

Research Article

# Suppletion and Compensation in the Clinic of Ordinary Psychoses

Marco Maximo Balzarini\* 

Psychoanalysis Department, National University, Cordoba, Argentina

## Abstract

This work aims to differentiate two modalities of response of the subject to the confrontation with non-dialectizable jouissance: symptomatic substitution through the Borromeo node and conformist identification through the imaginary register. Such differentiation is based on one direction: the clinic of operation. The orientation of this clinic is based on this back and forth of difference and similarity between both responses of the subject to the real, which establishes a contradiction that must be sustained, a contradiction that underlies what is proposed in this work as the beginning of a new paradigm in psychopathology given by the field that opens with the signifier introduced by Jacques-Alain Miller, ordinary psychoses, and that continues with the idea of this functional paradox. The question that leads is how does a new paradigm arise in psychopathology of the categorical, but functional distinction between the modalities of possible response of an ordinary psychotic subject to the confrontation with the real of jouissance? The methodology to carry out this research will be the review of the bibliographic background, the subsequent ordering and the operation of the content analysis in the differential categories mentioned from a qualitative approach. It is concluded that psychosis, from this functional paradox, is not a disease, but the introduction of a new logic that could constitute a paradigm in the current psychiatric clinic.

## Keywords

Psychosis, Psychotic Disorders, Short Psychotic Disorder, Mental Disorders, Affective Psychoses

## 1. Introduction

Ordinary psychosis is the result of a long journey in the psychoanalysis of Lacanian orientation through the transformations of the concept of foreclosure of the Name of the Father [7]. This journey began in 1996 with the concept of unclassifiable when Jacques-Alain Miller demonstrates the need to rethink the categories with which the practitioner of psychoanalysis is handled. Then, in 1998 he introduces the ordinary psychosis signifier that leads in 2008 to the concept of uprooted. This tour gives an account of a constant work of criticism based on the need to renew the tools of psychoana-

lysts. Precisely Lacan [12] points out that what sustains the praxis is the criticism of its indications and the testing of categorical terms and structures. The essence of this journey is a clinic close to the real that manifests itself through discrete signs [7, 17, 18]. If we take as a starting point precisely the current concluding point of this journey, uprooted, it is about people who lose their roots, who are suspended without being able to hold on to something that works as an anchor and somehow secures them in the social bond [1, 5]. Isn't this the clinic we received today? The loss of any symbolic capture

\*Corresponding author: [marcombalzarini@outlook.com](mailto:marcombalzarini@outlook.com) (Marco Máximo Balzarini)

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leaves the subject unprotected. The subject works with identifications that allow him to link with the Other, but outside this reference there is nothing, wandering, pure metonymy [5]. The consequences are isolation, very frequent overflows in the clinic with children, excesses in the body, discreet successive disengagements in the family and in the world of work, in short, uprooted from the social bond [1].

This psychopathological description corresponds to the coordinates of the time. The impact of artificial intelligence underlines the lonely relationship of the subject with the objects proposed by the market, which reveals that freedom, a significant of the time, is also a pressure for performance. In that paradox are inscribed phenomena of narcissism. Freud places mental illness as one of the access routes to the study of narcissism. The libido put in one's own body and not in the other's body. The expression "it gives me straw" is frequent, "it gives me straw" go to the session, "it gives me straw" go to the bookstore to buy the book I like, "it gives me straw" to say so, without filter, evidences the lack of castration of the current era. Because today the futuristic advance has expanded the illusion that everything can be known with just a click. It is to get out of any doubt without a minimum of work of involvement.

In the field of sexuality this is palpable. People stay more with dating apps, with pornography accessible everywhere, than with the bond to the other. What he commands is a joy that is useless. One is feeling more and more alone, despite the fact that he goes out on the networks to shout that he loves loneliness or independence, but it is no more than the demand at the service of a solitary enjoyment, which verifies what Freud said about the threat of castration, that is, the loss of love.

Freud taught us that repression and desire go hand in hand. The greater the repression, the greater desire. But at this time the castration is missing. What is castration? In Lacanian language it is to accept that something is not possible, it is that the bath of language on the living makes the being enter the culture, and therefore loses enjoyment, that is castration, that when speaking we lose enjoyment. On the contrary, the current era favors hyperconsumption, the silence of the word, the rejection of the impossible, the "I can with everything", which produces a brutal fall of desire. This is how we receive patients, they arrive unbridled, tired, but not because love has fallen, but because desire has fallen. Everything immediately. That crushes the desire.

The lightness with which today we talk about any topic. You quickly fall in love with some topic, it's a trending topic on the networks, but the next day that no longer makes a sign. To anything one gives a like. We can't stand the time void. We don't give up joy. We want it to be eternal, that it lasts forever, that it doesn't end, but, in truth, good things don't last long. You upload all your thoughts to the networks or to the app, but when something touches the subject you don't talk anymore. We don't have the power of images to let you know how love divided me.

Lacan [14] teaches us that desire is a remnant of demand, desire is that by-product of demand that is not satisfied. But in

the current era the demand becomes immediate, which challenges the finitude. Interest in things is quickly lost. It goes too fast from a crush to the total fall of that without stops. So it is not warned in what terms the desire of the Other is presented to extract something from one's own desire.

Byung-Chul Han, a South Korean philosopher based in Germany and a professor at the University of Berlin, points out that the new platform of the lass is digital life. Han [8, 2] emphasizes that digitization is an idea that comes from *digitus*, a Latin word that means finger. In digital, human action - which has nothing to do with the notion of act while act, as Lacan [14] proposes, is based on a subject - is reduced to the fingertips, it is only within reach of a click. Indeed, we have facilitated, says Han, the exploitation of our being, the investment of money, the undressing, the exposure in networks, the narcissistic taste for showing the body, even the ordering of food, just by moving the fingers. It is, says Han, "the digital lightness of being" (p. 133).

Indeed, patients today suffer more from a crushed, mortified body than conflicted. Today the conflict has disappeared, because we have become consumers and obedient to a regime. The instance of the law is not put on another person, as was the figure of the chief, but now that instance of the law is oneself. *Causa sui*, cause of himself. It's paradoxical, the thing incaused. A substance caused by nothing, but effect of its own causality, as Baruch Spinoza says in the book *Ethics* demonstrated according to the geometric order. This implies the elimination of the Other while the subject has become an object.

Freud uses the concept of superego to assemble a new theoretical apparatus and to think about death drives. The death drives are commanded by a part of the superego that is tyrannical, imperative, cruel, sadistic against the self (the commands). It is the part of the superego that subjects the self to harassment. The superego from 1920 is the unconscious as a law. It is no longer the funny unconscious, of the surprise, of the slips, of the jokes, of the failed acts, of the forgetfulness, of the symptoms, it is no longer that unconscious, of the return of the repressed, but an unconscious pure law, the superego. The superego is no longer only articulated to desire, its function is no longer to prohibit desire to allow the subject to enter culture, it no longer has only that function of socialization, but also has the function of punishing, criticizing, destroying the subject. There is a satisfaction in that, which is not pleasant, and which produces compulsions. In *The Me and the It*, Freud speaks of a demixture of impulses from which the drive for aggressiveness is released and turns to annihilate the beloved object. Thus, the superego is directed with fury and sadism against the self. The self must defend itself from it in its aspect of punishing reproach. The result is an endless self-martyrdom. This is exemplified in the current clinic when we receive patients who have been kept for many years in places of much suffering, but who have done nothing to get out of them. A kind of adaptation to suffering that perfectly represents the concept of enjoyment that Lacan proposed to

order what Freud located as a satisfaction in pain.

Parents who push their children to be perfect, force them to study two languages, music, plastic, sports, school, help around the house, accompany the family, play, go to the park, they have to do everything, work like little machines. That produces melancholic, hyperactive children, medicated at an early age to calm that excess product of the paternal or maternal superego. There is a social push, middle or upper class parents, to get perfect children, with the super-yoic consequences that this has. It is very heavy for the small child to have to carry his own and on top of that with his parents. The obligation to be happy is very heavy.

The push to the perfect bodies, increasingly thinner, more turned, more muscular, a push to the perfect body is a super-yoic mandate. Also the mandate of permanent fun, always having to be fun and cheerful. You can't be sad, you don't allow yourself to be down, you have to be productive, you can't be calm, talking or silent. You always have to be doing. There is always another night, another way out. Ah, today is Friday, you can't miss it. If it's Saturday you have to go out, you have to go out to enjoy. I don't feel like it sometimes we listen, but command the push to do things that the subject doesn't feel like. In an analysis, the subject is detaching himself from these categorical imperatives, nucleated in excessive morality, so that his desire remains. If there is something that a subject can blame himself for, it is for having given in to his desire, that is, for having allowed the imperative.

The mandate of having to surrender, having to produce, of accumulating goods, is the tyranny of this superego that forces us to enjoy. Today we have reality within reach of a click. Subjects look for answers one click away. Having to speak is avoided, knowledge is kept, knowledge in the pocket, which is no longer the object of the Other. If the object is in the pocket, it ceases to be in the Other; if the Other is dispensed with, points out Balzarini [2], there is no way to make a subject take responsibility for his part in what he complains about. If the Other is dispensed with the human being ceases to be a social being then between animals and beings who speak there would be no differences. If the Other is dispensed with the diverse is eliminated and there can be phenomena of violence.

In this way, what commands the era is the enjoyment at hand, autoerotic, masturbatory, addictive, which evades the lack of sexual relationship and is, therefore, without limits, because there is not the signifier of the desire that orients. The reduction of the subject to be nothing more than a body surface. In this superposition subject and body, in this direct link absorbed in a I want already! the extraction of the object has not been carried out, while lost, on which the subjective experience revolves. This is the problem.

For example, when we use artificial intelligence to get rid of doubts, that is, to get out of that uncomfortable position of not knowing, it is a restricted use by the terror of the place from which the questions are born. Questions become a target of elimination, they are thrown away, they are useless. We

can't stand the questions. The robot doesn't ask either. The fault becomes unbearable, to say the least useless.

It should be remembered that when you ask a question, Lacan said, you know the answer. The question is the answer because the unconscious is the speech of the Other. When I ask a question I make the Other say what motivated me, that is, I try to come from the Other the signifiers that represent the subject that inhabits me for another signifier, that is, that the object causes the desire of the subject that inhabits me can be extracted from the Other, that is precisely what I do when I ask a question to someone whose answer I already have. But if we invite a robot to talk or ask for its position about it, that is, we ask its statement, it will answer us: "I am an artificial intelligence, I do not emit opinions," and it will then be the evidence that there is no subject there. AI will be able to create a spectacular, dazzling, perfect, exhaustive text, but it will be a text based on a superposition of styles already acquired. That is, level of the statement, but not level of the statement.

This whole panorama is the cause of current psychopathology. Subjects who claim, in their own way, "a plus-de-real, a speech that was not out of the face" [1]. A phenomenon of our time is the lack of roots in the symbolic, the absence of binding ideals that lead the subject to the unbridled search for a shelter, a reference that sustains him, that often incites them to take the first thing that comes to their hand, then forced by the death drive, forced towards the raw manifestation of the death drive [5].

In many cases the analyst, the transfer to psychoanalysis, can allow a subject, in which the intimacy of the feeling of life is affected, to be sustained by working. That is why the demand for the psychoanalyst of the subjects of psychotic structure is currently very great. In the early 1970s this demand was not so great and the psychoanalyst was afraid, he did not know very well how to receive it. Now the demand is great. What reasons operated in this change? On the one hand, the introduction of the diagnosis of ordinary psychosis, the improvement of its identification along with a better knowledge of the conduct of the cure of psychotic subjects. On the other hand, the degradation of the conditions of reception of patients in psychiatric institutions due to a reduction in means, personnel, training and, above all, due to the growing medicalization of mental disorders [19].

Laurent [15, 2] warns that in the presentation of the current clinic what mostly reaches the psychoanalyst's office is between classical neuroses and extraordinary psychoses. In that "between", which coincides with the value of continuity, there are mixed, mixed phenomena, which can be assigned to ordinary psychoses. In these subjects it is important that from the first interview, Laurent suggests, the analyst helps the subject to move away from the passage to the act and begin to build a new way of life.

As Maleval [7] states "today half of the patients who come to visit us are ordinary psychoses" (p. 17) That is, it is no longer enough with the classic conceptual corpus. The expression "ordinary psychosis" is an invitation to let ourselves

be surprised, to listen, faithful to Freud's advice, each case as if it were the first. It is necessary that the psychoanalysts and psychiatrists of our time have enough flexibility not to quickly box and, the most veterans, by dint of a profuse accumulated experience, notice the risk of having the ability to be surprised somewhat anesthetized.

## 2. Method

How was this investigation carried out? It was framed in a qualitative approach. Marshall and Rossman [20] point out that for qualitative studies it is an approach to the field of social phenomena, but not in a broad way, but a limited approach to the study of a restricted topic, the specific field of ordinary psychoses. Qualitative research, indicate Whittemore, Chase and Mandle [27], privileges depth over amplitude, that is, it will not try to capture the subtle nuances of vital and singular experiences, but the generation of theoretical foundations that support the differentiation between two ways of responding to the real: symphonic substitution or imaginary compensation. Precisely, Noguero [26] points out, the qualitative model is characterized because it does not usually test hypotheses, but generates theory.

Another characteristic of the qualitative methodology is that it is based on the use of categories. According to Berelson [3], the categories must be exclusive, that is, the same element of the content cannot be randomly classified in other different categories. In this work the categories are substitution and compensation, both in the single category of stabilizations, which by the way are not subject to measurement, and which will serve to classify or group the various units carrying information, that is, the data. To determine the units is to delimit them, to define them, which implies their separation, their limits and their analysis [10].

## 3. Results

### 1. *Why ordinary psychosis?*

This clinical field composed of cases that do not enter the rigid classifications of the first structuralist Lacan that separated, categorically, neurosis and psychosis according to the presence or absence of the signifier of the Father's Name in the structure of the Other, has been named by psychiatry with numerous terms whose inaccuracy is evidenced in that same amount that does not finish naming that field and that overlap some terms with others (simple schizophrenia, undeveloped psychosis, borderline, pseudoneurosis, schizophrenienrosis, incipient psychosis, prepsychosis, among others).

In this Lacan introduced logic. The hypothesis of the forclusion of the Father's Name proposed in the 1950s introduces a logic in this confusion: it is possible that a subject is psychotic by structure, but that psychosis is not put into effect. This logic allows us to think about modes of compensation and substitution, in the importance of the contributions that

each subject makes for the compensation of the psychotic structure, instead of classifying these subjects as borderlines.

The notion of borderlines leaves aside these unique contributions for functioning because it is strongly based on the conception of the deficit. Likewise, the notion of white psychosis, adopted by Jean-Luc Donnet and André Green, seeks to describe "a clinical configuration in which psychosis manifests itself in germ" (cited in Maleval, [18], p. 31). Donnet and Green strive to characterize an ideal type matrix structure that will potentially give a psychosis, in other words, an effort to diagnose the latent disease. Such an effort is deprived of the notion of forclusion of the Father's Name and therefore does not account for a clinic of the functioning, it does not consider that the subject may have therapeutic invention capacities, it does not consider him as a subject who knows, but as a sick person, in deficit, who needs external help. Your body must be medicated and your ideas rehabilitated through a "therapeutic education." This approach only produces resistance. "The subjects for which the function of the Father's-Name is forcluded cannot adjust to a dominant ideal that can constitute a point of basta [capitón]" (p. 32). Rejecting the notion of forclusion of the Father's Name does not account for the diversity of the substitutions developed by ordinary psychotic subjects.

### 2. *The Freudian case of ordinary psychosis*

According to Godoy [6], the Wolf Man is Freud's case par excellence of ordinary psychosis. Freud did not have this expression, but we can read it. First of all, in this case a kind of clinical polymorphism appears that makes it difficult to define. Freud points out that he had a childhood phobia, which was cured by an obsessive symptom, then hysterical constipation, that is, so far it is doubtful that it is a psychosis. Kraepelin diagnoses him as schizophrenic. After Freud, it is treated by Ruth Mack Brunswick, who diagnoses it as a paranoid delirium. He is already in the field of psychoses, but when we read Freud we doubt the psychosis. Now, when you have the follow-up of Brunswick it is difficult to doubt. However, everything that Freud narrates is the ordinary psychosis as we are going to define it in what follows, of discreet symptoms, unclear, rather in suspense.

This classification was overshadowed by the idea of borderline, the problem with this idea is that it is imprecise because it describes heterogeneous issues that can also go for neurosis so it becomes confusing. When Bleuler (quoted in [6]) presents schizophrenia, he names it simple schizophrenia, and says that this group is outside hospitals, but that it is normal. Currently, more and more of these types of cases occur in the private consultation, they are not the cases already of the hospital, of hospitalization, but in the private practice, says Bleuler. Indeed, it is verified at the level of the experience of the practitioners, as often in relatives who bring frankly triggered patients as in the relatives themselves, who are also psychotic, but not triggered. Suspicions are confirmed when small symptoms turn to clearer symptoms. Godoy [6] describes these manifestations as pseudoneurotic forms, symptoms that can have aspects of phobias,



obsessions or even seem hysterical conversions, the Wolf Man is an example of this.

It is not confused with a neurosis. The fear of the Wolf Man was to the image of the wolf in the book of stories, not to the wolf itself, like Juanito's fear of the horse itself. There is one thing with the image, with the prevalence of the imaginary, the fear of the image of the wolf, which also appeared in dreams, which is defining. Then, the constipation that prevents him from defecating is not a hysterical conversion, although Freud calls it a hysterically affected organ. If it were hysterical with the work of the sense it would have healed, but that symptom does not enter the conversation, it is not put into play in the analytical work, it does not enter the game of the signifiers, it is not dialectizable, it remains untouchable, which is also defining psychosis. That pseudoneurotic symptom, as Godoy calls it, constipation, is supporting, like a patch, like a bra, the psychotic structure.

Then the Man of the Wolves treats a pimple in his nose with a dermatologist, that dermatologist generates an irregularity in his nose and that generates a catastrophe, generates an ugliness, he lived with a mirror to see himself, he even thought of murdering the dermatologist who had generated that. The symbolic hole clings to a strong obsessive armor. That rigidity, that excessive formality, means the lack of the father, but that rigidity allows him to sustain himself. What is revealed is the forclusion of the Father's Name compensated by the image, that is, imaginary compensation.

### 3. Operation Clinic

Lacan [11] investigates how a psychotic structure could have remained compensated until the moment of the outbreak. In Schreber, that symptomatology breaks out at the age of 51 from being summoned to answer for the appointment of president of the Dresden Appeals Chamber. But before that event Schreber makes an impeccable career as a lawyer that leaves him at the gates of the Dresden court and gets married. Not only can he work and love without too many difficulties - possible definition of mental health - but he has no history of hospitalization.

What would have happened if Freud had had this expression ordinary psychosis and had read the president's memoirs in the light of it? Perhaps he would have found discreet signs that would have put Schreber in relation to that structure of absence of the Father's Name, but a compensated structure. As Maleval [17, 18] says, the difficulty for the analyst is when there is no psychiatric background in the subject's history. Now, when the analyst receives a subject with the triggered psychosis, the question should be how did a subject sustain himself before the frank psychotic triggering?

In the fall the subject is in proximity to the hole and there it is about the analyst seeing how to reach out to the subject to support him in the search for a new solution, but docile to the subject to allow him to do his job. It is worth saying that the solutions are not permanent. When these fail, we must see what other formula can replace the one that has failed to protect the subject from the forclusive abyss. At the time of

the disengagement, you have to see the element that was a hitch for that subject to allow directing the cure in the sense of a possible re-engagement [7, 25].

This logic is then revealed: unhook, hook, re-hook. Kuhn proposes this movement as a paradigm, crisis, new paradigm. In the scientific study of history, we have it as a thesis, antithesis, synthesis. Three functions, which have a dialectical relationship with each other, three places that are united. Miller [22, 25] alludes to this articulation by proposing a term: neo-dis-chaining. In a first half, a point of enough is achieved, then it is unhooked that which was the broach for then, in a third time, invent a new way of knotting things. For example, if after the interruption of a subject with the toxic substance the trigger appears then the element that hooked him was the toxic one, it gave him an identity "I am a drug addict" that stabilized him; or if after a separation after many years of family project the triggering arises then the hooking element was the project because it gave him an identification "I am a father or I am husband". The essential thing is to ask ourselves the question, what element did the forclusive hole in the life of that subject? What protects the subject from forclusion? And there we already have an important orientation for that subject.

The clinic of the operation is defined by seeking the determining function of the coupling. In the modality of imaginary compensation that function is found in dominant opinions of another or the environment to achieve ways of being in psychotic subjects who lack their own dynamics or who lack personal direction. There the stabilization is obtained, says Maleval [18], by means of one hook to the other, but not through a construction of the subject's own. That is, in subjects who are not in a position to generate a substitution, stabilization is through imaginary compensation, that is, identification with another, imitating another, from hooking to the other, supporting a loved one, who acts as if. In order to maintain that type of externally founded identities, these subjects demonstrate an extreme capacity for adequacy, which is also an inability to criticize the object with which they are hooked.

Imaginary compensations are unstable because they are sustained in the image of another. "Due to their lability, imaginary identifications are usually quite precarious, which at any time can precipitate their fall" ([7], p. 72). Although some psychotics would only gain access to the law through identification with external objects. That is, the validation of symbolic limits requires the subject to frame his enjoyment through the imaginary [18]. Although precarious, it is a way of identifying yourself. Sometimes these solutions can acquire a greater consistency in the analysis [7].

It is precarious since it depends not only on the presence and availability of the model person to follow, but also on his ability to offer comforting words [19]. For example, in Miss B, case presented by Maleval [18]. The analyst's efforts were set on countering this tendency to be reduced to an object of enjoyment of the will of the Other. For that, she guides Miss B to be active, to take care of her image, to not be easy for a man

to touch her or to access her sexually. "Despite this, identification with object a remains threatening" (p. 180). Little by little she establishes a phallic veil that covers the real thing of the object. She becomes seductive, she buys clothes, although limiting herself to adorning the object with clothing. What the clothes veil is her ugliness, her rough skin, which is revealed when she is naked. Although she accepts better to be a woman, this mode of imaginary compensation is fragile.

Imaginary compensation through seduction is precarious because it hides displeasure and ugliness. It is a contradiction sustained in the following logic: at one end the ideal of beauty is used using the possibilities offered by aesthetics, but at the other end the identification with the object of waste is still very present. This logic carries a potential fragility that manifests itself, in this case of Miss B, when a friend tells her that seduction is not necessary to be feminine, something that impacts her by questioning all the work, meaning the return to ugliness and taking her back to a depressive well that makes her want to hurt herself.

Then, when exchanging clothes with her mother, she tells her that she does not need a dress, attacking the phallic image; the analyst intervenes to tell her to stop lending clothes to her mother, an intervention that she accepts and allows her to feel better at the same time. This shows that seduction allows "to survive a little mediatized relationship with an Other that becomes fierce as soon as his desire intervenes" (p. 199). Thus, the imaginary compensation lacks a metaphorical effect, an effect that could be given by a substitution built from an activity, for example, professional.

Although "the seductress" is not a solution that knots the three registers in a Borromean way, that knots them so that the solution is a sinthome in relation to the incurable nucleus of the symptom, despite the fact that the imaginary identification is not that Borromean solution, it produces the assembly of the ego and therefore has stabilizing effects. The stabilization achieved through imaginary compensation allows at least provisionally that the libido put into being an object of use is entirely put into being an attractive, seductive woman, which testifies to an initial work of construction of the phallic veil placed on the impulsive object in excess in Miss B. "Anyway, if it is not reinforced by the work of a substitution, the psychotic ghost, which only compensates for the lack of phallic function in an imperfect way, seems to constitute a fragile mode of stabilization" (p. 200).

Imaginary compensations serve the subject to replace what is included in the symbolic, but they are fragile and provisional. And this for the simple reason that the subject has not libido invested the object, as Deutsh says (cited in Maleval, [18]), among the subjects "as if" "there is a real loss of the object investiture" (p. 126). What has been put together is a style with the similar or with several similars, but there is no trait that differentiates it from similar models. It is purely copying the behavior of the other. It's like the story that Kafka [9, 2] directs to the Academy about how a primate has managed to access the human world.

In the story the monkey is found in the jungle and taken to the life of the University. He attends the academy to testify to his monitude, and his passage from monkey to man. [...] the first thing he learns from man is to spit, because all the sailors who bring him on the boat, caged, spit, then he also spits; the first human sign of the monkey is to spit. ([4], p. 54).

With this copy of the behavior the subject achieves an adaptation, but it means nothing of criticism. There is not the slightest imprint of belief in the unconscious in these subjects, but the certainty of being. With certainty it is difficult to get involved because it is absolute, it does not admit dialectics. That is why these imaginary identifications indicate preliminary stages of psychosis. In the psychotic subject, identifications usually have little weight and that is why he often works to develop new substitutions. The most solid forms of stabilization are those that go through a basic fantasy (significant master, construction of a ghost) or via sinthome (subjective knotting).

What is a sinthome? Lacan undertakes in the mid-seventies a topological approach to psychoses with the case of the Irish writer James Joyce. Through the Borromeo knot he finds a way to formalize the relations between the three registers that highlights how the factual forclusion of the Name of the Father finds its solution through the knotting function that he called with the novel concept of sinthome. The sinthome puts in the foreground the way of enjoying in its uniqueness and therefore weakens the boundaries between neurosis and psychosis. The perspective of the sinthome puts, says Linardou-Blanchet [16], to each subject on the path of what makes it unique, that private modality of facing the enjoyment with which someone gives a non-standard treatment, not distressing to the drive, which allows to make the contingency a necessity and have a social use.

Miller [24] says that, in all the Writings, except the latters, Lacan constructs the fundamental dimension of the subject as belonging to the imaginary dimension. Everyone should start with the imaginary. Every subject must inhabit the mirror stadium. The imaginary is the beginning of psychic life. If the mirror stage is the first structure of the subject's primary world then it is a very unstable world, of quicksand, without consistency, a world of shadows. Also, Miller says, it's the mother's world. The symbolic appears in a second half in this construction. The symbolic is the order. But the first thing is a world whose drive force is that of the Mother's Desire, the mother's disorderly desire for the child-subject. In a way, this is the same as saying that madness is the primary world. At that point it is shown that imaginary compensations are fragile, but effective as long as they return the subject to the beginning of his world.

#### 4. *Subsuptity and Compensation*

Maleval [18] distinguishes substitution and compensation. The compensation is often by identifying images, the subject can compensate for the lack of the primordial signifier through a series of purely conformist identifications, as Lacan [11] said, where the mechanism of the "as if", that Lacan takes

from Helene Deutsch, is a way of presenting the absent Oedipus, that is, the lack of signifier of the Father's Name. On the contrary, the substitution designates a means to make the elements of the Borromean knot stay together, for example, an elaboration through the delirious metaphor, but not a delirium in its expansion, but in its contraction. "The substitution is a unique way of pacifying the enjoyment that "preserves the trace of the failure that it remedies" (Maleval, [18], p. 52).

The modalities of substitution in psychotic subjects are of an important diversity, unlike imaginary identifications that are a little less diverse, perhaps more rigid. What they could have in common is that both compensations and substitutions become ways of limiting enjoyment without being equivalent to castration. Raising this difference allows not only not to use these two terms as equivalents in the orientation of the cure, but for the analyst to see what it is convenient to stop each time to operate.

A compensated psychosis is not the same as a psychosis stabilized through the contraction of a delirium that stabilizes the meanings of the subject, where the Father's Name did not operate, where the paternal metaphor is absent, it operates delirium as a metaphor, the delirious metaphor as a symbol of the hole. The delirious metaphor is the level at which signifier and meaning stabilize. The delirium works as a capiton point, the crystallized delirium is a metaphorical response to the hole of enigmatic significance, it is there where the meaning is fastened, it is ordered retroactively.

A delirium is a symbolic story, says Miller [24]. He is capable of ordering a world. The order is at a symbolic level. What gives it order, what gives hierarchies to the imaginary world, is the symbolic with the Name of the Father that is one more signifier, whose consequence is a less of enjoyment. The imaginary enjoyment is evacuated, it is extracted, it is subtracted through the symbolic. When the organizing element of the Name-of-the-Father is introduced, a subtraction is obtained at the level of libido, enjoyment and drives. The delirious metaphor acts as Father's Name.

There are delusions that order many people. The Freudian Field is a delirium, it does not have an exact delimitation. The story of God and Jesus is another delirium, it has ordered millions of people. A delirium can order the world. In the shared or built delirium there is a social bond from the delirium. On the other hand, the lonely delirium does not seek to be shared with others, he is convinced of his own truth, he cares little what others say. As Miller says, Schreber had a private delirium, he was delirious alone. He couldn't manage to make his delirium a delirium for everyone.

Does this mean that everything symbolic is a delirium? Miller admits that in his first teaching Lacan is close to saying that the whole symbolic order is a delirium, including his own construction of the symbolic order. Life has no meaning. To make sense, it's already delirious. When we want to understand in practice the way a patient thinks, the way his life gives meaning we are with his delirium, but we do not participate in it. The analyst's job, says Miller, is to capture his

particular, unusual way of making sense of things.

## 4. Discussion

Recovering the data obtained, we can deduce that the practitioner has three different modalities according to the way in which the knotting of the three structural dimensions has been given. In the case of neuroses, blurred knots. In the case of ordinary psychoses, knotting not blurring. In the case of extraordinary psychoses broken chain and elemental phenomenon [18].

The non-blur knots clearly indicate the impossibility, that point that is not identified with the logic of the grouping. In neuroses the impossible is repressed; in extraordinary psychoses the impossible is open and in ordinary psychoses the impossible receives an attempt at treatment, a way of treating the truly singular. Therefore, the reference is always a void. Is there then a difference between Aedipal delirium and psychotic delirium?

If there is, it would have to be based on a Borromea property, but not due to a reference, because it is lost for every subject, which is by definition delusional. Now, if the Father's Name is what "guarantees nothing in terms of reference" ([18], p. 250), how can it be preserved as a concept? This question begins to hole the logic completely. Is logic dismissed at all? Our answer is no, because there is a completely new logic.

The designation of the continuist clinic that marks the last teaching of Lacan is based on generalized foreclusion, which is a condition, and here the universal is justified, for all parlêtres. "In this sense, the distinction between neurosis and psychosis is no longer relevant. [...] The important thing happens to be the subject's own knotting" (p. 251). For everyone there is the condition of inventing symptoms to limit enjoyment. Every subject has to produce a way to put a veil on enjoyment. How does each subject produce a way in which he can be subjected to the unconscious? How does everyone invent a way to connect S2 to S1? These questions take place on condition of the foreclusion of the Father's Name which is precisely the lack of that way that interprets enjoyment. In fact, the term ordinary designates the common, the common, what is considered normal, and that term Miller [23, 24] proposes it a posteriori of the term psychosis. It is normal for everyone to be presented with these questions.

From this it turns out that what used to be normal, the variant of neuroses, is now not the most widespread, we even wonder if it exists. From this, the practitioner no longer listens so much trying to know if it is a neurosis or a psychosis, that suspicion is overcome, because the priority is to orient the cure towards a substitution that can order the subjective phenomena.

As Miller [21] says, the psychotic triggering is produced by the fracture between signifier and meaning; when significant and meaning are separated, what responds are the phenomena of anguish. One way to deal with this is to stick signifiers in the meanings to achieve enough points. In non-psychotics the

relationship between the signifier and the meaning is fluid, the subject is passionate about the displayed meaning, the signifiers do not die in the meaning they engender, but connect with new signifiers. However, that the signifiers seek each other with others, conspires, that is, they do not want our good. "In this perspective, the normal thing is not the articulation of the signifier with the meaning. The rule is the enigma" (p. 25).

The antecedent theoretical baggage indicates the reading that the clinic of psychosis has been changing according to the mode of enjoyment of civilization. As Maleval [18] says, the symbolic and consistent Other, in which the subject had built his world, now reveals to be failed. "It is no longer that place of inscription of the ultimate truths in which myths, religions and strong ideologies led us to believe" (p. 9). A contrast between two eras is clarified. In the time of Schreber for a man to feel a feminine part was terrible. That was a trigger. Unlike today, it is not terrible that a man can have a feminine side. Psychoanalysis has helped us in that. What was thought to be known about what it is to be a man or a woman has been questioned. We no longer trust the attributes. On the contrary, to say that men dress blue and women dress pink is crazy, that's a crazy thought.

Consequently, the fall of the Other has this positive aspect that results in the expression ordinary psychosis. It's not bad, at least for Lacanian psychoanalysis, to say that someone is psychotic. Without psychoses, the Lacanian clinic would be different. It is not a segregation. When psychoanalysis diagnoses, if it diagnoses, it is not to pathologize. Freud says we are all crazy, that's why he writes *Psychopathology of everyday life*. Given that "the notion of psychosis continues to connote too much madness, it would certainly be more appropriate in our time to characterize it taking into account the substitution, theorized by Lacan - a notion that underlines his creative abilities" ([18], p. 233), which refers to the clinic of the functioning.

Lacanian-oriented psychoanalysis treats psychoses without pathologizing them. Psychoses have a long history of segregation. It is different from the autistic who, when diagnosed, immediately begins to receive treatment. In the story, the madman was segregated. That's why it's not always good for a psychotic to know that he's a psychotic. Danger is not a property of psychosis. The important thing is that it can be treated. But psychosis is not a disease. "The ordinary psychosis is not an attenuated psychosis: it does not designate the prodromes of a disease, but a specific subjective mode of functioning" (p. 9). This gives different hopes to the idea of having to face it as if it were a chronic disease since, conceived as an attempt at stabilization, it is compatible with solutions that turn out to be viable with life.

The paradigm of normality, just as in Freud were neuroses or in the classic Lacan the paternal metaphor, today is given by psychoses. It is true that Lacan [13] said that when it comes to the subject it is always essential to return to the question of structure because this is what makes the question of what is called the clinic progress. But at the end of his teaching, Lacan will propose that forclusion is not inherent in psychoses. We put the following question for discussion: have psychoses

absorbed neuroses in a new paradigm that refers to the always failed knots of each speaking subject? "Normality is, therefore, error and its attempts at compensation" ([7], p. 121).

How then to continue to distinguish the clinical structures? Precisely, Miller [24] proposes the phrase ordinary psychosis to dodge the rigidity of the binary differentiation neurosis or psychosis. Ordinary psychosis is "a way of introducing the third excluded by binary construction" ([24], p. 7). Ordinary psychosis is thirdity, outside of that classic logic. Ordinary psychosis, as a third element, comes to put order in that dual relationship between neurosis and psychosis.

## 5. Conclusions

What is the use that the analyst make of the results of this investigation? At least it serves three purposes. First, the relevance of the conceptual and its revolutionary dimension as ordinary psychosis should not be understood as a pathology, a pejorative term or an abnormality. In *Three Essays of Sexual Theory* Freud has already established the irrelevance of distinguishing between normal and pathological. Therefore, ordinary psychosis must be understood "as one of the modes of subjective functioning, one of the ways of dealing with the condition of *parl  tre*, neither better nor worse than that of the neurotic, that of the fetishist or even that of the autistic" ([18], p. 232). Second, it is useful for the analyst to know the clinic of the operation since by noticing an achieved stabilization he can sustain it and move the patient away from everything that may damage it. And third, if it is no longer the return of the repressed, but of what is presented in more, then the analyst has to turn his back on the desire to interpret. Therefore, it is appropriate for the analyst to abandon the claim of being the master of his patient. It must welcome a desire for functioning, which recognizes the resources that the subject has to paralyze the effects of foreclosure. The analyst wonders what it is? What resources does the subject have? What can be your invention?

It is concluded that psychosis is not a moderate, mitigated, hidden, weakened, diminished, small that is growing disease, its signs are not signs that precede a disease, they are not initial symptoms that occur before the development of an abnormality, but they are an attempt to restore the knot. However, the notion of attenuated psychosis is already found in the fifth version of the DSM, which makes it evident the difference between psychiatry and Lacanian-oriented psychoanalysis in the treatment of psychoses.

The operational difference between mirages and substitutions, between imaginary identification and *sinthome*, has been demonstrated. The orientation of the cure will privilege the construction of substitutions that mean Borromean knots. However, the support provided by an imaginary identification, which can be found by hooking with a relative or with an ideal, is something that Lacan rescues in the 1950s. Both ways can become substitutions that act as a losing object, that restore some of the configuration of a ghost. Therefore, the concept of substitution is reduced to sustaining the structural fault in the



other in this era where solitary enjoyment commands.

## Author Contributions

Marco Maximo Balzarini is the sole author. The author read and approved the final manuscript.

## Conflicts of Interest

The author declares no conflicts of interest.

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## Research Fields

**Marco Maximo Balzarini:** Obsessive neurosis, Suicide, Superego, Depression, Psychosis, Narcissism, Violence, Neuroscience and Psychoanalysis, Modern logic, Lacanian psychoanalytic interpretation