics.

Another way to understand the structure of Nadia’s relationship with Luis is in terms of her relationship with her father. Nadia’s father was generally a distant and absent figure, literally and metaphorically. He hadn’t wanted Nadia, had spent little time with the family, and didn’t have much of a role there in any other capacities (he did not intervene to break the “unity” she supposedly formed with her mother and brother). Similarly, Luis didn’t acknowledge Nadia as a girlfriend for the first six months of their relationship. Unlike her father, however, Luis had violent limits, which might suggest a wish on her part.

In addition to the sporadic verbal abuse from Luis, there was an incident of sexual violence. Several months prior to the beginning of treatment, Luis had beaten and then anally raped Nadia with a painful object in a manner that she described as very humiliating. Although this experience was very distressing for Nadia, a second, later incident seemed to have even more of an impact on her. Some time after Luis had sexually assaulted Nadia, there was an incident in which he beat her quite badly and took her laptop and erased everything from it, including all of her writing, which was extremely important to her. This erasure of Nadia’s writing caused her acute distress because it was tantamount to an erasure of her self.
What is particularly noteworthy is that Nadia remained in a relationship with Luis for quite some time in spite of these incidents and also that she then became plagued by the fact that she stayed with him for so long. We might speculate that one reason why she stayed with him was that he provided her with a phallic signifier. Let’s recall Lacan’s work on the failure of the paternal metaphor in psychosis, which results in a lack of phallic signification. In light of that, perhaps we can say that for Nadia, Luis both gave her a perspective with which to identify and also represented a desire for her—he wanted her and gave her a place, so to speak. Nevertheless, Nadia beat herself up over staying with someone who was a rapist.

We can also connect the question of why Nadia stayed with Luis for so long, even after he raped her, with the connection between the drive and the Other’s demand, which I mentioned previously. In light of her mother’s prediction that she was sure she and Nadia would be raped or murdered by men, it is perhaps not a coincidence that Nadia remained in a relationship with a man who did rape her. This certainly does not absolve Luis or in any way suggest that he was not at fault for what he did. What I am emphasizing is a way of understanding, from a psychoanalytic perspective, what keeps some people in such horrifying situations, and what leads them to continue making
themselves suffer. Nadia felt unable to leave Luis, which speaks to her inability to separate from her position as the object for the Other’s jouissance.

Even after her relationship with Luis ended, Nadia began to have visual hallucinations that were very closely related to Luis. In fact, he continued to be characterized as a persecutor through the hallucinations and she thus continued to experience him as causing in her a suffering (abuse/invasion) from which she could not separate. The visual hallucinations were ways in which she continued to make him present to her and evidence of how she continued to be stuck in her position as the object for the Other’s jouissance. The hallucinations were like continuations of her experience of the drive in relation to the Other’s demand—living out and fulfilling a sort of demand for ongoing and seemingly limitless abuse and suffering.

Indeed, Nadia had a larger pattern of flirting with death and dangerous or bad situations in various forms, and one way of making sense of why she got caught up in such cycles is that this pattern fits in with her psychotic structure in which she had little sense of barrier against the lethal pull of the death drive. Let’s now examine how this might be the case through her various presenting issues.
Overview of Presenting Issues

Holes, cuts, and the body.

Many elements of Nadia’s symptoms suggest a lack of control over unregulated drives and/or an attempt to bring herself back to her body.\textsuperscript{5}

When she was younger, Nadia would “make holes” by digging her nails into the skin around the tops of her cheeks under her eyes. “People thought I had a weeping disease,” she said, as she described how she would pick the scabs off and let them become suffused with blood and pus. While this may be related to how her mother used to talk about preferring lighter skin (Nadia’s skin was darker than her mother’s but a bit lighter than her father’s), I believe it also stands as an example of how she repeated behaviors that put her in painful contact with her body, perhaps a reaction to the psychotic’s characteristic sense of detachment from the body. Similarly, Nadia also reported that during upsetting or traumatic incidents, she would often dig her nails down hard into her palms or even smack herself. I believe this—as well as her other forms of cutting herself and her bulimia—can be likened to attempts to make cuts or holes in the body. Linked to that, they are also ways of trying to make cuts or holes in jouissance, as I explained previously.

\textsuperscript{5} Psychotics often report strange bodily experiences, ranging from the electric sensations that Schreber reported to a sense of being disconnected from the body. For more on Schreber’s bodily phenomena, see Freud’s “Psychoanalytic Notes on an Autobiographical Account of a Case of Paranoia [Schreber],” SE XII, 9-82, and Daniel Paul Schreber’s Memoirs of My Nervous Illness (1988).
Nadia’s struggles with bulimia had a similar character. Her bulimic behavior began by way of an imaginary identification when one of her female cousins talked to Nadia about her eating disorder when Nadia was between ten and twelve years old. This mimicking of symptoms is often found in cases of psychosis.\(^6\) Regardless of the specific details of how her bulimic behaviors started, it is noteworthy that, just as with her making holes in her skin and smacking herself, she experienced her bulimic activity as something that brought her back in contact with her body and brought some kind of relief.

That is, Nadia also talked about how vomiting felt like “draining something” from her body. She told me that sometimes she would vomit and suddenly realize, due to the feelings that accompanied that activity for her, that she had been “taking [her] body for granted.” She also talked about how she sometimes would binge and purge in reaction to some “overwhelming feeling” that she had not been able to say much about, but that she felt was diffuse, inarticulable, and absolutely overwhelming. Her way of responding to that feeling by vomiting and “draining something” seemed to be one way in which Nadia attempted to drain off an overwhelming invasion of jouissance—and a confrontation with the real—against which she had no protection and for which she could find no symbolic mediation. She thus turned to the real of the body

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\(^6\) And sometimes in cases of hysteria.
through her binging and purging, to try to drain off some jouissance by way of vomiting.

What is more, her binging and purging can also be interpreted as a way in which she tried to create lack. That is, by devouring something and then vomiting it up, she created an absence or hole—through the repetitive act of filling and voiding. Nadia’s bulimia was a way of creating lack by creating a hole (void/emptiness) in her stomach, so to speak. She was creating lack through her bulimia as a way of defending against her experience of the real and a form of Other jouissance that invaded, felt overwhelming, and lacked symbolic inscription. As such, her bulimia can be seen as something like a replacement for the function of the Name-of-the-Father, in the wake of its failure, as that which would have installed a structural lack, protected against the real, and delimited Other jouissance.

Another behavior that functioned for Nadia as a way of bridging a gap between herself and her body was through cutting her body with razors. As I suggested at the beginning of this chapter, Nadia’s cutting was also a way in which she attempted to create holes (by making literal holes or cuts in her body) and delimiting jouissance. Nadia told me that she had no idea when or how her cutting behaviors began. She said she cut alone and also with partners during sex. In both situations, she would make incisions only on areas of her body that
already had pre-existing scars or cuts. She had mentioned that her entire body
was covered with scars, many of which she couldn’t account for. Nadia did offer
two specific examples of how she injured herself in the past. She said she
recalled falling into a sort of garbage pit once during her childhood and that she
had to pull bits of broken glass from her body. The other memory she recalled
was of having tried to get her father’s attention as he was driving away, and of
having her entire body dragged along the pavement as she held on to the back of
his car, which she said resulted in her having scars all over her body.

This certainly suggests an interesting possible connection between Nadia’s
father and her cutting behavior. In Lacanian terms, the idea of the absence of her
father was also about the foreclosure of the Name-of-the-Father. The signifier
did not intervene and set limits, so Nadia used cutting as one attempt at
replacing that function. In the absence of the cut of the Name-of-the-Father,
cutting itself may have been one way she tried to set limits for herself.

Nadia also had partners cut her during sex, and we might speculate about
whether this is a way of putting herself in touch with her body and trying to set
limits to a possible invasion of Other jouissance. While Nadia did not say
enough about these behaviors for me to speculate further, she mentioned that the
cutting during sex was always at four points around her lower abdomen. This
raises questions about the status of her jouissance during sex. For instance, it is
possible that she experienced a kind of invasion of jouissance that she tried to limit by cutting herself. It is also possible that she did not experience genital pleasure during sex and cutting herself was figuratively an attempt to cut space for that enjoyment to come to be. Given the location of these cuts, near her uterus, it also calls to mind the idea that her mother never wanted her. Cutting for Nadia seemed generally to take on the value of setting limits, dividing, and regulating, and we can see how in her history there was a fundamental absence of that in various ways.

**Alcohol and writing: “a (w)hole feeling.”**

Another important symptomatic behavior of Nadia’s, and one that relates to her experience of the drive, involved her high levels of alcohol consumption. Nadia said that she never kept track of how much she drank (often mixed drinks or different kinds of hard alcohol) but that she drank quite a bit and had developed a very high tolerance for it. At times she would drink so much that she would black out. Her drinking patterns tended to echo the patterns of her other symptomatic behaviors, particularly as a way she attempted to regulate some sort of overwhelming jouissance invasion. Indeed, there seemed to be numerous instances in which Nadia felt overwhelmed by something she found diffuse and inarticulable, and she then turned to alcohol as a way to try to
regulate and/or stave off that experience. What is more, the purpose of her drinking always seemed to be that it led to her writing. This seemed to be the primary medium through which she then attempted to symbolize and thus set limits to some aspect of the real that would invade her.7

At times, Nadia’s drinking followed experiences of being overwhelmed and feeling overtaken by something and having no words for the experience—she lacked a signifier to name it and to limit it. For instance, Nadia described several times when, in the middle of other situations or activities, such as being in class or in a store running an errand, she would suddenly become “overwhelmed” by “something rushing in.” She would describe a sense of being overtaken by a jumble of incoherent thoughts, emotions, and sensations. She would describe how at such times she could not find words for her experience, noting, “words slip off; nothing sticks.”8 Her response would be to go home, drink a lot, and write. Her drinking and writing thus seemed to be an attempt at staving off or limiting some sort of jouissance invasion, and an attempt at finding symbolic mediation.

After her relationship with Luis had ended, Nadia would drink in response to feeling consumed by thoughts about their relationship. She

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7 The important role writing played for Nadia further underscores how devastating it was when Luis erased all of her writing.
8 Note the example here of how words are often thought of as things for the psychotic—here in Nadia’s description of words as things that can slip off of something.
described in particular being preoccupied and very distressed by not knowing why she stayed with him at all, not to mention for so long. Even after they were no longer together, she felt a lack of “closure,” as she put it. “It’s not over,” was her frequent complaint. She would then drink and write in an attempt to come up with an explanation as to why she had stayed with him. Nadia perseverated about her remaining stuck in a position of the object for the Other’s jouissance. Every time she became wrapped up in the enigma of why she stayed with him, she would confront a void, a lack of an explanation, a hole. She would drink and then do what she described as journaling or free writing in an attempt to try to come up with an explanation. Lacan reminds us that for the psychotic “there is nothing more dangerous than approaching a void” (Lacan, 1955-1956/1993, p. 201). A question for which there is no answer is a kind of void or hole.

What is more, Nadia told me that what she sought to reach during her episodes of drinking and writing was what she described as a “whole feeling.” I think we can hear this in two ways, as in both whole and hole. She described drinking and writing in an attempt to regulate what she was experiencing, including a mix of thoughts and feelings as well as an absence of something. What she experienced was both whole, in that she was overwhelmed and overtaken by something (overfilled by something that resisted signification), and also hole, in that she felt an absence or lack of something, such as an explanation
as to why she stayed with Luis. Perhaps we can in some respects connect this
with what Lacan describes as the lack of phallic signification that results from the
failure of the paternal metaphor in psychosis. Through Nadia’s drinking and
writing she was trying to find an explanation, trying to find a signifier that
wasn’t there, and she kept coming up against a hole. Perhaps we might also say
that she was trying to find a signifier to name and set limits to her jouissance
(associated with staying with someone cruel and abusive), but that this signifier
was absent.

In psychosis, of course, it is fundamentally the Name-of-the-Father that is
the missing and foreclosed signifier, which leads to consequences for the status
of the symbolic order in psychosis. When the Name-of-the-Father fails to be
instated, something is forever irrevocably missing. There is always a structural
lack. We can see an extension of this in Nadia’s search through her writing
(mainly in her creative writing but also in her free writing) for “the perfect
word.” Nadia would describe becoming very frustrated by her inability to
convey her thoughts through her writing. On a phenomenological level, she felt
there was a word she could not find or access. She imagined that if she could
only come up with that word, she would “finally be okay” and finally reach that
“whole feeling.” Nadia felt unable to get there.
There were also times when her writing functioned as her way of keeping track of things that seemed evanescent and fragile to her, as a way of installing symbolic markers. For instance, after Luis had beaten Nadia and erased her writing, she was very distraught that she became confused and unable to recall all of the details of what had happened in that scene. Without her laptop, she felt herself to be lacking the instrument she had been relying on to keep track of things—not only the incident with Luis but also a host of other things, as she often used her writing to simply document things that had been going on in her life (and make them feel more real to her). (It had not occurred to her to handwrite her thoughts until I pointed that possibility out to her.) As she felt the memory of what had happened during the scene with Luis slipping away, she lamented, “I couldn’t write it down, and now it’s all gone.” Her drinking and writing were thus also often attempts to simply find or install symbolic markers, the absence of which left things continually coming apart.9

For Lacan the circuit of the drive in neurosis revolves around object a which stands in the place of holes created by way of the imposition of the Name-of-the-Father. Perhaps Nadia’s case offers an example of how in psychosis the hole left by the absence of the Name-of-the-Father—due to its failure to be

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9 For Lacan the absence of sufficient quilting points (owing to the failure of the Name-of-the-Father to be instated as the initial quilting point or point de caption) leaves the psychotic without a consistent symbolic, leaving things continually vulnerable to unraveling and coming undone. For a fuller discussion of the Name-of-the-Father as a quilting point, see Lacan’s Seminar III, pp. 258-270.
instated—is tantamount to the psychotic lacking a means of regulating or defending against some experience of Other jouissance—something like a jouissance prior to castration.

When the self drains.

Beyond the instances I outlined in the preceding sections to address how Nadia’s symptoms often involved reconnecting with her body and/or attempting to regulate an invasion of the real, there were also situations in which the security of her very being was challenged. That is, she often experienced moments of ontological insecurity, moments when her very self began to drain away.

For instance, Nadia reported that during the couple of years prior to the beginning of treatment she had developed an intense fear of needles, a fear of having blood drawn. By way of example, she described how, when she went to have some blood tests done a few months into the treatment, she almost “blanked out” as she “panicked” when the doctor began drawing blood from her upper arm. She described feeling “an overwhelming rush” and a “weird sensation all over [her] body” as the blood was being drawn, and said she could feel a tremendous vacuum sensation throughout her entire body as this happened. She said that at that moment she “felt [her] self drain” and had to
snap herself out of it. Further layers of meaning attached to this experience are suggested by the fact that her father was a phlebotomist, and that her mother never showed any physical signs of affection to Nadia except when she would occasionally touch her on her upper arm. Nadia found these maternal touches “horrible” and an overwhelming hot rush throughout her body would accompany them, similar to the “weird sensation” she experienced when she had her blood drawn. One might further speculate about the extent to which her mother represented the threat of being sucked into something, like a vacuum or a kind of void into which one might get absorbed, the effect of which was that Nadia had no separate sense of self. Against this her father (who did not embody or represent the paternal function) had no mediating effect.

I asked Nadia for other examples of times when she felt her self beginning to drain away. She mentioned the times when she was overwhelmed by Luis and asked him to give her five minutes alone to collect herself during their heated arguments. When he would refuse, even following her into the shower (where she would go to try to get away from him), she said, it was like that vacuum feeling associated with needles drawing blood, like her self draining. She went on to describe that feeling as being like a stopper having been pulled from a sink full of water, releasing the water to drain away.
This led her to offer another example of times when she felt herself drain away, which was when she used to have “kitchen sink arguments” with Natalia. She said they would start out fighting about one thing, and then she would become overwhelmed as Natalia would “throw everything into the kitchen sink,” bringing in lots of different topics that were upsetting her. Note also the curious modification of the more conventional wording of “everything but the kitchen sink.” This modification may reflect the psychotic’s penchant for concrete thinking, here as in the idea of dumping ideas into a concrete object: “everything into the kitchen sink.” Regardless, the idea here seemed to be that there was no symbolic thread or coherence for Nadia to follow, and that this is what she found overwhelming.

In addition to these experiences of feeling her self drain in response to an overwhelming invasion, there were other times when Nadia had a reaction to situations that involved her not receiving a certain kind of recognition on a fundamental, ontological level. Nadia offered the example of how Natalia used to lie to her about having eaten (when she had not eaten for some time during the heights of her struggles with anorexia) or how she used to go to the hospital to have her weight monitored and she would make herself seem heavier than she actually was by putting rolls of quarters in her underwear. Being lied to by someone who was her “only certainty” seemed to challenge Nadia’s sense of
ontological security, her fundamental grasp on what she could count on and find security in being sure of. Other examples of situations in which Nadia felt herself drain were when her relationship with Natalia wasn’t recognized by certain members of Natalia’s family (because of their religious beliefs about homosexuality); and when her boyfriend Luis had forgotten some important things she had said to him—she exclaimed during the session, as she described this, “what, do I not exist?”

Overall, Nadia’s world and her very sense of self were always quite fragile, constantly vulnerable to unraveling. The treatment aimed at stabilizing and shoring up her sense of self to whatever extent possible.

_Treatment Interventions_

_Intervening with a metaphorical thread._

Midway through the treatment, Nadia came to session and sat on the couch very gingerly, while holding her button-down shirt closed with one hand. She began the session by saying to me, “I lost a button. Do you have anything to fix this?” I got her a safety pin, she pinned her shirt closed, thanked me, seeming relieved, and we continued with the session. This marked the beginning of a phase of the treatment in which the work focused on suturing.
Given the extent to which Nadia was prone to ontological instability, times when her very being could potentially slip away, I was particularly careful throughout the course of the treatment to provide recognition of her existence. For instance, when she would tell me that she had “blanked out” recently and couldn’t account for the lost time, I would try to help her piece things back together again, which often also involved my reminding her of the things we had been talking about in recent sessions, returning her words to her when they had been lost. My hope in doing so was that this would help to install markers of recent history where they might have been erased—by reinscribing details about sessions, things she had told me had been going on or had been on her mind recently, and so on. This was a procedure similar to stitching rent fabric back together.

Another particularly important time when I made it a focus of the treatment to try to help Nadia put some of the pieces back together again, so to speak, centered on her violent sexual assault by Luis. The loss of her writing was actually one of the most traumatic aspects of that experience for her. Her reaction is understandable when we consider the extent to which she experienced her writing as coextensive with her self: it was a piece of her. What was important was not so much the content of her writing, but rather the fact that for her it served as documentation of her existence. She often read through
her writing or IM’s—Instant Messages—after she “blanked out” or dissociated, to try to fill in the blanks, and to reconstruct and trace the simple fact of her having continued to exist in spite of experiencing a dissociative episode. Nadia and I worked to stitch together little bits of her experience that seemed lost to her, and this was part of the larger task of helping her to stitch together a more cohesive sense of self (helping her to build a more cohesive imaginary and helping her to build a more stable ego).

**Nada en el río.**

An incident that was perhaps similar to Nadia’s confrontation of holes through her patterns of drinking and writing occurred when she went to a pool, got in, and suddenly discovered she had “forgotten” how to swim and almost drowned. For Nadia it was an experience of being almost overtaken or devoured by a void. My attunement to Spanish homophones enabled me to make sense of and have a transformative impact on her suddenly losing her ability to swim. As we discussed this incident in session, her memories and associations included recalling her childhood fear that there was someone or something in the river that might pull her under. Being unable to see the bottom of the river frightened her, because she felt the river was a “place of nothingness.” (She used to swim quite often in a certain river during her childhood because of all the day-trips her
family took there, close to her hometown.) When Nadia got into the pool and felt she had forgotten how to swim, it is also possible that she lost track of the outlines of her body and panicked, furthering the sense of her being detached from her body and dissolving, as it were. I then offered an intervention by saying to Nadia, “nada en el rio…,” which can mean both “nothing in the river” and “she\textsuperscript{10} swins in the river” (depending on how the accent is placed on the word nada).\textsuperscript{11}

Utilizing this homophony of signifiers of her native tongue simultaneously drew together material from recent sessions and opened up new meanings. For instance, Nadia’s brother had announced that if she continued dating women he would disown her and she would be “nothing” to him. Nadia also described Luis’s efforts to brainwash her into thinking that the abuse didn’t happen. She would feel so invaded by his attempts to brainwash her that she would hide in the shower, as noted previously, running the water to try to drown out the sound of him yelling at her and trying to twist her perceptions. She felt like nothing as he undid her perspective—her very self was washed away by him. Something like “rio” (Spanish for “river”) also resonates with

\textsuperscript{10} Considering the deliberately ambiguous form of this construction, “she” could have been heard as referring either to Nadia or to her mother

\textsuperscript{11} Nada means “nothing,” but nada means “she swims.”
Nadia’s mother’s name, and recent sessions had also focused on how her mother never wanted her. Nadia experienced herself as “nada,” nothing, in relation to her mother, “rio.” After the work of these sessions, Nadia returned to the pool and was able to swim again.

We can see how my intervention simultaneously drew together several layers of meaning while also not tying things down to any one meaning in particular. It is possible that the polyvalence reverberated and had its effects in that fashion, in conjunction with the variety of related material having been worked with over the course of several sessions. This would be consistent with Lacan’s claim in Seminar 23 that in the end equivocation is the only weapon we have against the symptom. Even so, it is debatable whether much equivocation is possible when working with psychotic patients, given their concreteness of language as well as the way in which, as Lacan puts it, the unconscious is present but not functioning for psychotics.

Nevertheless, there might be another way to consider the impact of this intervention and another layer of meaning to be heard in it. That is, nada en el rio could also have the sense of “nothing in the mother,” recalling the connection between something about the word rio and something about Nadia’s mother’s name. Considered thusly the focus is then placed on the idea of a hole or lack in

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12 I have used pseudonyms and disguised other identifying details throughout this paper in order to protect confidentiality while also attempting to preserve something of the flavor of the multiple levels of meaning that were at work in the case.
the mother. Since the Other is considered complete for the psychotic, perhaps this intervention, carrying the idea of the decompletion of the Other, introducing the notion of a lack in the Other,\textsuperscript{13} contributed to some elements of progress for Nadia during the treatment. That is, we might situate this intervention not just in terms of the short-term effect of her being able to swim again, but also in terms of longer-term effects. This intervention, along with several others, some more directly related to her mother and family history, may have contributed to Nadia beginning to have more breathing room and to be less vulnerable to being overtaken or sucked in by different kinds of perceived voids or holes. The idea here might be that if there is a lack \textit{within} the mother, then the mother is less aligned with a devouring hole, like a river that sucks one in. When there is a lack in the Other, there is space for the subject to come to be (or swim, as the case may be).

The intervention involving the multiple layers of meaning of “\textit{nada en el rio}” is an example of an intervention that may have simultaneously introduced the idea of a hole in the Other and also protected Nadia against a hole. That is, it helped Nadia to not fall into a hole (to refind her ability to swim and thus not get sucked into the hole of the water/\textit{rio}). Indeed, much of the treatment focused on

\textsuperscript{13} Note that I am not at all suggesting that Nadia shifted from having a psychotic structure to a neurotic structure, for instance, but rather that there may have been modifications \textit{within} her psychotic structure that were achieved over the course of treatment. Fink (1997) notes that for Lacan, “once a psychotic, always a psychotic.”
helping her to form barriers against holes. I believe this ultimately contributed not only to the reduction of her drinking but also to the reduction or disappearance of many of her other symptoms as well, since, as was the case with her drinking, she eventually accomplished in the treatment (through the medium of speech) the protection against holes that she had previously been attempting to achieve through things like her drinking.

_Filling in holes._

Recall that Nadia’s cycles of drinking and writing often functioned as ways she confronted holes (such as the enigma of why she stayed with Luis) and attempted to fill them. Moreover, in light of the way in which she used her writing either as documentation of her existence or as a tool to defend against an invasion of the real, throughout the treatment I attempted to support and encourage certain aspects of her writing. For instance, I would express interest in her creative writing when she brought it up, ask her questions about it, and demonstrate to her that I knew how important it was to her and that I saw it as valuable and meaningful. However, I was also very mindful of another side of her writing (the free writing regarding the enigma of why she stayed with Luis)—that is, not only how much she was drinking while writing but also how distressing and dangerous it became in her mind when she encountered a hole.
Accordingly, I tried to help Nadia fill in some of the blanks in her writing that she found particularly distressing. For instance, for some time in the treatment when she felt particularly overwhelmed by not knowing why she stayed with Luis for so long, given how horribly he treated her, she became quite wrapped up in her writing in a rather masochistic and self-punitive way. She would beat herself up over staying with Luis, being very derogatory towards herself and causing herself a tremendous amount of suffering. And although she attempted to journal about that so as to try to come up with an explanation for why she stayed with him she would always draw a blank, come up with no explanation at all, which horrified her. I therefore tried to help invent or construct some explanations that could begin to function as sufficient plugs for those holes and to drain away some of her masochistic self-flagellation.

I will summarize one of these. During one session when Nadia was in distress about not knowing why she continued dating someone who was so abusive, I could see that she was becoming very worked up and seemed to be sinking into something dangerous and all-encompassing. Sensing that I should try to intervene and try to put a stop-gap into what she seemed to be sinking into, I said to her: “It’s like your family.” (Of course, this could have been heard as “It’s like you’re family.”) My intervention functioned to graft a pseudo-Oedipal meaning onto her staying with a man who was abusive, violent, and
intrusive. My comment was deliberately somewhat vague and meant to allude to several things, to see what Nadia would pick up on and make use of. Although I wanted to try to fill a hole with something, I also wanted to do so in such a way that Nadia could make it her own.

Among the possible meanings, Nadia and I discussed her mother as an intrusive and abusive figure and her father staying with her for so long. Nadia had a passing familiarity with Freud and was amenable to thinking about how one’s childhood impacts one’s later development, and so on. This version of a semi-Oedipal meaning was one she was therefore prepared to consider. Additionally, this construction positioned her in an identification with her father, which I think was important in many ways, particularly given how susceptible Nadia was to feeling fused with her mother and experiencing that as identity-annihilating. My intervention propped up an imaginary-level way of seeing things, and can thus be considered an intervention that contributed to a larger process of helping Nadia to construct a more stable imaginary for herself.

For a number of reasons, my intervention “It’s like your family” was one among others that contributed to the construction of an explanation that was satisfactory to Nadia. It was, of course, just that: a construction. Nevertheless, the point was to alleviate her masochistic self-flagellation, and that was accomplished. This construction or pseudo-explanation allowed her to stop
beating herself up over having stayed with Luis for so long, and to forgive herself and move on (to attain “closure” as she put it). She gradually stopped drinking excessive amounts of alcohol and getting wrapped up in writing that perseverated on such holes. Accordingly, filling in this hole (the enigma of why she stayed with Luis) with this construction also resulted in limits being set for her—limits against masochistic self-flagellation and against falling into a kind of hole.

*Niño caprichoso: a hole in Luis.*

Even as there were many interventions across the course of treatment that focused on helping to plug up holes for Nadia, I believe some of the interventions having to do with Luis and her relationship with him involved (or resulted in) the revelation of a kind of hole in him.

Late in the treatment, as Nadia was rethinking her relationship with Luis, a shift occurred as she began to talk more about Luis’s own personal difficulties and how they may have contributed to some of the problems in their relationship. That is, the treatment also shifted her from perseverating on beating herself up for staying with him to instead considering his contributions to the problems in their relationship. This went hand-in-hand with other
therapeutic techniques that also focused on helping her to find the “closure” to their relationship that she so desperately sought.

Nadia talked about how, whenever she would try to discuss her accomplishments with Luis, or to in some way demonstrate her intellect, he would “cut [her] down.” I commented on how perhaps Luis felt insecure about his own level of intellect and lack of achievements. Similarly, at another point in the treatment as Nadia described Luis’s invasiveness, his tendency to stifle and suffocate her, to cut her off from the outside world, and to refuse to give her five minutes alone to collect her thoughts, she began considering that he was incredibly lonely and needy. Focus began shifting to Luis’s intense fear of being alone; this took the focus off of her a bit. She began talking about Luis being very insecure in himself and about how all of this came from his history. She began to shift from beating herself up for staying with him to considering why he might have done some of the things he did.

Nadia then came up with a new way of referring to Luis, a new name for him, so to speak: “niño caprichoso.” Nadia told me about how her mother used to talk about “niños capriciosos.” She said these were children who were impulsive, unpredictable, and driven by whim, but also that the term carried the connotation of spoiled brats, children who were in some way negatively impacted by their upbringing, which caused them to be so impulsive, self-
centered, ignorant, or dismissive of the needs of others. This marked a notable transformation in how Nadia viewed Luis, as she began considering his childish neediness (a sense of tremendous emptiness in him) as something like a lack or flaw in his development, a hole\textsuperscript{14} that he was desperately trying to fill.

Nadia came up with a new name for Luis (and one in her mother tongue). What followed was that instead of focusing exclusively on his cruel jouissance and her masochistic sense of being unable to do anything but submit herself to it—a jouissance from which she felt she could not separate—she began to consider flaws in his upbringing and a fundamental lack within him. I believe this marked an important shift from seeing him solely as a persecutor to making room for also seeing him as a “nino capriccioso,” which contributed to giving her space to separate from him and from the seemingly all-encompassing jouissance of the relationship against which she seemed to lack protection. It is important to emphasize that this shift in her perspective still involved recognizing the severity and transgressive nature of many of the things he did (most notably, sexually assaulting her)—in fact, it somehow made it much easier for her to do so.

Following these interventions and shifts, Nadia’s visual hallucinations relating to Luis no longer recurred, which was perhaps owing to the fact that she

\textsuperscript{14} There is a similarity to these interventions resulting in pointing to a hole in Luis and the intervention about “nada en el rio,” discussed in the previous section, involving the intimation of a hole in the mother. Could this have to do with an effect of decompleting the Other (perhaps just the imaginary Other), showing that the Other is lacking in some way?
stopped seeing him as a persecutor from whom she could not separate.

Fundamentally, Nadia came to separate from her position as the object of the Other’s jouissance.

Finding “closure” and piecing together a sense of self.

In working to help Nadia find “closure” to her relationship with Luis, the lack of which she had found incredibly distressing, I was essentially trying to help her to identify the ideas that Luis had instilled in her and then to assess whether those were ideas or viewpoints that she really wanted to espouse, or whether those were mere products of Luis (and his own thinking) in her, which felt to her like a kind of invasion. For instance, Luis had essentially brainwashed her in several ways, such as by hitting her and then convincing her that he actually had not hit her and that her grasp on reality was tenuous. In reporting these things to me, it seemed clear enough that that these beatings were not fantasies or figments of her imagination and that these events actually did occur in reality.

Nadia established a goal of wanting to undo the “brainwashing” that she felt had occurred through Luis’s efforts to twist her perceptions. What he did felt to her like an erasure of her very identity or self. In a dream she told me, someone’s face kept melting off. The dream also contained references to similar
phenomena in her waking life: experiences in which an identity—hers or someone else’s—seemed to melt away. In terms of technical interventions to help Nadia reestablish her sense of self (a self that no longer felt invaded by Luis), at times I pointed things out to her—ideas she discussed or comments she made—that sounded like they might have come from Luis and asked her where she got that idea or where she might have heard it (to help her begin separating Luis’s perspective from her own). At other times, later in the process, she was able to spontaneously catch herself saying something that he used to say and then undo it for herself.

For example, she described how Luis used to tell her that he could sleep with other women but that she could not have other sexual partners. She was convinced he was right. Nadia then came to realize that he had been manipulating her for his own gain, and that she herself did not believe that one person in a relationship should be faithful while the other was “allowed” not to be faithful. This is just one example of how Nadia began to refind her own perspective, to begin thinking for herself again. She described this as shifting from what she called “Luis thinking” to “Nadia thinking.” Another result of this process was that Nadia began to report no longer using what she labeled “crutch words”: elements of the way Luis used to talk about things and particular turns of phrase that he would often use that had slipped into her discourse (which felt
to her like another way he had invaded her). Nadia began finding her own words, her own voice, and thus was essentially refinding pieces of herself.

In helping to facilitate this process for Nadia, I tried to offer her more of a space of her own within which she could come to be. In doing so I was particularly careful to avoid leaving room for her to simply remove a perspective she received from Luis and replace it with one from me. The primary purpose behind interventions described in this section was to help Nadia begin piecing together, on a very fundamental level, a sense of herself.

*Setting limits, establishing difference.*

Overall, an important function of the treatment had to do with helping to set limits for Nadia against various jouissance invasions. This involved not only helping Nadia separate from what she experienced as Luis invading her, but also helping her establish a sense of difference between herself and her mother; a form of “separation”\(^\text{15}\) thus came about through those limits/boundaries being established.

For instance, one time Nadia told me that a few days before our session she had the sense that she was literally going to explode as she was waiting at the bus stop. She said she had no idea where she went after that or how she had

\(^\text{15}\) Not separation in the Lacanian sense of the term.
spent her time (more “blanks”). Nadia said she just knew that she wound up in her bed the next morning but that since that time at the bus stop she had been plagued by an uncontrollable and incessant itchiness all over her body, from her scalp to her toes (with a corresponding rash in some places). She told me that she had hardly gotten any sleep in the past two or three days because of it, and that she felt there was nothing she could do to stop it. As she sat in front of me with a distressed, wincing expression on her face, she kept scratching herself all over her body throughout the session. I encouraged her to tell me more about her recent thoughts and feelings preceding the outbreak of itchiness. Nadia told me several things, including her recent thought just prior to the outbreak of itchiness that she had been unwittingly repeating something her mother had always done, in keeping a very messy home. Hearing this I decided to test out a hypothesis that she might have felt a sort of conflation of herself and her mother, accompanied by a kind of maternal ravage, an embodied jouissance invasion. I therefore said to her, “Nadia, even if you might have repeated some aspect of your mother’s behavior, that doesn’t mean that you are your mother.” She immediately calmed down, stopped scratching herself, and that uncontrollable itchy sensation throughout her body never returned. By naming Nadia and introducing difference between her and her mother, I sought to thwart what

16 Something like being invaded by the mother, overtaken by her.
seemed to be an experience of her self draining or of being fused with the mother.

Keeping this in mind, in subsequent sessions I also tried to highlight and name any differences between Nadia and her mother that she herself articulated in talking about something, or if I myself happened to notice them. In this manner, my interventions were forms of naming in the wake of the failure of the paternal function for her—that is, attempts after the fact to establish limits and separation.

*Nursing.*

Central to this task, and part of the trajectory of the long-term work of treatment, was helping Nadia to organize a life project for herself: some sort of purpose or activity that could be meaningful to her and around which she could organize her life. Indeed, this is crucial because, as Fink explains, “with the psychotic, . . . the ego is all one can work with: the therapist must build up a sense of self in the psychotic that defines who the psychotic is and what his or her place is in the world” (Fink, 1997, p. 109). During the course of the therapeutic work Nadia began to pursue a career in nursing, which may have been something productive to stand in for that absence of an articulated place in the world or explanatory metaphor. For instance, she might see an altruistic
mission in trying to help others access quality health care, given the difficulties both she and her mother had in being taken seriously by doctors and finding adequate health services in their non-affluent area of the country. Her decision to enter the nursing field could also take on the value of nursing herself in some way. I’m reminded of what she reported as her earliest memory: a description of pulling pieces of broken glass out of her flesh after having fallen in a garbage pile. Perhaps a career in nursing could offer her a way to rid herself metaphorically of broken bits that invade and hurt her and take steps towards suturing, in all senses of the term. In light of her comment towards the end of treatment that therapy felt to her like a process of sewing, this task seemed already to be well on its way.

_Treatment Results_

Constructing a life project for herself, as in pursuing a career in nursing, had a very organizing and stabilizing function for Nadia. It was an essential piece of the overall task of building a more cohesive ego for her and, more broadly, building a more stable imaginary for her. We saw, when we explored how given various aspects of her development she had come to develop a very fragile imaginary, that the work of shoring up the imaginary was necessary. This

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17 Other ways of understanding “nursing” are also obvious.
was especially the case in that her fragile ego and imaginary were substantial factors in her being vulnerable to feeling overtaken and invaded, which led her to often turn to her cycles of drinking and writing. The latter were thus her attempts at defending against the drive and establishing a barrier against the real. Modifying these aspects of her ego and making her more stable thus carried over into modifying her patterns of drinking and writing, as well as other things.

Over the course of the treatment, Nadia’s position in relation to her pattern of drinking and writing fundamentally transformed. Although by the end of treatment she sometimes drank recreationally with friends, she had just a few drinks from time to time, which was in stark contrast to the excessive amounts of alcohol she would regularly take in. Her experience of drinking was also completely different: No longer did she drink and then write in an attempt to regulate or stave off a jouissance invasion, in an attempt to try to fill in a hole that she confronted.

I would argue that this shift was accomplished in large measure through treatment interventions that focused on filling in holes and establishing mechanisms whereby Nadia was more protected from feeling sucked in, overtaken, and invaded. Notable among these interventions was “It’s like your family.” This construction provided a semi-Oedipal meaning and plugged up a hole. This was also part of shoring up an imaginary way of seeing things, of
course (and thus part of the larger task of building a more stable imaginary for
her). This and other interventions that involved helping to install boundaries for
Nadia and facilitating separation from and protection against figures such as
Luis and her mother, resulted in a modification of jouissance for Nadia. She was
no longer in the position of the object for the Other’s jouissance. Through the
treatment Nadia became far less vulnerable to feeling invaded, overwhelmed,
and overtaken—that is, to experiencing an Other jouissance. Instead of this, and
instead of the kind of drinking and writing patterns she had been getting so
wrapped up in, she enjoyed in a more ordinary and far less painful way.

It is also important to note that my interventions about her alcohol use
were somewhat indirect. That is, I did not directly encourage her to stop or
reduce her drinking. I gave her no exercises or homework assignments; I gave
her no behavior plans. Instead, I worked to ascertain why she was drinking,
how the pattern of drinking and writing functioned for her, and then worked to
modify things on that level. I worked to help her find other ways to modify
what she was trying to regulate through her cycles of drinking and writing, as I
explained earlier. Accordingly, I believe the therapy resulted in a modification of
Nadia’s jouissance, and fundamentally did so by helping her to fill in the holes
she was confronting and previously trying to fill in through her patterns of
drinking and writing as attempts at defending against the drive. Filling in those
holes gave her—in a way other than through drinking and writing—distance from jouissance and more of a barrier against overwhelming experiences of the real or a kind of Other jouissance.

Nadia’s drinking decreased over the course of the treatment, but her binging and purging stopped completely. She had begun binging and purging in response to encountering some “overwhelming feeling”18 that we can align with a kind of unlimited and unmediated jouissance invasion (unmediated by the symbolic, as she felt she could not find words for the feeling). She turned to the real of the body by binging and purging in an attempt to drain off some of this overwhelming jouissance against which she felt she had no protection or barrier and to create a kind of hole or lack.

Moreover, Nadia’s binging and purging can also be understood as symbolically devouring the threatening Other, or persecutor (and thus responding to an overwhelming experience of the drive) and then vomiting him/her out. Though the accent is slightly different in that way of formulating her bulimia, it is still consistent with the idea that she was trying to create a hole or lack through her binging and purging. This way of formulating her bulimia even resonates with the idea of it being a response to the Name-of-the-Father’s failure. That is, her binging and purging functioned as an attempt to lose

18 Another version of a “(w)hole feeling”?
something (somewhat analogous to the subject losing das Ding through castration) and thus regulate the drive—limit some Other jouissance.

Her drive-related activity of binging and purging seemed to shift when, as I described, holes were made in the Other. That is, it may have shifted as a result of things like the “nada en el rio” intervention, which perhaps had an impact with regard to imagining a kind of a void or hole in the mOther, and interventions involving locating a hole or lack in Luis. Perhaps the work of treatment also resulted in Nadia’s drive-related position in relation to the Other’s demand being rendered contingent—that is, no longer seeing herself as being in a necessary and fixed position as the object for the Other’s jouissance, demanding that she suffer and be abused or raped.

The treatment modified and set limits to the kinds of floods or invasions of jouissance, or overwhelming experiences of the drive, and made Nadia fundamentally and structurally less vulnerable to them. Accordingly, she no longer needed to turn to things like binging and purging to control them. A transformation within the structure of her addictions thus naturally followed from the work being oriented around modifying their cause.

The transformation of the drive—including her no longer positioning herself as the object for the Other’s jouissance—not only impacted symptomatic behaviors such as these, but also carried over into an overall change in Nadia’s
demeanor and even her way of speaking. For instance, towards the end of the treatment she became more lighthearted and would even joke around a little bit. Her way of joking about things implied some distance from her problems, taking a different position in relation to them, and not suffering from them as much. She also had a much freer use of language in general. She engaged in more creative writing and poetry, and this writing no longer bore traces of the kind of distressed writing and perseverating on things as it had before. Moreover, Nadia generally seemed much more alive and vibrant, not only in terms of her comportment and way of speaking but also in terms of her not being drawn to dangerous situations, and so on, whereas earlier she had been almost magnetically drawn to them. That may have been attributable to her experience of the drive being structured in relation to the Other’s demand (prediction about being raped or murdered by men) and thus to her inability to separate from a position of the object for the Other’s jouissance.

She also began identifying with her father a bit more, in that she saw herself as more reasonable like her father, and not just “crazy” like her mother, and as someone who, like her father, pursued goals and achieved them. While she was originally distressed by her certitude that her mother not only didn’t want her but also hated her, by the end of treatment she changed position. Speaking about her mother, Nadia said: “It wasn’t about me at all. She’s just a
miserable person.” Nadia achieved some separation from her mother and made something of herself. After a couple of years of treatment, Nadia developed a more autonomous existence, a more cohesive sense of self, and became liberated from her identification with “nada en el rio.” Rather than being identified with nothing, she made something of herself.

She was no longer nada en el rio.
Chapter 8
ADDICTION AND PSYCHOSIS

Working Within and Reorganizing a Delusional Structure: The Case of the
Woman Who Believed she was Jesus Christ

Case History: Janice

Introduction.

The following is a discussion of a case of psychosis in which a clear and
full-blown delusional structure was already operative at the outset of treatment.
The patient, whom I will refer to as “Janice,” believed that she was Jesus Christ¹
and that she had a mission that she sought to carry out through her writing: to
“save all of the African-American children.” What I will focus on is the way in
which her alcohol addiction and writing were intertwined in her delusional
structure and were ways in which she attempted to regulate, translate, and
defend against jouissance. That is, Janice felt invaded by command auditory
hallucinations—voices telling her to hurt or kill her daughter—and, not feeling
very capable of resisting those commands, she would drink and write as a way

¹ In my experience, although male psychotic patients who believe they are Jesus Christ are hardly unheard
of, it is highly unusual to find a female who believes she is Jesus.
of at once fleeing into delusion and defending against the drive manifested through the demands of the voices.

I believe this also exemplifies something I will discuss in more detail further on, which I began to introduce in Chapter 5, about the relation between delusion, drive, and the Other’s demand in psychosis. I propose that hallucinated voices constitute a kind of demand. The drive is always a relation to demand and the difference between neurosis and psychosis would seem to be where the demand comes from—outside or inside.

Janice had a long history of alcohol addiction and mixed substance abuse, the different functions of which will be described in detail throughout this chapter. Janice was a teenager when she first began experimenting with drugs and alcohol, which was her attempt at regulating jouissance and forming imaginary identifications with peers who were also using drugs and alcohol. Although the substance use of Janice’s teen years was both excessive and pervasive in her life, her most notable addiction—to alcohol—first emerged and spiked most seriously as a major problem when she had a psychotic break at the age of twenty-four. That is, the problem was there all along but became exacerbated and only emerged most fully in its severity—like the process of yeast blooming in water—when she had a psychotic break later in life. Janice’s alcohol addiction reached the peak of its severity during the year prior to her seeking
therapy. She felt invaded by command hallucinations; she had a hard time resisting their demands that she hurt or kill her daughter; and her delusional structure became full-blown.

Janice’s alcohol addiction was obviously very problematic, in that it led her to neglect and abandon her daughter, went hand-in-hand with her flight into delusion, and resulted in major damage to her body (e.g., her doctor told her that her liver was seriously compromised). Nevertheless, what I hope will also become clear by the end of this chapter is that the patient’s alcohol addiction was not the main problem. That is, her alcohol addiction was a symptom of a much more all-encompassing problem: her difficulty regulating and defending against the drive. This case illustrates how to have an impact on a patient’s addiction by working within and reorganizing the delusional structure in which it is operative by modifying the patient’s position in relation to the drive, the latter being precisely the problem.

Clinical background.

At the time of treatment, Janice, a single African-American woman, was in her late twenties and had a four-year-old daughter, Tamika. She was not in a relationship with a man but maintained contact with her daughter’s father. Janice had sophomore status at a college for women and aspired to become a
professional writer. Janice initially approached the counseling center at her women’s college for treatment, but she was instead referred to me at the clinic where I was working because their facility did not take on psychotic clients. I worked with Janice for approximately six months, at a frequency of twice-weekly sessions. Although most of us would see this as a brief course of treatment, this was fairly substantial for Janice, for although she had been hospitalized several times in the past and had been in and out of various forms of inpatient and outpatient treatment since she was eighteen years old, those brief stints of therapy never lasted for more than a mere few sessions each.

Janice was somewhat overweight, dressed plainly and in a fairly gender-neutral style, and went through several different pairs of eyeglasses (in a range of very different styles) over the course of our six months of work. During sessions she would either stare off aimlessly, gazing rather blankly at a fixed point and not at me, or she would stare at me—even seeming to stare through me—with a piercing gaze. She kept her coat on during most of our sessions that occurred during the colder weather months and during every session always kept her bag nestled right by her side as she sat on the couch. Indications of her paranoia, though evident early in the therapy, became increasingly apparent as the sessions unfolded.
The “meltdown.”

During my initial consultation with Janice, she told me that she was seeking therapy because she felt she was “having a meltdown.” She reported that over the course of the week prior to our first meeting she had been becoming more and more “frazzled” and finally felt she could no longer “cope with anything.” She said she was having trouble at her part-time job at a department store and was in danger of failing out of school, which she felt was due to the fact that she was neglecting her school work in favor of spending all of her free time working on her own writing. She also noted that she was having trouble maintaining her home and taking adequate care of both herself and her daughter. She said she had been feeling “extremely moody” and had been having indescribable “overwhelming feelings,” which often caused her to have difficulty concentrating and to have to excuse herself from the classroom several times during class periods. She reported sporadic instances of suddenly becoming very “panicky,” both during the day in her home or neighborhood, and also when she was home alone at night with her daughter. Janice’s psychotic anxieties had become very distressing for her, perhaps all the more so because she could not put words to those experiences and was unsure of their source.
For the week prior to the initial interview she had been getting just a couple of hours of sleep per night and had been drinking at least one bottle of hard liquor per night. Although she had been drinking excessively for approximately one year prior to her first seeking treatment, her alcohol consumption had increased in frequency and quantity a few months prior to our first appointment. It is likely that the sharp increase in her drinking coincided with a triggering or worsening of her psychosis (a destabilization of her already existing psychotic structure) and her flight into delusion. In subsequent sections of this chapter I will discuss in more detail the particularities of her alcohol use as it related to her psychotic symptoms. Note here, though, that it is important, whenever a patient reports alcohol or drug use, to listen closely for how their substance use is functioning. For Janice the problem was not the alcohol use but rather the psychotic symptoms and intrusion of jouissance that she was trying to regulate through her drinking.

During the first few sessions Janice reported having had an increase in what she described as “flashbacks,” but which seemed more accurately to be visual hallucinations. She said she felt these so called “flashbacks” had “always been there” but usually became more prevalent when she was stressed. She told me there was no way for her to describe the flashbacks or to communicate them to me. She also displayed high levels of paranoia from the very beginning of the
treatment, and she spoke of having the sense that most people were “out to get
her” or out to “teach her a lesson.” She told me she had only one friend at
school, Mary, and that everyone else talked about her daily. I eventually
deduced that Mary was either a visual hallucination or simply imagined. Janice
said that the other students and professors were making derogatory comments
about race and drugs behind her back and also to her face, but that when they
did she would “turn the other cheek.” I understood those to be paranoid
projections—Janice’s assumption that others were talking about her and
criticizing her for her substance use indicated that she was the one who was
critical of her own substance use.

During the first few sessions with Janice I took note of the religious
resonances of her statement that “Mary” was her only friend at school and that
when people made fun of her she would “turn the other cheek” (as Jesus said,
according to the Bible). She also told me that she frequently talked with a friend
named “Angel,” who, I surmised, might have been a hallucination. After a few
sessions Janice told me directly that she was Jesus reincarnated, the second
coming of Jesus. She added that she would not tell that to people on the street,
because she felt that if she did, she would get locked up in a hospital. (As I will
explain later, this is in fact what had happened to her in the past.)
Nevertheless, a few days prior to the first session, Janice felt overwhelmed by all of this and felt she needed to take a break from her daughter, whom she characterized as extremely needy and a burden to her. They both stayed at Janice’s parents’ house, where Janice began to accuse her mother of things like stealing Tamika’s underwear. Janice told me she became enraged and accusatory because she was sure her mother was abusing her daughter, which Janice felt meant that her mother had also abused her when she was a child (though she was never able to explain how she came to that conclusion). Janice also reported having seen a woman standing in the middle of the street in front of her apartment building around this time; she said the woman had blood dripping down the back of her neck and wasn’t wearing any pants or underwear. While Janice described this woman as having been real, it seemed to me to have been a hallucination, particularly given the way it echoed her idea that her mother stole her daughter’s underwear. It was clear that Janice was seeking treatment in the midst of a psychotic break.

*Precipitating events.*

While Janice could not pinpoint a particular aggravating event that might have triggered her recent “meltdown,” the break seemed to have been triggered by an event that occurred about a week prior to the initial interview. Janice told
me that she was extremely upset when the professor of her creative writing class, whom she described as “a pain in the neck,” critiqued a piece of her writing and asked her to delete sections of it. The professor also supposedly denigrated Janice for having a weak vocabulary and for writing chaotically. Janice was greatly offended, as she prided herself on her writing skills. Moreover, from a theoretical perspective we can see that Janice’s reaction also stemmed from the fact that her ego was so identified with her writing. She became quite agitated and aggressive as she insisted that the professor did not “understand where [she] was coming from.”

This encounter with the writing professor who asked her to delete sections of her writing led Janice to feel “attacked,” as she put it—an erasure of her writing being tantamount to an erasure of her self. The writing professor took on the role of persecutor and was a castrating figure to Janice. Here, an Other was making a demand on her, and perhaps also demonstrating that she herself was lacking (was wanting more or something else from Janice, other than what she had offered with her paper). This encounter with a castrating Other (recall that for the psychotic, the Other is perceived as absolute) had no precedent and was a central feature of the triggering of her break. Further, the cut in her writing felt to her like an almost literal cut to her very flesh.
As such, something of Janice’s experience with her writing professor was rejected (foreclosed) but returned in the real in the form of the hallucination of the woman in the street who had blood dripping down her neck and wasn’t wearing pants or underwear. We might also say that the castration that was not operative for her in her course of development made her more susceptible to experiencing others as persecutors or castrating figures (as was the case with her writing professor). Castration thus returned in the real in the form of hallucinations such as the one of the woman whose neck had been cut. As I explained in Chapter 5, in psychosis castration is not operative because the Name-of-the-Father is foreclosed. Lacan emphasizes that it is thus a signifier that is foreclosed in psychosis, and rather than castration as a symbolic function having been operative, through the cut of the signifier, elementary phenomena in psychosis often involve more concrete kinds of cuts. That is, it is common for psychotics to have hallucinations bearing affinity with images of more literal or concrete forms of castration, such as bodies having been literally cut or mutilated in some way.

Lacan links this phenomenon of hallucinations in psychosis (particularly hallucinations carrying castration imagery) with the mechanism of foreclosure and clearly differentiates it from the neurotic mechanism of repression:
What comes under the effect of repression returns, for repression and the return of the repressed are just two sides of the same coin. The repressed is always there, expressed in a perfectly articulate manner in symptoms and a host of other phenomena. By contrast, what falls under the effect of Verwerfung has a completely different destiny. . . . Whatever is refused in the symbolic order, in the sense of Verwerfung, reappears in the real. (Lacan, 1955-1956/1993, p. 12-13)

Lacan is essentially saying that the castration that did not occur (was “refused in the symbolic order”) for the psychotic returns in the real in the form of a hallucination. Lacan goes on to further explain this point by connecting the Wolf Man’s childhood hallucination, related to having cut his finger with a knife, which left his finger hanging by a piece of skin, with the fact that symbolic castration had not been operative for him in his early history. Again, castration having been rejected/foreclosed later generated a hallucination of a more concrete kind of castration, as in the Wolf Man’s hallucination of a severed finger.

Janice’s hallucinated image of the woman whose neck had been cut thus exemplifies Lacan’s notion of the psychotic phenomenon of a hallucination being like an image of castration in the real, in which “what did not come to life in the symbolic appears in the real” (Lacan, 1956b/2006, p. 324). Janice’s hallucinated
image can be read further as a conglomerate of fragments of her recent experiences surrounding her “meltdown”: the hallucinated woman had no pants or underwear, just as Janice believed her mother to have stolen her daughter’s underwear and abused both her daughter and herself; and the woman had blood dripping from a cut on the back of her neck, calling to mind Janice’s comment that people were talking behind her back. This idea or image of a cut on the back of one’s neck also resonates with Janice’s writing professor asking her to make cuts in her writing, the professor whom she referred to as “a pain in the neck.” Her writing professor had become a persecutory, castrating, malevolent figure to her.

I will now address some details of Janice’s history and her various presenting issues, and then I will turn to the course of treatment. In doing so, a central issue I hope to expound upon is how one might work within and modify an already existing, but problematic, delusional structure so as to impact the drive.

*Early childhood: Bubbles breaking, bees stinging.*

When I asked Janice about her childhood and her parents, she said that “no one ever really cared” about her, and that she often prayed for death. Janice described her mother as “stuffy” and “lenient.” She said her mother “never
cared” about what she did, and always let her do whatever she wanted. (Indeed, formulations having to do with “not caring” came up very frequently as Janice spoke of her sense of how her parents felt about her.) She said her relationship with her mother was “distant” and that her mother always kept her “at a distance on purpose.” She felt her mother never knew how to relate to her and “didn’t care” to try.

What is more, Janice said that no one ever told her stories about her birth, conception, or anything about whether or not she was wanted. She did not ask but did feel certain that her mother neither loved nor wanted her. “And your father?” I asked. “I guess he didn’t want me either. I never thought about it,” she replied. She told me that her father was simply not around much while she was growing up and “never set down rules, or if he did, I didn’t bother following them,” she said. We can see how these details of her upbringing and family constellation reflect the psychotic’s sense of not having a place within the Other’s desire (as was also the case for Nadia) and also the sense of castration or the law (or the Name-of-the-Father, and so on) never having been instated or accepted.²

When I asked Janice for her earliest memory, she first told me that she could recall nothing prior to age twelve, but then she quickly reported two memories that were supposedly from her early childhood. She said that when

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² The question of whether psychosis results from the Name-of-the-Father never having been instated at all or from having been instated but not accepted by the psychotic is an interesting issue that is worthy of further exposition but is beyond the scope of this project.
she was around seven years old she was in a bathtub and heard the bath bubbles popping. She said they made a “funny sound”\(^3\) that led her to become terrified, leap out of the tub, and begin screaming for her mother. She said her mother came and told her that the bubbles were “melting” and then laughed at her. Janice did not describe her mother laughing with her about the bubbles; instead, it felt to her like she was being mocked by her mother for that. (I will come back to this memory when I address more details about Janice’s “meltdown.”)

The second memory dates back to when she was three years old. Janice said she was stung by a bee while she was in her backyard picking dandelions for her mother. She recalled that her mother watched this scene and said to her father, “I don’t know why she’s picking them, I’m allergic.” She said her parents then both broke out in loud laughter. Janice told me that this comment upset her in that while she was trying to show her mother that she loved her, her mother “made fun of [her].” “It hurt like a mother-fucker,”\(^4\) Janice added. Uncertain of whether she was referring to the bee sting, her mother’s comment, her parents’ laughter, or the sense of rejection, or perhaps some combination of these, I asked, “What hurt?” “The bee sting,” she replied flatly.

\(^3\) Indeed, as a child Janice seems to have had a high level of sensory sensitivity and a difficult time filtering out various sounds or sensations that would go unnoticed by most people. This is very common in psychosis.

\(^4\) We might say that Janice experienced her mother’s mockery of her, and so on, as a kind of molestation, thus giving meaning to Janice’s fantasy that her mother had sexually abused her when she was a child.
A common element of these two memories is the idea of a surface—bubbles or skin—being punctured, breached. This is meaningful in terms of what it communicated about the status of Janice’s ego development. For both Freud and Lacan the ego is a bodily ego, which implies, among other things, that ego formation is based on the role of the image of the body (and, as I discussed in Chapter 2, also the important role of language and the ratification from the Other in that process). The ego is like a skin or layer encapsulating the self that both protects and contains and also serves as access point to the outside, receptor to stimuli that come from outside. French psychoanalyst Didier Anzieu (1989) formulated something similar through his notion of the “skin-ego,”5 which, to summarize, refers to the manner in which the ego encloses the psychic apparatus like the skin encloses the body, the former being developed on the model of the latter. For Janice—and I think we can also draw more general conclusions about the structure of psychosis itself—the integrity or consistency of her ego structure was flawed. Janice’s description of the bee sting and the bubbles breaking spoke to the way in which her ego was punctured. What should have been a layer of protection, the encapsulation of her self, was punctured, and had a hole in it. This is tantamount to the hole in the ego in psychosis.

Voices, the Other’s demand, and the drive.

In spite of Janice’s penchant for the concrete, her comment that “it hurt like a mother-fucker” (when discussing the memory of the bee sting) seemed also to suggest that the mockery and rejection inherent in her experience of the scene involving the bee sting and being made fun of by her mother (and, by extension, her experience of much of her childhood) felt to her like a painful assault. More specifically, it felt like being the object of a maternal ravage.\(^6\) Janice was positioned as the object of the Other’s jouissance: there was the mother’s jouissance without paternal mediation, like a bee sting, and without phallic signification. Freud taught us that early memories are incredibly telling, of course, and it was clear that a lot was being communicated through what Janice reported as her earliest memories.

The laughter is central. Janice experienced her mother’s laughter during the scene of the bath bubbles and her parents’ laughter during the scene of the flower picking as signs of their mockery of her. She experienced their laughter as a manifestation of the jouissance of the Other. She felt they were enjoying her distress, cruelly mocking her. Further, she experienced the laughter as invasive, she being the object of the Other’s jouissance. That is clearly not much of a place at all.

\(^6\) Something like being invaded by the mother, overtaken and almost “assaulted” by her.
\(^7\) We should keep in mind that Janice’s parents both laughed.
Janice’s position as object also relates to her auditory hallucinations in that they are, I am suggesting, a version of the demand of the Other. Further, her hallucinations positioned her as the object of the Other’s jouissance, against which she felt she had little protection. An auditory hallucination is a kind of speech directed at the subject—like the Other’s demand in neurosis coming by way of the subject’s interpretation of the speech from the Other—but as coming from a different place, a different register. This relates to the point I raised at the beginning of this chapter, that drive is always a relation to demand, and that the difference between neurosis and psychosis is whether the demand comes from outside or inside. For what Janice believed she heard was still the Other’s voice, though it was a voice “in the real” through the hallucination rather than an actual voice of a fellow human being.

On the one hand she heard command auditory hallucinations, a voice enjoining her to do certain things. But she also imagined that people were talking about her and laughing at her. She imagined that her peers at school were laughing at her and mocking her, like her parents, her mother in particular. Her parents’ laughter during her childhood carried a libidinal charge, a traumatic excess of jouissance, which could not be assimilated or integrated, like an unregulated invasion of jouissance. The Other’s jouissance then plagued her by way of hallucinations, or voices in the real, the auditory hallucinations that
invaded her and carried within them the same kind of unregulated experience of the drive.

More specifically, Janice’s command hallucinations told her to hurt or kill her daughter. These voices conveyed a demand made by the Other, a demand that she make a sacrifice of her daughter. Can we see that as a form of castration in the real, by way of the auditory hallucination? Janice perceived the voices to be making demands of her, demanding that she essentially sacrifice her daughter. Is this not a sacrifice of the source of her jouissance to the Other? This illustrates the psychotic phenomenon of some aspect of castration being foreclosed but returning in the real.

Is it possible to also understand Janice’s auditory hallucinations specifically with regard to Lacan’s partial drives—oral, anal, scopic, and invocatory? Although I am suggesting that Janice generally experienced invasions of jouissance, like forms of an Other jouissance not delimited by castration, or unregulated drives, it is possible to also discuss the invocatory drive as a way in which that general experience of an invasion of jouissance sometimes manifested itself by way of the voice as object. That is, I believe one way to understand Lacan’s work on the invocatory drive, and the voice as object of the drive, is in terms of the auditory hallucinations of psychotics. A distinction between the register of demand and desire also suggests itself here as
it is connected to the distinction between psychosis and neurosis regarding the drive. That is, whereas the voice might be situated as object cause of desire in neurosis, the role of the voice in psychosis is very different and as in the case of Janice can be situated on the level of demand. Neurotic subjects, who are “subjects of castration,” would not be susceptible to voices\(^8\) in the real such as the auditory hallucinations of psychosis. Undergoing castration or not undergoing castration determines one’s position in relation to desire and drive. Lacan’s addition of the voice and gaze as objects, added to Freud’s list of the oral and anal objects of the drive, are particularly relevant to considerations of the role of the drive in psychosis—for the level of psychotic phenomena such as auditory hallucinations (voice) and the paranoia of being watched (gaze).

Additionally, just as Janice’s mother’s supposed aggression against her could not be assimilated by Janice, so too was her own aggression towards her daughter not assimilated by her. In this manner, the voices Janice heard also spoke that which she could not—that which was unthinkable to her. Janice imagined her mother to be a persecutor and took her place in the fantasy structure, just as her own daughter took her place as the child who falls victim to a maternal ravage.

\(^8\) This is not to say that neurotics do not or cannot hear voices. However, those are more akin to the voice of conscience or, even more basically, thoughts or wish fulfillments. The crucial diagnostic difference is that psychotic patients say that they do not know where the voices are coming from, they view them as coming from outside (not from within), and they have a sense of certainty about them, that they are real.
Janice was unable to filter and regulate the traumatic excess of jouissance that was inherent in the overdetermined nature of the voices. Janice experienced a lack of control over unregulated drives—she felt invaded by the command hallucinations and felt a minimal ability to resist their demand that she commit violent acts. She turned to alcohol and writing as attempts to regulate the excess of jouissance and defend against the command hallucinations. Her flight into delusion and addiction was an attempt at forming defenses against the drive. The stakes of this were very high, as her drinking was a last ditch attempt to avoid submitting to the commands to hurt or kill her daughter. For several months she drank excessively in an attempt to drown out the voices, and to either drink and then work on her writing or simply drink so much that she would pass out—immobilize herself, paralyze herself into a state of being unable to act in accordance with the voice’s commands. Both were ways in which she attempted to block out the voices.

There was a crucial switch from Janice feeling herself to be victim of the voices, or the “imposed words” (paroles imposées), as Lacan describes the auditory hallucinations of psychosis, to choosing to write and to give expression to her own words. These attempts also fundamentally involved her then giving

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9 Lacan refers to “imposed words” in his discussion of James Joyce and his writing in Seminar XXII. Lacan also takes up the issue of imposed words in “A Lacanian Psychosis: Interview by Jacques Lacan” in How Lacan’s Ideas are Used in Clinical Practice. The latter is a fascinating text and a very rare gem given the almost complete absence of clinical cases or references by Lacan.
voice to her own desire not to destroy but rather save children, as she explained that her mission through her writing was to save African-American children.

Another way in which Janice often responded to hearing the command hallucinations to hurt her daughter was to try to stave them off and not act on the commands—by either leaving the house completely, so as to ensure that she could not hurt Tamika, or by going into Tamika’s bedroom and waking her from her sleep. Janice described needing to see Tamika and fundamentally needing to hear her speak, so as to remind herself that she was a living being.

Perhaps we can also consider the role of the oral drive in Janice’s hallucinations and the circuits she got caught up in with them as described. That is, she experienced something that felt like being devoured or invaded by the hallucinations and the corresponding feelings (overwhelmed, agitated, “charged up,” and feeling “not in control of anything— who I am, what I think, or what I do”), and feared that she then would devour and destroy her daughter. Her writing and drinking were ways in which she tried to put a stop to that. Recall also that Janice essentially felt devoured or overtaken by the Other’s jouissance manifested in her parents’ laughter.

In the following sections I will examine ways in which in recent years Janice had been engaging in attempts to translate jouissance and also to find or make a place for herself, to give herself a name. The effect of the signifier and
castration is to empty the body of jouissance, exteriorize jouissance, and give hierarchy and organization to the drives. In psychosis, however, this does not occur. We can see this in how for Janice she had not acceded to a position separated from the Other’s jouissance, which had not been drained off; instead, she experienced herself as being the object of the Other’s jouissance, and being fixed in that position.

Making Herself: Sex, Drugs, and a New Name

The Name-of-the-Father as a first name.

According to Lacan, within the field of the Other, there is one signifier, the Name-of-the-Father, that has a privileged function. The Name-of-the-Father is a signifier that one takes from the Other and that comes to organize and regulate one’s place in the Other. The Name-of-the-Father thus both gives and names one’s place in the Other. As I reviewed in Chapters 2 and 5, if the Name-of-the-Father is missing, the signification of the subject is also missing, and the absence of phallic signification results from the failure of the paternal metaphor in psychosis. In the absence of the Name-of-the-Father, the psychotic subject often attempts to find or make a name for him- or herself. Lacan’s (1975-1976/2005) famous example of this was James Joyce, who made a name for himself through
his writing and thus managed to avoid a psychotic break for the entirety of his life. Let us now turn to how Janice engaged in several different attempts to give herself a place and to find a name for herself.

**Renaming herself.**

As Janice felt she had not been wanted by her parents, and had no place within their desire, she was from the start rejected or cast out by the Other. Phallic signification was lacking. Rather than becoming a being of desire, her position was more like an object. Ironically, her given name even had something to do with a cut of meat. When she was a teenager, though, she decided to adopt a different, more common name and has gone by that name ever since. This renaming of herself coincided with her trying to become more like everyone else, or in her own words, “to be one of the girls.” This overlapped with attempts to form imaginary identifications. Her adoption of a more common name, a gendered name, also marked a shift away from her given name’s lack of gender association.

Overall, Janice described her teen years as a time when she didn’t know who she was and engaged in attempts to “make herself,” as she put it. She did this primarily by experimenting with drugs, alcohol, and sex, experimentation which she believed had an enigmatic “purpose” for her that she felt she could
not articulate\textsuperscript{10} but believed held great importance. There was almost a sacred quality to these attempts as she described them. We can see them as attempts to find a place for herself and to regulate the drive.

\textit{Imaginary identifications.}

Janice reported that when she was a teenager, especially between seventeen and eighteen years old, she “had no direction in life” and engaged in significant alcohol and drug abuse. She said she smoked “tons” of marijuana daily and also drank heavily (hard liquor and/or beer) almost every day. She said her parents had not been encouraging her to go on to college after graduating, and she felt that meant they “didn’t care” about her and gave her authorization to “do anything.” In the absence of her parents expressing a desire for her to pursue college, and so on, she turned to self-destructive practices in which she supposedly was attempting to give herself a name or designation and “make herself.” She nevertheless often came quite close to destroying herself.

During the alcohol and drug abuse of those teen years, Janice sometimes engaged in substance use with a group of peers. This constituted an attempt at an imaginary identification with the group. She attempted to identify with peers who were supposedly like her: a group of semblables, imaginary others that she

\textsuperscript{10} In this regard, it was more than ordinary teenage rebelliousness and attempts to “find oneself.”
attempted to take as similar to her so that her ego would then be equated with theirs. Her drug and alcohol use during her teenage years thus functioned as an attempt at forming an imaginary stabilization by way of an “imitation” of neurosis. Nevertheless, these identifications were not sturdy enough and so this attempt at “making” herself ultimately did not succeed.

Janice’s substance abuse continued in its severity but became less regular as time went on. In her early twenties, for instance, she would sometimes engage in binge drinking alone when she wanted to “knock [her]self out” to get to sleep or when she simply “didn’t know what else to do with [her]self.” She very often drank heavily before sitting down to write for several hours at a time, which she still sometimes did during the early portion of the therapy. She told me that she felt she had something to communicate through her writing. She felt her drinking was an attempt at facilitating that—at bringing out the words she struggled to find—and perhaps an attempt to symbolize some real. We might understand that struggle as an attempt to find “the good word,” the exact words to symbolize something. Her substance abuse continued during the early portion of her pregnancy with Tamika, which led to some pregnancy and birth complications.

Janice also supposedly attempted to “make herself” (supposedly by making various attempts to find an identity for herself) by experimenting with a
myriad of sexual activities with different men. Janice asserted that her parents never talked to her about sex, which she feels is why she “went crazy ballistic” with sex when she could. She had her first sexual experience at the age of seventeen with someone she met at her high school. Towards the end of high school, Janice dated another man, Lamar, on and off. She said they rarely did anything other than drink, smoke marijuana, and have sex. She said that Lamar “used [her]” for sex and money and then left her. She said she was so drunk and high she “didn’t know what [she] thought of him.” After her relationship with Lamar, she experimented sexually with quite a few other men, which she said usually happened while she was so drunk and high that she “didn’t even know their names.” She then began a relationship with another man, Tyrone, whom she met when she was trying to purchase drugs; she quickly became pregnant with Tamika. Although Tyrone remained in her life to some extent after she became pregnant with their child, their relationship supposedly ended when Janice found out he had lied to her and had been dealing drugs behind her back after he had promised not to do so. She took that as an unforgivable betrayal.

One way to understand Janice’s sexual experimentation is in terms of imaginary identifications. That is, she might have been trying to identify with the things that within her community at the time were associated with what was run of the mill or “normal.” She might have engaged in experimentation with
drugs, alcohol, and sex, in an attempt to be like others of her age and gender. However, she took these behaviors to an extreme, which could have been linked to her sense of not being present or fully in her own body during sexual encounters, and linked to the fact that these behaviors functioned for her as an attempt to organize unregulated drives. The extremity of these behaviors for her suggest that their function went beyond that of most people (that is, they were not on a neurotic level, and not typical teenage behavior) and related to her psychotic structure and searching for a way to organize jouissance and reckon with the real.

The common denominator in these attempts to “make herself” seemed to be a repeated attempt to fundamentally find a place for herself, one outside of the Other’s jouissance: an attempt to give order to unregulated drives, to engage in an enigmatic “purpose,” and to find a name for herself. Janice was attempting to do this, but her attempts at imaginary identifications and “making herself” did not fully take hold. She then turned to a more radical attempt to find a place for herself, through the formation of a delusional structure. We might speculate that if her previous attempts had resulted in making a name for herself, she might never have developed a delusional structure at all.
The formation of the delusional structure: in the name of the Father.

The initial attempts during Janice’s late teenage years to “make herself” were drastically unhinged by a series of events that occurred when she was twenty-four years old. Within less than one year, just after Janice gave birth to Tamika, Janice’s aunt and uncle died within three months of each other. She then lost her job after accusing her co-workers of devising a plot to kill her, and had to go on welfare because of the ensuing financial difficulties. Giving birth to Tamika seemed to have left Janice uncertain of her ability to occupy a maternal role. Indeed, she once remarked that when Tamika was born, she simply “didn’t know what to do with it.” She thus saw her baby as an object (an “it”) rather than a human being, and she didn’t know how to relate to her child.

The death of Janice’s aunt and uncle also had quite an impact on her as they had been her closest relatives. While she was growing up they had occupied a prominent role in her life and she told me that she had aspired to become like them. When they both died suddenly, the imaginary-level support they had provided was shattered. Losing her job also unmoored Janice, of course, and imaginary supports of her sense of self or any semblance of her having a place in the world became completely unglued, and she became quite unstable. It was at this point that Janice’s delusional structure, in which she believed herself to be the reincarnation of Jesus Christ, took shape.
During the course of that year, Janice was involuntarily committed three times. She said that she was hospitalized the first time because she was “being crazy”—she never told me specifically what had happened—and that she was hospitalized the second time, right around Christmastime, because she had become aggressive with her family and had threatened to kill herself or them. The third involuntary commitment took place one night just shortly after Christmas. She drove her car up onto the church lawn and then crashed her car into the front of the church. She said the police found her screaming in front of the church and breaking the church windows. Janice told me that at first she had been running up and down the street in front of the church, shouting about how she was Jesus and wanted to “save” everyone. She said she wanted to go speak with the pastor because no one believed her. She said she first tried knocking on the doors and windows of the church, but when no one answered even though she thought she saw a light on somewhere in the church, she decided that the pastor was “tricking [her], hiding,” and refusing to answer, and she felt everyone must have been “out to get [her],” which was why she screamed and broke the windows. Janice also noted that she had been feeling quite overwhelmed at the time and had not slept at all for four days straight.

As all of her imaginary supports had shattered, she needed to find a new way to try to give herself a place and find a name for herself. We can see how
through the development of her delusional system she aspired to a new name: Jesus Christ. Through her delusional system, Janice identified as Jesus and viewed herself as the phallus of humanity, ready to “save” the children, the future generation. Her identification as Jesus Christ allowed her to say that she had parents, and gave her a place within a system that for her had a defect, as she had had no place in the Other. This identification as Jesus Christ was a way of naming herself and designating herself in relation to a Father, giving herself a very privileged place, indeed.

*The “mission.”*

Janice explained to me that around the same time when she had figured out that she was the second coming of Christ and that she was “chosen” by God, she also came to the conclusion that she had a “mission,” which she believed she was to carry out through her writing. She told me that she wanted to write in all genres, but particularly African-American literature for children, to give them hope that there’s “something on the other side.” She said she was “disgusted” by what she perceived to be the African-American community’s drug culture and lack of ambition. Note that this was a distinct shift in attitude, from her earlier attempts to form imaginary identifications by emulating her peers’ drug and alcohol use and sexual experimentation. Now she could no longer form
these imaginary identifications, and she saw herself as radically outside of her community—now her attitude was one of supposed superiority to them, and being “disgusted” with them. Accordingly, with the advent of her “mission,” Janice hoped that by publishing her writing she could “save” the children on the street who didn’t believe in a future. Janice said that although she was “always a writer,” she felt “blessed” knowing that God had chosen to use her writing as a vessel through which she could “save the children.”

She said she often spent many hours (about nine or more) per night writing, a process she described as “frenzied” and “very exciting.” Janice described her writing as a “chaotic mess of stuff” in her head and noted that she was in the process of writing several different things: a fiction novel, a non-fiction book, poetry, and several short stories for children. Remarkably enough, although she had been working on the non-fiction book, her primary writing project, for a number of years already by the time the therapy started, often practically non-stop for several days at a time, she had produced a total of only twenty-four pages of writing.

I believe we can begin making sense of this remarkable detail by considering the structural function Janice’s writing and delusional system served for her. To review: Janice had no place within her parents’ desire. That is, she believed she was neither wanted nor loved, and in her report her parents never
told her that they wanted or expected anything of her: they “didn’t care.” The absence of a cohesive sense of self and place within her parents’ desire contributed, for instance, to Janice engaging in heavy substance abuse and sexual activity during her teen years, when her parents did not encourage her to take her studies seriously and go on to college. Later on, she had attempted to cobble together a sense of self through her delusional system. By believing that she was Jesus Christ and had a mission to “save” people through her writing, she attempted to forge for herself a prosthetic ego or sense of self through a delusional system in which she could exist and could have a place in a world of meaning. Indeed, she could imagine not only having a place within a paternal lineage—having a place in the Other—but also being in a place of privilege as descended from God the Father. Her writing, similar to the substance abuse and sexual experimentation that marked her teen years, was a way of responding to a fault or hole.

In other words, Janice’s delusion as well as her writing project or “mission” (and these were clearly intertwined) had the function of a *sithome*. Recall that for Lacan a *sithome* is “something that allows the symbolic, the imaginary, and the real, to hold together” (Lacan, 1975-1976/2005, Class of February 17, 1976). In psychosis, the Name-of-the-Father is lacking or not operative, which can result in the symbolic, imaginary, and real not being
securely knotted or held together. In neurosis the three orders are knotted together by way of the Oedipus complex or imposition of the paternal metaphor. Lacan formulates how a *sinthome* such as a delusional structure, writing project, and so on, can come to bind the three orders together in the absence of the Name-of-the-Father, thus replacing it in its function. The *sinthome* is thus something like a fourth ring that comes to organize the other three and keep them together. This can be depicted accordingly:

*Figure V:*

Lacan refers to this as a Borromean knot, in which he depicts how each subject’s psychic reality takes shape according to their particular organization of the imaginary, symbolic and real, or the three rings in the knot.
In the case of James Joyce, Lacan posits that Joyce’s writing is his *sinthome,* and I believe this is similar to the function Janice’s writing had for her. Lacan suggests that although for Joyce there might have been an absence of the imposition of the Name-of-the-Father during his childhood, Joyce’s writing became a fourth ring that kept him from ever experiencing a psychotic break, or an unraveling of the knot. Joyce’s writing—perhaps like Janice’s delusion and writing mission—served to make up for what was lacking on the level of the Name-of-the-Father. As Lacan put it, “it was by wanting a name for himself [through his writing] that Joyce compensated for the paternal lack” (Lacan, 1975-1976/2005, Class of February 17, 1976). The name that Joyce created for himself through his writing filled in for the absence of the Name-of-the-Father. This highlights the sinthome’s function of “filling-in-for (*suppléance*) the Name-of-the-Father” (Lacan, 1974-1975, p. 44). Joyce’s writing gave him both a name and a place, and was a way of creating a paternity. For instance, in *A Portrait of the Artist as a Young Man,* Joyce wrote: “I go to encounter for the millionth time the reality of experience and to forge in the smithy of my soul the uncreated conscience of my race. . . . Old father, old artificer, stand me now and ever in good stead” (Joyce, 1916/1964, p. 253). Joyce’s writing was a prosthetic ego. In fact, Lacan suggests that Joyce’s writing became constitutive of, and coextensive with, his ego. Even more than this, another important function Joyce’s writing
had for him was that through it he used language to organize jouissance. This is most evident in *Finnegan’s Wake*. As I remarked earlier, I believe much of Janice’s own writing had a similar function of translating jouissance for her.

There are certainly similarities between the function Joyce’s writing had for him and the function Janice’s writing had for her. However, whereas Joyce’s writing seems to have prevented him from ever having a psychotic break, Janice had already experienced a psychotic break. Her writing was part of the delusional system that was her way of attempting to repair the break, and it was her way of cobbling together a sense of self and establishing a place for herself in the world through her mission. Both Joyce’s and Janice’s writing functioned as prosthetic egos or *sinthomes* through which both attempted to make a name for themselves and organize and translate jouissance.

Nevertheless, Janice got stuck at twenty-four pages. Numbers can have a lot of meaning, perhaps more so in psychosis. Let us recall that Janice had a psychotic break when she was twenty-four years old. We might say that when she had just given birth to Tamika, her aunt and uncle died, and she lost her job and had to go on welfare, a fundamental hole\(^\text{11}\) was exposed. The things that had been in any way holding her together fell apart and her sense of self thus seemed to unravel. Being unable to produce more than twenty-four pages of her non-

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\(^{11}\) Or perhaps multiple holes. Psychotic patients in the midst of a break often present as though things continue to unravel at multiple locations, due to the emergence of several holes.
fiction, autobiographical writing project seems to relate to an inability to symbolize a self beyond the dissolution of her already fragile sense of self which took place during her break when she was twenty-four years old.

Janice’s delusional system gave her a name, but not a very suitable one in that the name of Jesus Christ is too difficult to live up to. Janice’s writing, as her “mission,” can be considered somewhat better for the reason just noted as well as for the fact that her writing is not just imaginary; it also exists on the level of the symbolic. Since it was her “mission,” it gave her a place in the Other. It was also symbolic by virtue of the fact that it involved her attempt to use language and to give symbolic expression to feelings, experiences, and thoughts. Nevertheless, it was not sufficient, as I will explain in the next section when I turn to reviewing aspects of the course of treatment.

Furthermore, Janice’s writing had a very important function for her in that it was an attempt to translate the jouissance of others. Her writing, much of it autobiographical or in some way stemming from her own experiences or situations she encountered with others around her, was a way of symbolizing what was happening to her and around her, giving symbolic form to it and thus giving herself some distance from it. Given Janice’s position as object of the Other’s jouissance, this was particularly important.
As we can see, Janice’s writing and delusional structure more broadly had a function. They served as a way of trying to respond to the original hole left in the absence of the Name of the Father, and to give herself a place and a name. Nevertheless, these attempts were problematic for a number of reasons—as evidenced by the fact that what precipitated the “meltdown” that led Janice to seek therapy was her writing professor’s critique of her writing. Janice derived a sense of ego cohesion by believing that she was Jesus and that her mission was to save the children by publishing her writing, and yet submitting her writing to an Other who might judge the writing made her vulnerable to delusions of persecution. It was clear to me that something had to be done in order to attempt to remold those structures, to help Janice find something more livable.

Course of Treatment

One of the first things that I felt was important in my work with Janice was to take her delusions and hallucinations seriously, from the very beginning of the treatment, and to consider them inherently meaningful. For instance, when she spoke of her friends “Mary” and “Angel” I simply accepted and worked with what she said to me, even though it seemed clear that these figures were either hallucinations or mere objects of imaginative reverie. In general, I did not attempt to pierce the delusional structure in any way. Even though the
delusional structure was problematic, it was still keeping her together, albeit in a rather tenuous fashion. As Freud pointed out, the formation of the delusional structure is an attempt on the part of the psychotic patient at a solution. Accordingly, the delusion is not what is most pathological or ill, as many non-analytic clinicians seem to think, but is rather an attempt at repairing it. Indeed, as Janice’s delusional structure shifted over the course of the therapy, she gradually didn’t speak about Mary or Angel at all, as though they were no longer necessary.

Instead of piercing or calling the delusional structure into question, I slowly attempted to find ways to modify it—to make it into something not only more stable or functional, but also more livable for Janice. For instance, since encountering people who might critique her writing felt like an assault (recall her hallucination of the woman with blood dripping from a cut on her neck) I felt I had to move her away from trying to publish her writing and yet still preserve something of the project itself. I felt that was important because her writing was already serving as a kind of second skin for her, a continuation of her very sense of self and a suppletion (suppléance) of her ego identity, or sinthome, as I explained in Chapter 5. As her writing was interlaced with the delusional structure that was holding her together, albeit precariously, it was like a protective layer that encapsulated her, perhaps something along the lines of a

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bubble. When she had her “meltdown” after she encountered the criticism of her writing professor, she experienced an invasion, like having her skin stung by a bee or like having a bubble that had been encasing her self, melt away.

Within the treatment I took a position that involved supporting much of Janice’s writing. I did so knowing that much of her writing was an attempt by her—an attempted solution found by her—to symbolize and translate jouissance. Her writing was thus her attempt to form some separation from the Other’s jouissance. It was also what she often turned to after she would drink alcohol in response to hearing the voices commanding her to hurt or kill her daughter (alcohol and writing being media through which she tried to shut out the voices and instead give voice to her own desire to save the children). Accordingly, her writing had very important functions for her; however, this was not without problems, as I outlined previously.

In light of all of those issues, I maneuvered so as to encourage Janice to begin seeing her writing project as something that could be private, rather than something she absolutely had to publish in order to carry out her “mission.” For instance, since critique by a judging Other felt to her like an “assault,” I was careful to emphasize that the writing was fundamentally hers—that she created it and that no one could take it away from her. Whenever she spoke of her writing I was careful to emphasize that—for instance, by repeatedly using and
emphasizing the wording “your writing” when I spoke to her about it. In fact, I never actually saw any of her writing, and instead encouraged her to tell me about it, if she wished to do so. She never offered to bring in her writing, and I chose not to ask her to do so. I did that so as to avoid the possibility that I might become positioned as a persecuting Other who might be perceived as judging Janice’s writing, like her writing professor.

When Janice escalated and became enraged as she spoke of her writing professor just “not getting it” and not understanding “where [she] was coming from,” I tried to reduce her sense of being persecuted by showing a bit of empathy for how she felt, and at times by gently suggesting that feeling misunderstood was also a common human experience. For instance, I asked her whether she could imagine that any of the other students in the writing class had ever felt somewhat misunderstood after someone else read their writing. She was able to consider these sorts of ideas as I gradually and softly introduced them after enough of a rapport had been built between us, and her levels of paranoia and aggression in turn gradually began to be reduced. These types of interventions were also designed to begin to insert her more effectively into a social structure in which she could imagine occupying a position other than being “the only one,” an exception or some sort of sole victim of a persecutory Other who was “out to get” her. We might say that these sorts of interventions
also facilitated the building of imaginary identifications wherein she might begin to see herself as more like her peers at her women’s college, perhaps as “just one of the girls.”

I attempted to dislodge Janice from her perceived position as victim of constant persecution by intervening in ways that aimed at defusing some of her paranoia. For instance, early in the treatment Janice described repeatedly laying awake at night for hours upon hours in distress hearing what she described as a banging or knocking sound, which she believed was someone trying to break into her apartment and “come to get” her. After a careful assessment of the situation, it seemed more likely that she was hearing something else, like a tree branch being rustled by the wind and repeatedly tapping against her window, and that she was instead mistaking it through the lens of her paranoid fantasy about someone being out to get her. Suggesting that there might be other possible explanations for what she was hearing—suggesting that it might be a tree branch tapping her window or the side of her building was one such comment I made to her—slowly helped to defuse some of her paranoia.

Similarly, there was a time later in the treatment when Janice became enraged that several people in her life had been calling her repeatedly. She began attributing malevolent intentions to them and seeing them as persecuting her.

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12 She had already been attempting, on her own, to form imaginary identifications and supports during her teenage years, when she was trying to be like “one of the girls,” as I described previously.
with their repeated calls. I pointed out to Janice that she had suddenly cut off contact with several relatives and friends and that they might simply have been calling out of concern for her well being, not knowing what to make of her suddenly breaking off contact with them. These interventions were designed to call into question the paranoid meanings she was attributing to several events in her life and to shake up her fixed belief that others were always persecutors. This gradually led to rendering aspects of her paranoid beliefs more contingent and generally far less fixed.

Throughout the course of therapy I also attempted to shift Janice’s conviction that her writing mission entailed her having to “save” all of African-American children. I accomplished this partly by encouraging her to discuss issues that might have been driving that project, such as her own wish that someone could have “saved” her as a child, and then by opening up the possibility that she might reorient her writing “mission” so that she could use it instead to “save” her own daughter. That is, we talked about how Janice had lamented (quite angrily) that her mother “never cared” about her, how her parents never expressed a desire for her to pursue her studies and go on to college after high school, and so on. We also worked with the idea that she might have wished that if she herself had had parents who had “cared,” she wouldn’t have felt so abandoned and then, later, compelled to try to “make
[her]self”—for instance, during her teen years through experimentation with wild sex, drugs, renaming herself, and so on. We worked with the notion that Janice now had a chance to be a mother who could “care” for her own daughter, Tamika, as she wished her own mother could have cared for her.

Part of this work of transforming Janice’s delusion entailed working to modify her position as the object of the Other’s jouissance. As I described earlier in this chapter, Janice’s auditory hallucinations were enjoining her to hurt or kill her daughter. She experienced this as a demand of a maleficent Other for her to sacrifice her daughter. I intervened to create a division between thought and action by emphasizing to Janice that having thoughts about hurting her daughter would not result in her being hospitalized or incarcerated, but that taking action on those thoughts would. This helped to dispel Janice’s fear that telling me about the voices might result in her being put in a hospital or jail. Such interventions created an important distinction between thought and action—a distinction that had not been particularly clear to her—and also established a firm limit and supported the law.\(^{13}\) Janice seemed calmed by such interventions. Emphasizing to Janice that the thoughts and the voices were important things to be talked about in the therapy also helped to open up a space for her to talk

\(^{13}\) Interventions that support the law, with all of the meanings inherent in doing so, are often very important to make with psychotic patients.
about them, to give them symbolic expression, with the aim that doing so would make their enactment less likely.\textsuperscript{14}

Another aspect of working to separate Janice from a position as object of the jouissance of the Other involved reorganizing particular signifiers that were laden with meaning from her childhood and connected to her more recent struggles. This was done with the aim of draining off some of the toxic jouissance and creating a different space for her, a space outside of the jouissance of the Other. For instance, when Janice described her recent experiences of feeling persecuted and mocked, I said, “Your hurt is something to be taken seriously; it stings and it’s nothing to laugh at.” This was to help her consider the possibility that, in contrast to having felt mocked and “laughed at” by her parents during the childhood scene of picking flowers and being stung by a bee, she could instead experience things differently now, and that perhaps others might not be malevolent. Similarly, when Janice spoke of times when she would hear the voices and leave the house so as to ensure that she would not hurt Tamika, I commented, “You drink and write to keep yourself at a distance from your daughter; you love her and take care to not hurt her.” And then, “Let’s work on helping you to keep yourself at a distance from the voices.” These

\textsuperscript{14} A significant amount of safety planning, risk assessment, and contracting for safety were also key features of handling these issues within the therapy.
interventions were grounded in and reorganized the persecuting signifiers, to create a space for Janice to occupy a different position.

This move of helping Janice find a place outside the jouissance of the Other went hand in hand with fundamentally modifying her delusional structure and mission. First, we discussed how Janice might think of her writing, particularly the stories for children, as something she could pass on to Tamika, to help teach her values and to help her learn to deal with the struggles she might encounter—that might accompany growing up in their rather impoverished and unsafe neighborhood, and so on. By finding meaning in that particular way of using her project, and in seeing an opportunity to not repeat her own upbringing in her rearing of her own child, she could become more able to find meaning in taking on those goals as new uses of her project—a new way of being in the world and having a more ordinary, though still very meaningful, purpose. This transformation of her delusional structure involved a shift from “all”—seeing it as her mission to save all of the children—to “not all”—not all of the children, necessarily, but perhaps just her own child. This was also a shift from the delusion and her mission being the sole focus of her existence to there being room for other things, and it not taking over and becoming all that there was for her—another form of shift to a “not all.” In this manner there was a decompletion of the delusion and a shift within the fantasy such that she could
take a different position within it. This also resulted in a transformation on the level of jouissance, which I will explore further in the following section.

**Treatment Results**

Indeed, as Janice began to see “caring” for her daughter as an important project, significant changes started taking place. Whereas Janice had been avoiding and essentially abandoning Tamika—for instance, when she came home from school she would lock herself in her bedroom and read or write, while leaving Tamika to watch TV and be responsible for her own meals (Janice had claimed that when Tamika became hungry, she assumed she would just make herself a peanut butter sandwich—this resulted, unfortunately, in four-year-old Tamika becoming undernourished)—now she took pride in being more responsible, spending more time with Tamika, preparing three square meals for her, and even signing them up to take an art class together.

As the therapy progressed and Janice became more willing to “care” for Tamika, as the nature of her delusion and mission had fundamentally shifted, the auditory hallucinations also receded and she was no longer plagued by thoughts of hurting or killing her daughter, as they were encapsulated in the command hallucinations. Rather than viewing Tamika as an extension of herself, perhaps
by conflating Tamika with herself as a child, a child who had wished for death\textsuperscript{15} and who felt like a victim of a maternal ravage, Tamika became more of a separate being to her, and someone she could care for, as she herself had not been cared for by her mother.

Another important change that came about by the end of the therapy was that Janice’s alcohol use subsided significantly and her drug use stopped completely. In light of Eric Laurent’s assertion that a “drug incarnates a function connected either to desire or to delusion, according to the subject’s structure” (Laurent, 1996, p. 132), we can understand that the modification of Janice’s delusional structure led to a corresponding modification of the nature and function of her substance use. The delusion and the substance use were intertwined, as I explained earlier in this chapter. Janice had been using alcohol and writing as media through which she attempted to translate and regulate jouissance—to defend against the drive, and her feeling unable to reign in the drive, as it was manifested most particularly through the command hallucinations to kill her daughter. By the end of treatment, Janice’s auditory hallucinations had ceased. Accordingly, when her position as the object of the Other’s jouissance shifted, and she no longer felt constantly invaded and persecuted, so too did her alcohol use shift. She drank in moderation.

\textsuperscript{15} Her own death, Janice told me, but we might also speculate about death wishes towards her parents.
recreationally and no longer in excess as an attempt to defend against the drive and retreat into delusion, the latter having been rendered no longer necessary given the modification on the level of the drive. The addiction shifted because its cause was modified.

Janice’s shift from being a “savior” to all African-American children to instead becoming someone who could find meaning in the project of “caring” for her own daughter offered her a new way of organizing her identity and life project, or way of finding a meaningful place for herself in the world. From a delusional structure in which she imagined herself to be Jesus Christ and a “savior” to a less dangerous and more ordinary project of being a woman who could “care” for her daughter—that seemed to be the trajectory of the therapeutic work.

Interestingly, this marked a transformation of her position in relation to the Other’s demand and was a shift from a full-blown delusion to something more similar to a neurotic fantasy. Janice did not “become neurotic,” which would not have been possible given the permanence of Lacan’s structural diagnoses. However, there was a shift from delusion, which is itself the psychotic’s attempt to reestablish a relation to the world, to something closer to a stabilized psychosis which was somewhat imitative of aspects of neurosis and the neurotic’s (fantasmatic rather than delusional) way of relating to the world. I
believe untriggered or stabilized psychosis can be thought of as a way in which the psychotic gets through life by way of an imaginary identification with or “imitation” of neurosis.

Janice’s decision to discontinue the treatment coincided with her decision, which she proudly discussed with me, to invest more of her time and money in her daughter—she and her daughter enrolled in an art class together, she enrolled Tamika in a dance class, and Janice herself enrolled in a parenting class. She made this decision around the time when I was preparing to leave the clinic, which she was aware of. I do not know how much of a factor the latter was in her decision to discontinue treatment. Although I gently encouraged her to consider continuing her therapy with another clinician after I left, she reiterated her interest in instead investing more of her time and energy into her daughter. I chose not to push the issue any further. My sense was that although Janice had achieved an adequate level of stability, ongoing work would have helped her to achieve a greater and perhaps more enduring level of stability and to manage the stressors of life. The treatment of psychotics is often a very lengthy, ongoing process. Regardless, Janice chose to focus on her daughter, which could have been a very constructive new project for her.

Janice came to occupy a more ordinary place, and simultaneously one that was not only less painful but also fundamentally more her own. That was the
last step in her process of “making” herself, accomplished within the therapeutic work.
Chapter 9
Concluding Remarks

The Project as a Whole

My hope in undertaking this project was to accomplish two tasks: 1) to contribute to the advancement of Lacanian clinical scholarship in the U.S., and 2) to contribute to the improvement of the clinical treatment of addictions.

I reviewed in my first chapter the fact that there is a disappointing paucity of Lacanian clinical scholarship in the U.S. The primary consequence of this is that most American clinicians are not particularly aware of the clinical utility of Lacanian theory. In the U.S., Lacan’s work is more likely to be read within literature or film studies programs than psychology departments or psychoanalytic institutes. In fact, in most clinical training programs Lacan is not even on the radar. I consider this to be a very unfortunate state of affairs, in that I believe Lacan’s work is not only innovative, compelling, and intellectually stimulating, it is also extremely useful.

Through this project, I set out to explore how a clinical approach guided by Lacanian theory might be useful with regard to one specific clinical problem: the treatment of addictions. The field was ripe for exploration, since the predominant treatment modalities currently being used to treat addictions—
primarily CBT and 12-Step programs—seem not to be terribly effective. That is evidenced by the shockingly high relapse rates for addictions: over 75% (Armor, Polich, & Stambul, 1978; Hunt, Barnett, & Branch, 1971; Svanum & McAdoo, 1989). Since addictions involve drive-related circuits of repetition and Lacanian psychoanalysis aims to facilitate for subjects transformations on the level of the drive, an exploration of the potential utility of a Lacanian approach to the treatment of addictions seemed promising.

I approached this project with a simple hypothesis—that each subject experiences his or her addiction uniquely. What logically followed from that idea was that the treatment of addictions should also be tailored to each individual subject and the particularity of his or her addiction. I sought to explore that through a Lacanian lens, theoretically and clinically, by examining differences in how addictions show themselves and function depending on the subject’s structural diagnosis—neurosis, perversion, psychosis—as well as how each individual subject’s experience of the drive comes to be shaped by particular events and circumstances in his or her development.

In an effort to bridge the gap between theory and practice, I paired theoretical exegesis with the presentation of detailed clinical case studies to explore how it might be possible, by utilizing a Lacanian approach, to impact the drive roots of an addiction. This project is the first of its kind, in that a Lacanian
psychoanalytic approach to the clinical treatment of addictions has not yet been written.

**Findings**

I believe this project demonstrates that addictions do indeed show themselves very differently depending on the subject’s structural diagnosis and the particular ways in which the subject’s experience of the drive is shaped by how he or she is Oedipalized, undergoes castration, and enters language. I described how the subject’s experience of the drive follows from how the subject positions him or herself with respect to the Other’s demand. I hope I have also demonstrated, through the case studies, the treatment efficacy of a Lacanian approach that takes into account these differences.

For instance, I believe both my theoretical exegesis and the case studies demonstrate that a neurotic addict is very different from a psychotic addict. In neurosis, the result of the subject undergoing castration is that some enjoyment is retroactively determined to have been lost. The subject then engages in drive-related attempts to recover some hypothetically lost jouissance. Also, the neurotic subject mistakes the Other’s demand for the Other’s desire and lives out the drive according to the position he or she takes with regard to the Other’s demand—for instance, by fulfilling it, refusing to satisfy it, or being
generally fixated on it such that there is little room for one’s own space of desire. After all, desire is the Other’s desire.

In the cases of Buck and Phil—two obsessional neurotic addicts—I highlighted that their addictions related to how they underwent castration, or experienced a kind of loss of jouissance, and to their stances with respect to their perception of the Other’s demand.

Buck seemed to lament the loss of a kind of “golden age.” He described the loss of a time when the family enjoyed all of the spoils of wealth, privilege, and social class—when they were mixed with the upper crust of the British elite—and memories of a lost enjoyment associated with his early relationship with his mother. Buck’s “oral” addictions functioned as manifestations of his drive to recover some jouissance associated with his mother, as I described. Those included what he described as attempts to find satisfaction by putting myriad objects into his mouth, from soda to paperclips. He engaged in repeated attempts to find some object that might fully satisfy him and fill his lack, and the failure to achieve that saturation of lack frustrated and angered him. The metonymic displacement of those objects was attributable to the fact that no object can eradicate lack, though addicts sometimes seem to believe that there could be an object that might allow them to overcome castration.
Buck’s “anal” drive patterns related to his position in relation to the Other’s demand. That is, he imagined that the Other (his father) was demanding his academic success—that Buck make good use of his education, work hard, and earn good grades. Buck experienced a great deal of jouissance in pushing his father to become angry and yell at him. He staunchly refused to satisfy his father’s demand and withheld what his father was demanding, by sabotaging his education and risking flunking out of school. In so doing, Buck also maintained desire as impossible, and in this way too his addictions were intertwined in his obsessional neurotic structure. I described how the treatment, though I believe it ended prematurely, involved beginning to bring into focus the drive roots of his addiction by attending to manifestations of the unconscious (such as slips of the tongue) and punctuating signifiers connected with the circuits of his drives.

Just as many of Buck’s addictions related to what he imagined to be some lost jouissance associated with his early relationship with his mother, so too did Phil’s addiction—to marijuana—relate to his relationship with his own mother. That is, he imagined a kind of primal fusion with his mother through his smoking which took on a lethal value in that his interpretation of his mOther’s demand was something like “fuse with me, suffocate, and die.”

Throughout the presentation of Phil’s case in Chapter 4, “The Color of Emptiness: Re-enacting the Paternal Metaphor,” I emphasized technical
interventions that were designed to impact the real by way of the symbolic. I described how Lacanian techniques such as scansion and attending to and working with what he refers to as the signifier’s “literating structure” can have an impact on and transform the drive roots of a symptom such as an addiction. By the end of treatment, Phil’s drug use changed, which I described as a transformation from “mamajuana”—experiences of smoking that felt limitless, anxiety-inducing, and suffocating, and seemed to operate beyond the pleasure principle—to ordinary marijuana—experiences of pleasure in occasional smoking that had a beginning and an end and did not cause anxiety or suffering. Phil himself affirmed that he experienced substantial changes—by the end of treatment he experienced far less mental and physical suffering overall and felt he was able to “breathe again.”

After exploring neurosis and addiction through the cases of Buck and Phil, I presented the case of Gary, a structurally perverse subject, in Chapter 5. Gary had a history of drug and alcohol addiction which then shifted to a kind of addiction to shoplifting. Fitting within the dynamics of perversion, Gary’s shoplifting and other criminal activities functioned as attempts to enact castration and bring the Other into existence, and to metaphorically (and sometimes literally) get himself beaten. The therapeutic work targeted difficulties on the level of his perverse structure itself. That work included
helping him to dialectize his identification with the master signifier “Thief”—to mobilize it, loosen its fixity, and make room for other aspects of his identity or sense of self to emerge or to be created by him. That shift away from his thief identity was accompanied by a sharp decrease in his behaviors that involved being a criminal and a thief and also marked a shift within the structure of his addictions.

I then considered how, from a Lacanian perspective, addiction functions very differently in psychosis. I presented my own formulations of the drive in psychosis and the relation between addiction and the drive in psychosis. As far as I am aware, this has not been done before.

Whereas in neurosis the instating of the paternal function or Name-of-the-Father results in a loss of jouissance and an organization of the drives—oriented and organized according to the mechanism of repression and the process of entering language—in psychosis the paternal function fails to be instated, which has consequences with regard to the psychotic’s experience of the drives. That is, since psychotics do not undergo castration—some loss or delimiting of jouissance—they experience an unregulated drive, do not have sufficient distance from or defense against the drive, and are more prone to experiencing an overwhelming or invasion of the drive. I also hypothesized that the relation between the drive and the demand of the Other could be theorized with regard
to psychosis. I argued that hallucinations can usefully be thought of as manifestations of the Other’s demand in a different register. Moreover, psychotics have little ability to separate from being positioned as the object for the Other’s jouissance. Having presented my theoretical formulations of those ideas I then discussed my thoughts about how psychotics sometimes retreat into a delusional world and/or turn to drugs, alcohol, and other forms of addictions in an attempt to engage in a kind of self-regulation or defense against the drive.

I illustrated this point in Chapter 7, “A (W)hole Feeling: Filling in and Creating Holes to Modify the Drive,” through the presentation of a case study about Nadia, a psychotic young woman whose drive-related behaviors included cutting, bulimia, and drinking and writing. Not having undergone castration, Nadia developed a psychotic structure which resulted in her being prone to experiencing unregulated drives and invasions of jouissance against which she had no defense. Her addictions were attempts at forming defenses against such experiences of the drive. I argued that she attempted to delimit or make cuts in jouissance through her bulimia and cutting herself. Those were ways in which she attempted to make cuts or holes in jouissance. At other times she confronted holes of different sorts (such as a question for which she could find no answer), which felt overwhelming, anxiety-inducing, and all-encompassing. She turned to drinking and writing as attempts to plug up those holes, to guard herself or
form a protection against the real and against unregulated drives which went hand-in-hand with her difficulty separating from her position as the object for the Other’s jouissance.

In reflecting on treatment results, I described the efficacy of interventions that were designed to help Nadia find means, other than her addictions, by which she might establish forms of protection or defense against the drive. I described how her drinking reduced—she had only a few drinks here and there when she was out with friends—and also was completely different in kind: she no longer drank and wrote as ways of trying to regulate a jouissance invasion or fill or defend against a hole she faced. Moreover, by the end of treatment Nadia’s moods and demeanor brightened, and her writing was more creative and no longer distressed and perseverative. She had a much freer use of language overall, and her cutting and bulimia stopped completely. My contention is that these improvements suggest that a transformation was accomplished on the level of the drive. Treatment interventions were designed to fill in holes and establish defenses for Nadia against her experience of the drive such that by the end of treatment she was much less prone to feeling sucked in, overtaken, and invaded. She had more of a barrier against the real.

In Chapter 8, “Working Within and Reorganizing a Delusional Structure: The Case of the Woman who Believed she was Jesus Christ,” I presented the case
of Janice, a psychotic addict whose alcohol addiction and writing were intertwined in her delusional structure. I argued that her patterns of drinking and writing were her attempts to modulate, translate, and defend against jouissance. Janice’s experience of the drive also involved her feeling invaded by command auditory hallucinations which told her to hurt or kill her daughter. I formulated those command hallucinations as forms of the Other’s demand in psychosis. As she felt little ability to regulate and defend against her experience of the drive, and as she felt so invaded by the voices and fixed in her position as victim of persecution, she turned to drinking and writing as attempts to defend against the drive and stop herself from acting in accord with the commands that she commit violent acts.

I believe the trajectory of the therapeutic work took Janice from a full-blown delusional structure in which she believed she was Jesus Christ and had a “mission” to save all of the African-American children to something that was instead much closer to a neurotic fantasy, though she did not “become” a neurotic. That is, she developed an ordinary life project of caring for her daughter as she herself had not been cared for by her parents. I hypothesized that the treatment successes followed from the work of shifting the structure of her delusion and mission, helping her to separate from a position of the object of the Other’s jouissance, and helping her to form ways of defending against the
drive other than through her drinking and writing. By the end of treatment she
began taking care of her daughter, her auditory hallucinations ceased, she let go
of her delusion, her drug use stopped completely, and she drank only
recreationally—more moderately and no longer in response to feeling invaded
by command hallucinations against which she felt she had little protection.

Janice’s addiction shifted as a result of working on the level of her psychotic
structure itself.

In all of the cases, I treated the addictions “indirectly.” That is, I did not
target the addictions “directly”—for instance, by trying to make the patients
simply stop a behavior by way of behavior plans or by accepting that they were
somehow powerless against their addiction.\(^1\) Instead, I viewed each patient’s
addiction as a sort of symptom within a larger structure. I considered the
addictions to be problems of the drive which manifested in very different ways
depending on the subject’s diagnostic structure and the particularity of his or her
history and events of development. By working on a much more structural level
and aiming to modify the cause of the addictions, a good deal of success resulted
from impacting the drive roots of the addictions and thus transforming them.

\(^1\) A veritable cornerstone of 12-Step treatment.
The Project’s Holes: Limitations of the Study

Upon reflecting on my project at this stage of its completion, I have a mixed sense of being satisfied and also somewhat frustrated. That is, although I was able to articulate many ideas, many things went unsaid. This is not only a practical reality which is attributable to constraints upon writing time and other factors; it also speaks to a truth of the human condition—that being a subject of language means that something will always remain, something will always resist signification. The symbolic is not whole, not complete. As Lacan reminds us, it is impossible to “say it all.” In spite of the fundamental rule of psychoanalysis—to “say everything”—complete expression through language is impossible. The symbolic comes up against the real and there is a fundamental structural resistance that renders complete expression through language an impossibility. This is perhaps particularly relevant when the task involves speaking of the drive, which itself encircles a point of emptiness and is a concept that encompasses both the symbolic and the real.

Beyond this fundamental truth about the structural limitations inherent in language, many things were left out of this project due to deliberate choices that I made. Insofar as protecting the confidentiality of my patients was my top priority, many interesting and important details about each case had to be left out completely. Similarly, in writing up the cases many alternate readings of
certain moments of the treatment or other details of the therapeutic work occurred to me but have not been fully elaborated in this project. I tried to keep the role of the drive in addictions as my central focus, and I shaped my case studies in light of that focus. Nevertheless, illuminating some things results simultaneously in a shadow being cast over others.

Moreover, what I have presented through the case studies is my own reading of each case—my own formulation of the case, the course of therapy, and what worked or didn’t work. Other readers or even the patients themselves might interpret things very differently. I share Lacan’s appreciation that Freud’s case studies leave the work of the dig in place so that other readings can become possible. That is the case by virtue of the fact that the courses of therapy are presented in great detail and with many direct quotes that tell the reader what was actually said by the patient and by the analyst. My hope is that in presenting detailed case studies—and not aiming to fully reduce the details to any one “conclusive” reading—I have presented a respectful account of the treatments that does not aim to act as a “master discourse” in which only one reading is possible or is upheld as the only “correct” account. I believe this is consistent with an aspect Lacan’s own presentation style: “given the way I think that I have to approach problems, you always have the possibility of what is said being open to revision” (Lacan, 1955-1956/1993, p. 164).
Other limitations of this project were inevitably attributable to my own limitations as a scholar and as a clinician. Additionally, in the absence of long-term follow-up studies, I have no way of knowing whether and to what extent the changes the patients may have experienced by the end of treatment proved to be enduring. I can only hope that they did.

Some would argue that in focusing on a specifically Lacanian formulation of and approach to the treatment of addictions, I have limited my study by excluding other perspectives, other brands of clinical and theoretical approaches. In response, I would argue that my project is a substantial contribution and its value stands on its own. My project was to present something that has never before been done: a sustained exploration, through theoretical exegesis and the presentation of clinical case studies, of a Lacanian approach to the treatment of addictions. I make no claims to be all things to all people. Nevertheless, my hope is that this project will appeal to a broad audience—of Lacanians and non-Lacanians alike—because it bears on the shared focus of our work: clinical practice, which at its most basic level involves listening to the speech of suffering subjects and trying, by listening and speaking with them, to relieve some of their suffering.

The clinical work that I did with my patients was something I would refer to as Lacanian analytic psychotherapy. The constraints of the clinic where I was
working, in addition to the patients’ limitations regarding time and money, were such factors that inevitably affect the frame of treatment. Nevertheless, in many of the cases the session frequency was greater than weekly (e.g., I conducted twice-weekly sessions with Gary, and I sometimes met with Nadia four or five times per week). I raise this issue of what label to use because I anticipate that some readers might wonder to what degree the interventions I discuss in this project apply to analytic intensive psychotherapy or psychoanalysis proper.

There is, of course, significant debate in the field today about what distinguishes analytic intensive psychotherapy from psychoanalysis. This is a major question, but not one that relates to the efficacy of the interventions I described throughout this project. I believe that the interventions I discussed could be implemented within analysis or analytic psychotherapy, not to mention any range of other approaches. For example, those who practice the recently popular approach of “Motivational Enhancement” therapy for addicts might find it quite useful to think about the ways in which a patient’s drive satisfaction keeps his or her addiction in repetition and goes directly against any motivation of the ego. I believe that many aspects of the theory of addictions as well as the interventions I described in this project can be implemented within and improve the efficacy of any range of other, non-Lacanian, clinical approaches.
Other readers might argue that my project is overly complicated. To many, the practice of Lacanian psychoanalysis is considered inherently complicated. Rather than devoting such intense focus to being attuned to complex networks of desire and layers of signifying overdetermination, many clinicians would prefer instead to practice according to approaches that can be seen as a bit less complicated. Furthermore, there is no manual for Lacanian work—no simple recipe or set of techniques that would supposedly work all of the time for everyone:

Indeed, such a manualized approach would be impossible in Lacanian work, in that the psyche to be cured is regarded as a subject-effect caused by the interplay of signifiers in the unconscious, a process that dissolves its supposed ego-like solidity, and, in a word, de-substantializes it. Therefore, the Lacanian [approach to clinical work] requires a complex conceptual battery, which may be discouraging for those who expect comfortable technical recipes. (Rabinovich, 2003, p. 208)

In spite of these potential limitations (of my study or Lacanian work in general), Lacanian psychoanalysis may well be the turtle amidst the hares of contemporary psychoanalytic approaches. Indeed, as Lacanian psychoanalysis has grown steadily over the past few decades in places like South America and parts of Europe, the number of people doing classical psychoanalytic training of
other stripes has decreased (Kirsner, 2000). For those who take to the approach as clinicians, and for those who derive significant benefits from it as patients, the limitations around it and the effort that it demands seem well worth it.

**Implications for Further Research**

Although I explained previously my sense of the inherent value of a specifically Lacanian clinical study of addictions, I am aware that there could have been ways to put my work into dialogue with other approaches. As I wrote this project, several such points of potential—and potentially important—dialogue occurred to me but were not included in this project because of my effort to maintain its primary focus. What I will present below is one such attempt to put Lacan into dialogue with other addictions treatment approaches, by examining one particular treatment issue and differences in how Lacanian and other approaches conceptualize treatment decisions about patients’ drug use.

*Debates about whether or not to require that patients abstain from drug use during treatment.*

In Chapter 4, I discussed why I didn’t agree to directly ask Phil to stop smoking or even make that a precondition of the treatment. I would like to take
this as an opportunity to discuss, on a more general plane, issues to be considered in making treatment decisions about patients’ drug use in cases of addiction. That is important not only because of how such decisions impact the treatment, but also because, with addicted subjects, beginning the treatment can in and of itself be one of the biggest challenges.

There are certainly analysts who, as a matter of course, insist that patients who present with substance abuse issues stop using drugs or alcohol first—often with the generic recommendation that they participate in a 12-Step program or behaviorally-oriented treatment in order to accomplish that—before the patient would be accepted into analysis. Moreover, a wide variety of clinicians (not just analysts) approach things in that manner: sending the patient to AA meetings or the like rather than thinking of the addiction as something that could be worked on within the therapeutic process itself. That practice—referring a patient to something like a 12-Step program rather than working on his or her addiction within the therapy itself—has somehow become very commonplace, but I think it is important to call it into question and examine it more thoroughly.²

Indeed, many analysts opine that no analytic work can happen until the patient is clean—meaning not only that they would not accept the patient into

² It is probable that 12-Step models are generally considered to be “the” treatment approach for addictions because other approaches have not yet been adequately researched and demonstrated to be effective or “empirically validated.” People probably gravitate towards 12-Step treatments largely because of their hype, so to speak, without giving much serious thought to the value of other treatment modalities.
analysis until the patient is clean, but also, in many cases, that they think the patient would not be able to “do the analytic work” anyway until he or she stops using. As is true of any treatment decision, the question of whether or not to require that a patient abstain should be carefully thought out within the context of each individual case and not be based on a general rule that automatically gets applied to every case. Decisions about this issue should take into account many factors, including but by no means limited to the particularities of what is going on with the patient, the effects of the patient’s drug use, how much danger the patient is putting him- or herself in, and how much damage the patient is doing to him- or herself or to others.

It is also important to consider how much jouissance the patient experiences through his or her substance use—that is, how much space remains within the patient’s psychic economy to invest in (cathect) the analytic process and thus essentially give up some of the jouissance attached to the drug use. The patient transferring at least some of his or her investment from the drug use over to the analysis itself implies a kind of trade, not a simple renunciation of something with no return benefit. That is, the patient can instead derive a

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3 Depending on the circumstances, acquiring drugs can, in and of itself, be dangerous (crime, tainted needles, drugs laced with something else, dealing with people whose judgment and self-control might be impaired due to their drug use, etc.).

4 There is, of course, always a risk that the patient might become, loosely speaking, “addicted” to the analysis itself—that is, reenacting the dynamics of their addiction not with the drug as their object but with the analysis as their new object!
different kind of satisfaction from the analytic process itself: a kind of satisfaction that can be obtained through the work of decoding the unconscious and exploring its various manifestations, through the process of putting things into words, and through the transferential relationship with the analyst. This is based on the assumption that the analyst has brought his or her desire to bear—that is, has conveyed to the patient and brought to bear on the treatment what Lacan refers to as “the analyst’s desire.” That is a desire for, above all else, the work of analysis to occur. Lacan emphasizes that the analyst must continuously demonstrate to the patient that he or she is interested in all manifestations of the unconscious—every slip of the tongue, dream, bungled action, and so on—and fundamentally wants the patient to continue with the analytic work. Lacan underscores how crucial the analyst’s desire is by giving it a central place in the treatment: “It is ultimately the analyst’s desire that operates in psychoanalysis” (Lacan, 1964/2006, p. 724). The bringing to bear of the analyst’s desire is therefore crucial not only in cases of addictions but also in any case, regardless of the presenting issues, in that the jouissance of the symptom—be it an addiction or something else—is not likely to be easily given up, and certainly not automatically!

There certainly could be situations in which the patient’s fixation on the drug is extremely strong, such that, if the patient has been unreceptive to the
analyst’s initial interventions oriented towards engaging the patient in the work
of analysis, there might be good reasons for prioritizing, as an initial task, the
patient’s cessation or reduction of his or her drug use.\textsuperscript{5} That is, in such situations
the patient’s engagement in the analytic work might be more easily facilitated if
some space is first opened up by the patient finding a way, by whatever means,
to stop or reduce his or her drug use. That could involve referring the patient to
someone else to do that work first or simply making that a primary focus of the
early stages of the analysis. It is possible that in some cases a patient’s drug use
fundamentally and obdurately blocks access to something, thus functioning as a
strong form of resistance that needs to be modified in order to clear a space
within which work can occur. Indeed, drug use can sometimes involve the
annihilation of speech, thought, and access to feelings. That is not necessarily
limited to addictions, however, and patients in general often come in for
treatment experiencing difficulty accessing their thoughts and feelings, and
difficulty putting a whole host of things into words. Resistance is to be expected,
and it can be worked with.

Nevertheless, if the approach taken by the clinician is to set an initial goal
that the patient reduce or terminate his or her drug use, the clinician should
strongly emphasize to the patient that this is not the end of the work—not the
\textsuperscript{5} Note that I am not suggesting that this be assessed according to some vague measure of relative “severity”
of an addiction, whatever that might mean, but rather according to its level of fixity and intractability—not
budding in spite of the clinician’s efforts and interventions.
end but, more likely than not, the beginning. That is, the clinician should convey and explain to the patient what I argued previously: that a simple separation from the drug does not resolve an addiction and does not necessarily change the overall structure of the addiction. The clinician might then take that as an opportunity to express a strong desire—the analyst’s desire—for the patient to then engage in the deeper work of analysis, if that is in fact what the clinician believes would be helpful and productive for the patient.

Treatment decisions relating to the patient’s drug use should therefore be made thoughtfully and carefully. Other factors in these decisions take into account not only the patient and his or her drug use but also the clinician him- or herself. For example, issues to be considered are: the clinician’s own level of training, the particular brand of training to which he or she was exposed, the clinician’s level of comfort and experience in working with addicted subjects, his or her way of understanding addictions and how to work with them, and the clinician’s overall biases and presuppositions. Many of those can be categorized as “countertransference.” Indeed, Lacan broadly defines countertransference as “the sum total of the analyst’s biases, passions, and difficulties, or even of his inadequate information, at any given moment in the dialectical process” (Lacan,

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6 Many graduate psychology training programs and even psychoanalytic institutes teach that 12-Step approaches are the only ones suitable for the treatment of addictions.
The clinician’s level of self-awareness and ability to self-reflect are thus important factors in the decision-making process.

For example, deciding to refer patients out so that they can work on their addiction prior to engaging in therapy or analysis, or even prioritizing that within the treatment itself to the exclusion of examining other issues, as though the addiction were so strong as to preclude the examination of anything else, could, in some situations, reflect the clinician’s own feelings of impotence in the face of an addiction. Addictions can seem fiercely intractable to some, which can lead to David and Goliath fantasies. Regardless, clinicians must also recognize their own limits and keep in mind the patient’s best interests. These are, of course, issues that should be considered in any treatment.

I have been presenting various reasons why a clinician might decide that a patient must get clean before he or she is accepted into therapy or analysis—by the clinician referring the patient elsewhere or by making sobriety the first goal to be worked on within the treatment. Now I would like to address the other side of the argument and present some reasons against stipulating that the patient must get clean before entering therapy or analysis. This is not meant to be an exhaustive list.
1) It is sometimes simply unrealistic to expect that a patient would be willing—let alone able—to stop using his or her drug of choice prior to engaging in substantive treatment.

   a. First, I will address the question of the addicted subject’s “ability” to get clean prior to engaging in substantive treatment. I say substantive, thus revealing perhaps a bias of my own, because, based on what I have seen, 12-Step programs often seem not to facilitate much rigorous or “deep” work. It seems likely that this can leave the patient very vulnerable to relapse—that is, if the treatment is successful in the first place. That is a very big “if,” in that the relapse rate for addictions exceeds 75% across treatment modalities studied, which tend to be mainly CBT and 12-Step programs (Armor, Polich, & Stambul, 1978; Hunt, Barnett, & Branch, 1971; Svanum & McAdoo, 1989).

   b. As for the question of the patient’s supposed “willingness” to give up his or her drug prior to engaging in therapy or analysis, we must keep in mind Freud’s point—which Lacan also endorses—that individuals both complain about and cling to their symptoms. Early on, Freud was surprised by the “resistance of the neurotics to the removal of their symptoms” (Freud, 1916-1917/1963, p. 292). Eventually he was able to formulate that people derive a kind

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7 The term “deep” is problematic, given Lacan’s effort to steer away from Freud’s archaeological metaphors of the unconscious, but I use it here colloquially to refer essentially to something substantial, rigorous, and thorough—something that gets at the heart of the symptom or addiction and operates on that level.
of satisfaction from their symptoms—“secondary gain” or “substitute satisfaction” (Freud, 1916-1917/1963)—which makes them far less willing or able to give up their symptoms! Lacan also suggests that people are reluctant to give up their symptoms because, on some level, they are enjoying their symptoms. For Lacan, the symptom “in its nature is jouissance” (Lacan, 1962-1963, Class of January 23, 1963).

2) Patients do not always see their drug use as problematic. Requiring that the patient reduce or eliminate his or her drug use might therefore sound absurd to him or her, perhaps leading such a patient to drop out of treatment entirely.

3) Analysis is not surgery. Symptoms—including addictions—cannot be simply isolated and removed. It is generally necessary, during the therapeutic process, for the patient to delve into a variety of topics and areas of his or her life before things begin to shift or get worked through, including the relinquishing of symptoms.

4) Asking patients, as a condition of therapy, to stop the problem for which they are seeking help—if they are entering treatment to work on their addiction precisely because they have not been able to fix it on their own—is paradoxical, to say the least.
5) Underlying decisions to refer patients to 12-Step or other programs to get clean before accepting them into analysis is often an assumption that analysis itself cannot help addicted subjects with their addictions\footnote{As I explained before, that should be assessed on a case-by-case basis.}—that is, that analysis is not an “appropriate” treatment for addictions. It should be clear by now that this entire dissertation aims to refute that notion!

6) Other assumptions underlying a notion that analysis is not for addicted subjects are that analysis is a kind of ivory tower of treatments and that addicts are mere “junkies,” the bottom of the barrel, and not worthy of a treatment that is supposedly for wealthy people who are not suffering all that much. I believe that is a myth. Lacan, referring to neurotics, even notes that: “They have a difficult life and we try to alleviate their discomfort” (Lacan, 1976, p. 15).

7) Hastily removing an addiction that is functioning as a \textit{synthiae} for a psychotic patient can result in the triggering of a break.

8) Neither Freud nor Lacan ever suggested, to the best of my knowledge, that analysis is an inappropriate treatment for addicted subjects. Lacan implored analysts to not shy away from working with psychotics. I take Lacan to mean that most clinicians will inevitably encounter psychotic patients at some point and would need to educate him- or herself about how to treat such patients. Can the same not apply to the issue of working with addicted subjects?
9) A demand for a separation from the drug—whether it comes from the patient or the clinician—could function as a resistance to doing the deeper work of analysis.

10) The only demand the analyst should make on the patient, according to Lacan, is that he or she speak.

**Having an Impact: The Clinical Utility of a Lacanian Approach**

I hope this project demonstrates the practical value of Lacanian theory—its clinical utility. I believe this project proves that approaches guided by Lacanian theory are genuinely useful not only with regard to Lacanian analysis but also psychotherapy. The therapeutic ends of Lacanian analysis are even suggested by Lacan himself, who, referring to neurotics, notes: “They have a difficult life and we try to alleviate their discomfort” (Lacan, 1976, p. 15, as qtd. in Fink, 2007).

Through what is in many ways a delicate craft of working with the subject’s language—touching lightly on the particularity of his or her speech—deep transformation can be achieved. The real can be impacted through the symbolic, creating a transformation on the level of the drive and profound changes in the very moorings of one’s being. Indeed, Lacanian approaches to clinical work have the potential to create profound transformations in the subject’s suffering by “touching, however lightly, on man’s relation to the
signifier . . . [to] change the course of his history by modifying the moorings of his being” (1957/2006, p. 438).
References

NB: Since the dating of Lacan’s works is important, Lacan’s seminars are cited by year of original presentation followed by the date of the publication being used. Lacan’s texts from his Écrits are cited by date of their first publication followed by the date of the published edition being used.


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