The ordinary psychoses: Their scope and limits

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Towards Barcelona 2018: The Ordinary Psychoses and the Others, Under Transference

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The PAPERS have been renewed. The new Committee of the School One presents a new series of Papers: **PAPERS 7.7.7.**

The project of: the PAPERS 7.7.7. is conceived as a study programme accompanying the preparation of the Barcelona Congress in 2018. Not exhaustive and inevitably incomplete, this project does not aim to cover everything that could be said about this theme. It rather seeks to provoke reflection and to elicit the desire to invent a knowledge with the aim of sustaining the “permanent conversation” that animates us in the experience of psychoanalysis, preserving the necessary tension between the One and the multiple of the 7 Schools of the WAP that make the School One vibrant.

In the course of the different texts that will constitute them, PAPERS 7.7.7. will examine and develop the theme of the Congress across seven thematic axes. How and in what way do we approach the psychoses - the ordinary psychoses and the others - in the 21st Century?

The psychoses are a clinical grouping that came out of the 19th century nosology of Kraepelin. It is on the basis of this nosology that Freud approached psychosis, but it was by starting from neurosis - where the unconscious was the pivot, Oedipus the hard kernel and repression the fundamental mechanism - that he thought these basic categories of the psychoanalytical clinic. Lacan took up Freud's legacy, broadening the perspectives while conserving the same structures, pursuing his reflections on the basis of the points that Freud had come up against. Foreclosure of the Name of the Father became that which "gives psychosis its essential condition."

At the other end of his teaching, Lacan will lean on psychosis and notably on Joyce in order to produce a reversal that will introduce a conceptual break.
The decline of the primacy of the symbolic order, the taking into account of the inexistence of the Other, leads to a pluralisation of the Names of the Father. This opens the way to the Borromean conception, transforming and orienting the clinic starting from jouissance and no longer from the presence or absence of a primordial signifier. Foreclosure is generalised, making the entire clinic turn around a fundamental hole. The consequence is that “Everyone is mad”, everyone has to deal with a hole, a real point of trou-matisme, a traumatic hole that is constitutive and outside of meaning. The discontinuity of the great classical structures, without being completely effaced, makes way for a continuum where the different Borromean knottings and their possible unknottings account for solutions that are as diverse as they are singular.

The classical conception of the symptomatology of the psychoses puts the foreclosure of the Name of the Father in the position of cause. The Borromean perspective makes of the Name of the Father a symptom, a function that can be replaced by another term. The relationship between the different psychoses, but equally between the psychoses and the group of the neuroses, thus vacillates and changes perspective.

It is this perspective that allowed for the invention of ordinary psychosis, which is founded on the possibility of a minimal link between the three registers RSI, to various degrees and along a spectrum of very rich nuances, even without Oedipus, even without the security of the established discourses. As Jacques-Alain Miller says, it is a matter of “a creation extracted from what we call the last teaching of Lacan”. He also states in 2008 that ordinary psychosis does not have a rigid definition, that it is not the invention of a “concept” but rather the invention of a term with a “wealth of definitions to attract different meanings, different meaning reflections around this signifier.” He says that this term does not have a definition, except perhaps in retrospect.

One of our expectations for this Congress will be to respond to this question: have we arrived at this moment of retrospection that would allow us to better define what ordinary psychosis is? Can we, at the end of our elaborations, clarify what it is that we call ordinary psychosis or does this signifier have the destiny of remaining without rigid definition, as a category that is “more epistemic than objective?” Or, again, could we say that “one can just as well do without it, on condition of making use of it?”

The series of the three previous Congresses turned on the repercussions linked to the mutations that this new century involves for speaking beings, explored within the three dimensions of symbolic, real and imaginary. Taking up the clinic again through the lens of psychosis, and more specifically of ordinary psychosis, is not inconsequential: it indicates an orientation. It involves a third phase in the investigation of the ordinary psychoses, a new stage of this “work programme that we call ordinary psychosis.”

The first phase saw the invention of the term ordinary psychosis during the last of the three encounters of the francophone Clinical Sections (Angers 1996, Arcachon 1997, Antibes 1998). This introduced a different perspective to that of the rigid binary of neurosis/psychosis, and served as a quilting point for a reflection pursued over the years concerning a whole field of the clinic that needed to be named: the unclassifiable, those cases that were not really neuroses without for all that presenting as well defined psychoses. It was here that the signifier “ordinary psychosis” was established.”
The solidity of a clinical concept is measured by the effectiveness of its use”, said Miquel Bassols at the NLS Congress in Dublin in July 2016. However, despite a certain infatuation with this term, the difficulty associated with its use and its lack of definition made it necessary to revisit the question, notably at the Anglophone Seminar in Paris in 2008, held under the title “Ordinary Psychosis Revisited”.

1998, 2008... 10 years later we will be in Barcelona in 2018, for our next Congress. In the context of this new century the questions concerning ordinary psychoses have become more pressing and more pertinent. We will thus have the opportunity to examine the way in which we have made use of this clinical tool in order to extract the lessons from it. We are now ready to refine the scope of this syntagm, to differentiate the clinical nuances of what we call ordinary psychosis, and to specify the possible articulations between ordinary psychoses and the others. It will also be important to clarify the way in which psychoanalysis receives them and treats them, and if so, how the taking into account of ordinary psychosis has modified the way psychoanalysis approaches the other psychoses.

We could equally think about the impact that the teachings of the ordinary psychoses could have on psychoanalysis itself, on the question of transference in particular, but also on the questions of interpretation and unconscious knowledge. As a result, we need to explore the possible incidences of these changes of perspective on the grouping of the neuroses. Could the ordinary psychoses of our times be thought in opposition to what one could call the extraordinary neuroses? What does seem important is that the ordinary psychoses challenge our whole clinic and our way of approaching it because, as Miquel Bassols has stressed: “The ordinary psychoses explode the system of structural diagnosis.”

PAPERS 7.7.7. will offer you a pathway, a trajectory for examining, via various thematic axes, the theme that the next Congress of Barcelona 2018 invites us to explore.

Translated by Natalie Wülfing

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4 Ibid.
The Ordinary Psychoses: Their Scope and Limits

Victoria Horne Reinoso

This first editions of PAPERS 7.7.7. takes its orientation from the title of the next Congress, and more specifically from its first part: The Ordinary Psychoses and the Others. How should we read this title? The distinction that it appears to introduce into the register of the psychoses leads us to question both the scope and the limits of the ordinary psychoses. What logical relationship do they have with the other psychoses, and how can they be situated in terms of their proximity, or sometimes their resemblance, to the neuromses? In what way is it pertinent to reflect on the psychoses today, whether ordinary or not?

In a pragmatic sense, we can conceive of ordinary psychosis as a way of identifying psychosis when the signs that would attest to it are, for one reason or another, not evident. To say that we have detected an ordinary psychosis would amount to saying that we are dealing with a psychosis, even in the absence of overt symptoms. However, this does not exempt us from specifying the classical structural diagnosis. Beyond situating a psychosis as “ordinary”, we would also have to be able to discern what might emerge, in muted fashion, of paranoia, schizophrenia, mania, or melancholia… This would be another way of saying: the ordinary psychoses are also the other psychoses. But then, from the moment we have recognised that we are dealing with a psychosis, what sense would there be in continuing to call it “ordinary”?

The syntagm “ordinary psychosis” presents both an advantage and a disadvantage. Its advantage lies in placing the signifier “psychosis” in the foreground, allowing us to distance ourselves from “borderline” positions, and clearly indicating that we are able to locate psychosis beyond the evidence if its manifest phenomena. Yet its disadvantage at the same time resides precisely in its reliance on the word “psychosis”.
In addition to the negative connotations this term has in current discourse, with its stigmatising consequences on a social plane, its use in the “scientific” landscape of contemporary psychiatry has essentially been reduced to designating the schizophrenias. But above all, if we want to situate ourselves in a Borromean perspective, we will certainly conclude that we are not dealing with a neurosis when the three registers are not knotted by the paternal metaphor; but does that mean that we are necessarily confronted with a psychosis?

The ordinary psychoses can perhaps help us to subvert rigid “diagnostics”, allowing us to stay as close as possible to the experience of the subject, taking our bearings from the particular jouissance of a parlêtre. This is a clinic of singular, inventive, and personal solutions; a clinic of “divine details”. It pushes us to circumscribe, on a case by case basis, that which is at stake for each one, to try to grasp what sustains someone in their life, what destabilises them or can make them vacillate at any given moment. This can only happen “under transference”, which gives the second part of the title of this Congress.

We asked seven colleagues from each of the seven schools of the WAP to respond to this theme under the title The Ordinary Psychoses: Their Scope and Limits. They have responded in a very diverse fashion, verifying that the singularity of each one makes up the multiple and fundamental richness of our School One.

Sophie Gayard’s text speaks directly to this theme. She directs her investigation to the very heart of the paradox that ordinary psychosis poses: how can we continue to make use of the classical clinic, where it is the presence or absence of the Name-of-the-Father that differentiates the domains of neurosis and psychosis, while not giving way with respect to the necessity of anchoring our thought in a clinic of jouissance centred on the “how does it hold together? “Ordinary psychosis could be a tool, a “Janus with two heads”, enabling us to confront this paradox.

Faced with the crucial question of how to reflect on neurosis from the perspective of psychosis, Gabriel Racki asks us to consider what psychosis teaches us, starting out from the fact that each era produces its corresponding psychotics, in accordance with the status of the Other at that time. If the psychotic rejects the imposture of the semblant of paternal authority, he tells us, then in the era of the decline of this authority and of the Other that does not exist, this rejection goes unnoticed; this is one sense of the word “ordinary”. But beyond that, taking up neurosis from the perspective of psychosis involves grasping that this teaches us that one of the meanings given to the symptom is to be the support of an intrinsic resistance to the regulation of jouissance, but also to any classification “for all”.

Using the examples of Joyce and Aby Warburg, Vincente Palomera and François Ansermet show us that psychosis can teach us about how a subject can construct solutions on the basis of their own faults and flaws.
Vincente Palomera sets out from assessment that taking discreet phenomena as signs reveals the most singular signifiers of the subject. In this sense, being discreet doesn’t make them any less “interesting”. Lacan shows this when he isolates, with Joyce, the hitherto unnoticed discreet phenomenon, of letting the body fall away so as to raise it to the value of the sign of a fault in the body, from which Joyce will construct an ego which will repair the knot. If for us ordinary psychosis is an instrument for reading more closely the *bricolages* of the subjects of our time, then with Joyce Lacan sought to identify these discreet signs, in order to “interpret his position of jouissance”.

François Ansermet addresses invention as a possible “sinthomatic” way forward in psychosis. Through a reading of the case of Aby Warburg he presents the inventions of this brilliant art historian as always premised upon a fault, an error, an “exploration […] of the gaps from which novelty emerges against the backdrop of the return of the same”. Not only do his inventions provide a route towards solutions for his psychosis, but equally “his psychotic functioning was a vector of his creativity”.

The originality of Domenico Cosenza’s text lies in his extraction of a contribution made by Jacques-Alain Miller during the “Clinical conversation on the subjective situations of social discontact” to consider the clinic of the ordinary psychoses. It has to do with a reinvention of the status of the object nothing as cause of “non-desire”, and of a certain state of the subject which can be pinpointed with the matheme $S_0$, indicating “the pull of non-being”, “a link to nothingness”.

Alba Alfaro examines the question of knowing whether, after twenty years of research, ordinary psychosis can be “consolidated” today as a clinical category. Supporting her text on three axioms, she demonstrates that ordinary psychosis emerged as a research programme aimed at taking into account the clinical consequences of mutations in contemporary discourse. Subsequently put to the test as a “Lacanian category” that makes it possible to refine concepts and categories in order to include the subtleties of certain phenomena, ordinary psychosis can now be considered as a contemporary form of psychosis, in line with today’s social discourse.

To conclude, Fernanda Otoni-Brisset poses the question of differential diagnosis, and asks what meaning should be given to the term “the others” in the Congress title, given that we’re concerned with drawing the consequences of the “fundamental clinical equality between parlêtres”. She highlights the displacement of the clinical question “what structure?” by that of “what function?” This leads towards a unitary clinic; one of inventions as defences against the real.

All these texts constitute reflections and attempts to think through today’s clinic – that of the contemporary parlêtre – on the basis of a singular position of jouissance; that is, the way in which each subject, whatever their “structure” in a classical sense, constructs a way of being in the world on the basis of their own flaws.

*Translated by Thomas Harding*
Ordinary Psychosis, a Janus with Two Heads

Sophie Gayard – ECF

Will the new stage of the research programme on ordinary psychosis, to which the next Congress of the WAP invites us, be the occasion for "a profitable return from grey theory to the perpetual green of experience" that Freud wished for in a short text from 1924 in which he tried to review the difference between neurosis and psychosis? Let us venture that in any case it will not be an arid desert insofar as the import of this "creation" extracted by Jacques-Alain Miller from Lacan’s late teaching leads us to re-interrogate the entire clinic. In this, the term ordinary psychosis is keeping its promises to be an "epistemic category" particularly well.

The examination of the cases that are unclassifiable or atypical in relation to our classical bipartition between neurosis and psychosis – arising from the Freudian reading of the Schreber case taken up again by Lacan, founding our doctrine of psychosis in the "On A Question Prior..." – has served as an invitation to clinicians to sharpen their attention in the search for discreet signs, for the minute indices that make it possible to detect the psychoses that were not apparent, ordinary and non-extraordinary, in their symptomatic manifestations. In this sense, ordinary psychosis emerged above all as an eminently transitory category, not a transition between neurosis and psychosis but a moment of suspension of judgement for the clinician. Once the diagnostic uncertainty was resolved, the resources of the classical theory of psychosis – or of neurosis – would once again become operative for the reading of the case and the orientations to be deduced from it for its analytic treatment. But if one only makes use of it in this way, certainly useful in practice but all the same rather restricted, it is in fact the solidarity of the structural distribution that reasserts itself, and which one sees being almost paradoxically reinforced by the very fact of its being temporarily called into question through the taking into account of this new category which was able, in a first moment, to appear to herald the end of this binarism.
The question arises: is it a matter of leaving it behind? If so, then why? Has it indeed proven its mettle? If not, then why not?

Is it because in fact we don’t know what to do with this framework and because clinicians have always also sought to modulate it? As evidenced by the neuroses of character, by the as if, narcissistic and border-line personalities, and by white psychosis, etc. These are all attempts that have their relevance for saying something about the clinic. However, they encounter their impasse in misrecognizing that “the condition of the subject, S (neurosis or psychosis), depends on what unfolds in the Other, A. What unfolds there is articulated like a discourse (the unconscious is the Other’s discourse).”

The conception of psychosis based on the foreclosure of the Name of the Father inscribes itself here within the general thesis of the unconscious structured like a language. The binary neurosis/psychosis echoes the binary presence/absence – of a signifier in the structure of the chain. The causality there is thus linguistic. But to be regulated by the failures of the paternal metaphor is still to conceive of psychosis on the basis of neurosis, and to consider neurosis as the ordinary regime.

The invention of the syntagm ordinary psychosis has thus constituted, for nearly twenty years, an inversion of the ordering of the clinic and – change of menu at the banquet of the analysts! – a calling into question of our regular fare. Because this is obviously what has changed in the time of the decline of the Father, the time of “the Other that does not exist”, and of the incidences of science on bodies. On the path that goes from the structural clinic of the early Lacan to the Borromean clinic of his late teaching, ordinary psychosis inscribes a milestone. It is like a Janus with two heads which can face to one or the other side, still constituting there not a transition but rather a pivot-point that allows us to see the reversal of perspective that Lacan operates by putting “the ring of string […] in the place of usage where the signifier used to be put.” All this while preserving the pertinence of the use of the concepts issuing from different moments of the itinerary. Ordinary psychosis thus constitutes an observation post at the heart of analytical practice itself, from which to interrogate again the Other, the unconscious, the symptom, the status of the cause and that of belief.

Because what to make of it when, at the end of Lacan’s teaching, the substitution of the unconscious by the parlêtre comes to be outlined? On this path, ordinary psychosis, in the clinic, is closely connected with bringing the body back to the foreground, in as much as it is not only image, but speaking body. Is it perhaps because of this that our attention turns from “what is not working?” to “how does it hold?” – from signs of a defect to those of an arrangement? What must hold, is, to follow Lacan himself following Joyce, the knotting of the three registers, real, imaginary and symbolic. It is the knot itself that comes to assure the possible localization of a jouissance that is always in excess, the relative stabilization of significations, and the possible inscription of the subject in a bearable social bond.
But this question – “how does it hold?” – is also the one that is always posed concerning the body, this body that one has, the body affected by speech, the body that enjoys and is enjoyed, and which always threatens “to clear off at any moment”. If ordinary psychosis, in its manifestations, has in general to do with variation of degrees, of intensity, of colours, then is it not in the clinic the category most likely to make apparent that we have left “the highway” and that there are nothing more than byways, the course of the psychoanalyst remaining, “to track the real”, the only way to counter the wandering by taking the path of the symptom?

If neurosis could have seemed “ordinary” in the sense of normality, could psychosis have taken this place? Certainly not, because there is no more normality than ordinariness, and if ordinary psychosis seems consonant with what one could call “an ordinary life”, what it demonstrates eminently is the extraordinary singularity of the solutions and the bricolages of each subject for making the knot of the symbolic, the imaginary and the real hold together.

Like Janus, god of doorways and passages, the category of ordinary psychosis is thus an invitation to the analyst to hold themselves at the heights of a Borromean clinic which keeps its distance from what our categories of neurosis and psychosis still retain of the medical discourse of the master, a discourse founded on the One of the paternal exception whose organizing power is today largely dissolved – which does not mean renouncing the knowledge that has been deposited in it. If we attain it, perhaps then we will be able to do without it.

*Translated by Samya Seth*

Ordinary Palpitations

Gabriel Racki – EOL

Psychoses are not a deficit, they always teach

The Head of a clinic ordered a patient to go to a workshop that was compulsory for everyone. The young psychotic, standing at the doorway, certain that he is the guardian of the institution, responded to his astonished interlocutor in the language of the security guard: “Come now, please don’t get in the way, keep moving, keep moving.” His only interest in the phallic norm was to subject it to irony, denoting the inconsistency of the order.

Psychosis teaches us about the status of the Other. The madman of 1800 was indexed on the “Pinelean” Other who attempted, without much success, by his mere presence and prestige to provide a moral treatment for the overwhelming passions of the insane in the Bicêtre asylum. The response cited above signals a subjective dialectic that is not governed by the Master. He is the guardian of his own world, does not consider himself under the command of any Other of order or prestige.

Across the ages, the psychotic teaches us about the unfathomable decision of being: the rejection of the imposture of the semblant of paternal authority, sparing himself tortuous feelings of guilt and indebtedness— from Schreber who “sends packing (verwerfe) the whale of imposture” of German education, to our young guard who without a second thought tells the head of the unit to “keep moving”. The difference is that today - marked by the decline of the paternal semblant and the rise of the object to the social zenith - that rejection is no longer quite so noisy; it goes unnoticed.

This is one sense of the ordinary, in distinction from the extraordinary in psychosis: it converges with the discursive order, or better still, with the non-order, with the inconsistency of the Other to order the jouissance of the contemporary subject. The research project of ordinary psychosis keeps the clinician alert to another lesson taught by psychosis: the symptom as a support, not only of existence, but also of the subject’s resistance— even if by minute signs - to consenting both to a law that would regulate his jouissance and to a classification that would be for all. In this way, ordinary psychosis extends the symptom’s subversive and singular value to little details of the body and of meaning that
were previously either overlooked, considered to be severe forms of neurosis, or simply not taken into analysis.
Learning from these discreet signs teaches us less about structural categories than about the analytic ethics in regard to that which resists phallic meaning in a singular way or is free from the exchange of jouissance for meaning.

**What operation is implemented by the denomination ordinary psychosis?**

Let us highlight the effects that appear to be achieved by this operation. It:

**Punctuates** a series of discreet phenomena that calibrate the clinic of psychosis: neo-trig-
gering, neo-transference, neo-conversion, neo-entry, plugging, unplugging, bodily phenomena, Φ₀, S₀/object nothing, a disturbance at the inmost juncture between the subject’s sense of life and the social, bodily and subjective externalities.

**Interprets** the epoch with a certain foreclusive element of *cast iron madness and unloving* in the social field, which Lacan called “the decline of the fundamental support of Oedipus: the love for the saying *no* of the father”, which converges with the purification of concept of the father as the ring that binds (already anticipated in the last session of Seminar 3): the father taken not as the fundamental and traditional signifier of the Other, but rather as a supplementary apparatus that holds together the nodal structure of the speaking being: *make-believe*. In this logic, the Name-of-the-Father is one instance (that of neuro-
sis) among other supplementary apparatuses that make believe, possible inventions for which psychotics possess a particular talent.

**Polarizes** between the classical binary clinic (a clinic of deficit, with a categorical dis-
tinction according to whether the Name-of-the-Father is inscribed or not, one that sets out from an existing Other and from a practice of delusional articulation or substitution for it) and a clinic of the knots, a clinic of continuity in that it sets out from the sexual non-relation for all speaking beings (*there is no* as generalized foreclosure associated with the formula “everyone is delusional” correlative with a practice that is not centred on the metaphorical function, but rather on the knotting).

**Displaces** the barrier between neurosis and psychosis: lapsus/paternal knottings with a Borromean dynamic are opposed to lapsus/non-paternal knottings with a non Borromean dynamic. The function of knotting becomes incarnated in the symptomatic solutions. For every speaking being the questions is how the different registers are knotted, unknotted, interpenetrated, sutured, spliced and braided. This clinical richness broadens the spec-
trum between extraordinary psychosis and neurosis, allowing us to capture in greater detail how each subject manages to hold together body, life, speech and meaning in order to be able to function in his or her existence.

**Investigates** the juncture provided for each speaking being by jouissance, which for psychoanalysis is life. This is the point from which pulses the life-jouissance of each subject, the “heart of the speaking being”. It converges clinically with the most intimate juncture
of the sense of life. By means of the paradigm of “the world hidden by a veil” of the Wolf-Man, we can elucidate in “ordinary” cases how this juncture can only be captured in subtle externals.

**Names a pragmatic turn** in the clinic, which is no longer not centred solely on the algorithmic elucidation of the logical equation as truth, but is rather pushed towards the discovery of the body event that traumatizes the parlêtre. *Sinthome* names a clinic of the singular use that each parlêtre makes of this event and of the incitation to each one of us to invent something with this trauma.

**Under transference… loves**

The love of the virtues of the *linguistic pragmatism* of the Joycean paradigm, Joyce who did not require an analyst to keep madness at bay, also inspires a limit: the clinic of the parlêtre but without transference. Joyce promotes the advantages of substituting parlêtre for *subject* but perhaps limits the specific inquiry into the action of analytic transference. This gives maximum meaning to the theme of our next Congress.

In dialogue with the DSM, which loves global consensus on syndromes, the category of *ordinary psychosis* exalts the love for the singular, exploding the universalising attempts that erase the subject. Instead of the love for cerebral neuro-imaging and the program to cipher subjective existence, *ordinary psychosis* requires the radicalisation of the existence of the love for detail of the unconscious and a conversation about imposed speech and the body event. Clinical practice with the psychotic always clarifies the act of the analyst and destitutes fantasies and ideals; for example, taking neurosis as a norm, which leaves the analyst exhausted and impotent in the face of madness.

This practice has been crystallized in diverse indications according to the epoch: being the secretary of the insane, not understanding, submitting to the subjective positions of the patient, not enacting the Schreberian father, allowing oneself be interested in the freedom of the madman who does not demand or transfer the a to the Other, making oneself the partner of invention and, currently, making oneself the addressee of the minute signs of foreclosure.

This putting in play of an act only conceivable under transference impels us to renew the detailed study of the varieties of psychosis, classical, ordinary and contemporary. Faced with the mortifying passion for the image, it brings to life the transferential encounter as love for the unconscious or, better yet, love for the roots of the *poyesis* of the symptom.

_Translated by Alejandro Betancur Vélez_

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5 Ibid.
Interesting Discreet Signs

Vicente Palomera – ELP

H.: What do you mean by saying that a conversation has outlines? Did this conversation have outlines?
P.: Oh, yes! Of course. But we can’t see them yet because the conversation hasn’t finished.

Gregory Bateson, Metalogues.

The path inaugurated by the clinical conversations that took place, between 1996 and 1998, in the cities of Angers, Arcachon and Antibes, implied a revitalisation of the psychoanalytic clinic of the psychoses. Jacques-Alain Miller invited us to pay attention to discreet phenomena in psychosis, those that do not attract attention precisely because they are adjusted to the norm or to a too common sense.

The fact of taking discreet phenomena as signs brings to light the signifiers that are most proper to the subject. These discreet signs can go unnoticed because they are inconspicuous and often notably banal. This oxymoron makes us think of Edwin F. Bechenbach’s paradox concerning positive whole numbers (‘Interesting Integers’), which shows that the most ordinary (‘dull’) numbers can become interesting. Martin Gardner summarises this in entertaining manner: “Some people are interesting. Others are dull. Here we have a list of all the dull people and a list of all the interesting people. Somewhere on the dull list is the dullest person in the world. But this makes him or her very interesting. So we have to move the dullest person to the other list. Now someone else will be the dullest person, and he or she too will be interesting. So eventually everyone becomes interesting.”

We might therefore say that discreet signs in psychosis, however bland or humble they might be, become interesting – providing we follow Lacan’s exhortation to abstain from understanding and do not erase that moment of perplexity that discreet signs, however insipid they might appear, can evoke.

The ordinary psychoses are our instrument for facing up to the challenge posed by cases of psychosis without an explicit delusion, without a manifest triggering, but which pre-
sent a series of phenomena that make it difficult to reinstate the structure to which they respond. The term “ordinary psychosis” obliges us to see in these psychoses the strong influence of the norm that is at stake in mass individualism - the norm of Robert Musil’s “man without qualities”, so well represented by those threadbare men that characterise the work of Samuel Beckett.

The term “ordinary psychosis” helps us to better refine the different tonalities in the modes of bricolage that subjects construct in order to maintain themselves within the social bond and to have at their disposal a certain know-how regarding life - something that is not so easy in the triggered psychoses.

The classical psychoses, which Miller situated in Antibes as extraordinary psychoses, are rather uncommon psychoses. Miller opposed these classical, or extraordinary, psychoses to the ordinary psychoses. What we find in the ordinary psychoses is the fact that the relations with language, as an effect of foreclosure, do not so much refer to the language disturbances proper to the classical psychoses, but rather speak to us about the specificity of certain functions of language. The question is to know how each person manages to 'get to grips' with a language proper to them starting from ordinary language. In the presentations of cases of ordinary psychoses, we observe that the subject does not speak our language, having managed - in a more or less successful way- to construct a language with an unprecedented semantic reach.

The first example in the psychoanalytic literature of what might be a mode of knotting different from the delusional metaphor in classical psychosis is that presented by Lacan with James Joyce's supplementary construction. According to Lacan's thesis, Joyce was the artisan of a supplementary narcissism; which is another way of saying that with his art he succeeded in re-knotting the imaginary. He did not love himself to the same degree as one normally loves oneself, but in becoming an artist he succeeded in being the artisan of a supplementary narcissism.

Lacan not only observed that Joyce is the symptom, but also that he wants to be one. There is in him a will to publication. In effect, Joyce does not write for the pleasure of playing with language. The horizon of the reduction of the symptom to its function of knotting is present at the beginning of "Lituraterre", from 1971, which takes its support in the Joycean sliding from "letter" to “litter”. For Lacan, the fact that Joyce published Finnegans Wake is as important as the fact of his having dedicated seventeen years to its writing. That is, Joyce is not satisfied with a “latrining” of the letter, with leaving it in the latrine or in a cupboard, as many psychotic subjects tend to do. On the contrary, Joyce aspired to his work being indelible for 300 years ; he addresses himself to the academics – he works to give them work – and Lacan interrogates the strange connivance between Joyce and these academics he addresses. Joyce does not address himself to psychoanalysts, rather he takes up the university discourse, which is characterised by its exclusion of the subject from the place of truth.
The way in which Lacan introduces himself into the idyll that Joyce maintains with the academic addressees of his work is very interesting. Lacan never seeks to interpret the meaning of Joyce’s work (Finnegans Wake precisely reduces this meaning to its fugue). What interests Lacan is the interpretation of Joyce’s position of jouissance, he is interested in the ways in which he obtains his jouissance: in the escabeau [stepladder]. What is the Joycean modality of making oneself an escabeau? If his escabeau is certainly the play of the letter outside meaning, we have to say ‘yes, but not outside jouissance’.

The particularity of the Joycean escabeau is its lack of an imaginary envelope, closely related to the way in which Joyce experiences his body. Lacan insists upon the suspicious character of a ‘dropping’ of the body in Joyce. Nobody before him had drawn attention to those passages of A Portrait of the Artist as a Young Man where we see highlighted the disruption concerning the image of the body, where his body and pain remain alien to him. Writing works like a body that supplements this flaw in the narcissistic investment of the body. Lacan calls his work [Joyce’s] the “Joycean Ego”, an ego outside the body. The body of this work constitutes a proper name: Joyce himself names his work as “the forging of the uncreated conscience of my race”.

This lack of passion of the body and its image in Joyce makes Lacan speak of the “his-secroibeau” (he-believes-himself-beautiful/he-raises-himself-up-as-beautiful) in order to situate the narcissistic dimension of Joyce’s escabeau. Joyce’s escabeau is not that of the ordinary man, because we do not find in Joyce a passion for the ego, for the fantasy of the sphere. This in the end is the reason why Lacan points out that as a result of the defect of knotting Joyce does not make of the escabeau an egoic delusion, given that the delusion always involves a production of meaning. Joyce succeeds in supplementing this slippage of the imaginary knot thanks to a writing unsubscribed from meaning, which in the end operates as a corrective ego.

**Translated by Howard Rouse**

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Warburg, Between Invention and Discovery

François Ansermet – NLS

Invention would be a possible synthematic solution for psychosis.¹ This is Jacques-Alain Miller’s position on the basis of the last Lacan. An invention might remain the subject’s own bricolage, but it might also manifest itself as having an import that goes well beyond that: a private invention can reveal itself as a discovery for all.² This is what we can learn from the extraordinary intellectual trajectory of Aby Warburg, the art historian who was the founder of an important current that never ceased to refer to him and to bear his name. His astonishing interpretations of the history of art opened the way to a whole new school – all the while allowing him to overcome the unbearable mental tension that haunted him.

Warburg experienced the triggering of a psychotic state in 1918. Following the defeat of Germany and the breakdown of the regime, he felt persecuted, followed, to the degree of threatening his family with a revolver in the attempt to kill them all in order to allow them to escape the fate that he imagined they’d have. First hospitalised in Iéna, in 1921 he was transferred to the Bellevue clinic in Kreuzlingen near Zürich, directed by Ludwig Binswanger. On his arrival he presented with a severe psychotic state³ accompanied by an intense psychomotor excitation that necessitated a locked ward. As his file specifies: “Serious and persistent delusional ideas: the cabbage is his brother’s brain, the potatoes are his children’s heads, the meat is the flesh of members of his family… he must not eat the bread rolls at breakfast, as it would be his own son that he is eating.”⁴

Even if Warburg was at first considered as presenting with a psychosis of the schizophrenic type, with paranoid dimensions, the discussion always turned around a differential diagnosis of manic depressive psychosis, considering his alternation between moments of exaltation with flight of ideas, and moments of depression, inhibition and unproductivity, in which his work froze.
Kraepelin himself came to the Bellevue clinic in 1923 and took part in the discussion of the differential diagnosis, in the end opting for the diagnosis of a mixed manic depressive state, insisting on the fact that he did not consider Warburg’s pathology irreversible. Kraepelin’s position regarding “an absolutely favourable diagnosis” was certainly a factor that contributed to Warburg’s possible cure, even if this were to be infinite.

Warburg was effectively clinically cured when he left Binswanger’s clinic, having given the famous lecture “The Serpent’s Ritual” before the clinic’s patients, including the dancer Nijinsky, the expressionist painter Kirchner, and Bertha von Pappenheim, Freud’s famous patient Anna O. In this lecture, whose preparation seems to have had a certain function of resolution with regards to his psychosis, Warburg put together the rituals of the Hopi Indians, which he had seen during a trip to North America at the age of 29 – their dances with live snakes to call for rain particularly made an impression on him. Years later this ritual gave him the key to the mystery of the Renaissance, the enigmatic figure of the Florentine Nymph, at the centre of several pieces of research throughout his life that resisted any interpretation.

In this lecture, which he later called “the beginning of my Renaissance,” he focuses in particular on the representation of this young girl who, following the birth of Mary, enters to the right of the scene wearing a turban of fruits on her head, in a fresco of Ghirlandaio in the chapel of Tornabuoni in Santa Maria Novella in Florence. For the rest of his life he will remain obsessed with the significance of this young girl, who he will name the ‘Nymph’. It is the memory of the Hopi ritual during his hospitalisation in Kreuzlingen that will resolve her enigma, putting him on the path to new elaborations of his theory of iconological interpretation. An invention that provided the solution to his research put Warburg on the path to new discoveries.

Even though Warburg, as Binswanger writes, “does not always manage to formulate in a logical or verbal fashion the connections he has an intuition of” the link between them and his psychotic structure appears central in his process of discovery. The connections he makes, the intuitions he develops, his inventions, open onto stupefying discoveries of unprecedented truths, which make one think that his psychotic functioning was a vector in his scientific creativity.

In this way Warburg attempted an opening towards what one could call, with Agamben, a “science without name”: a science of culture that goes beyond the limits of the sciences current in his era, knotting the history of art, anthropology, ethnology, mythology, psychology, and including a reference to biology.

For this, a key concept in Warburg is that of the “Nachleben”, which is the survival of a symbol, of an image, transmitted in mnemic fashion, beyond any conscious reference. Whence his research associating works from different epochs carrying the same aesthetic and emotional tensions, culminating in the construction of his famous “Atlas Mnemosyne”
which contains the survivals of multiple epochs, put together in a simultaneous way, in an astonishing synchrony beyond all diachrony.

As Georges Didi-Hübner says, the material put in play, between memory and sensation, is for Warburg a plastic material. It is a material in development, capable of metamorphoses, between survival and becoming, between continuity and discontinuity, which leads him to associate the works of different epochs, where the tensions of a culture are inscribed between repetition and creation.

The exploration is one of the points of fracture, of intervals, from which arises the new against a backdrop of the return of the same. For Warburg, the symbol and the image belong to an intermediate sphere – the “Zwischenraum”, another concept that Warburg introduces – a kind of no man’s land at the centre of the human, which brings Warburg to go towards an “iconology of the interval”: the interval between causes and images, between emotions and symbols.

There is also Warburg’s notion of the “Pathosformel”, the inextricable entanglement of an emotive charge and an iconographical formula, which represents a guide for him in his reading of art works. His method thus proceeds via an analysis of details – “God rests in the detail” according to Warburg – in a back and forth movement between the detail and the whole, and from the whole to the detail, which is at the end not all that far from the clinical method of psychoanalysis.

His method thus develops in a spiral, between several sciences, without any of them sufficing for his project. It is in this way that he tends towards a “science without name” that could take account of what is at play, unknown to the artist as much as the scientist. Could not psychoanalysis be one of the names of this “science without name” that Warburg tends towards?

Translated by Natalie Wülfling

9 Ibid.


12 Let us clarify that the notion of survival in Warburg has nothing to do with the archetypes in Jung.


A point of undoubted interest on the subject of ordinary psychosis that I would like to contribute relates to a proposition advanced by Jacques-Alain Miller in the clinical conversation *Subjective situations of social discontact*, held in Paris in June 2008, in which I participated. Ordinary psychosis was the backdrop to that clinical conversation, with particular emphasis on the theme of social disconnection and disinsertion in the social bond. The question of discontact, which comprised the theme of the conversation, was put in series with those of disconnection and disinsertion, themes much discussed in our field at that time. Disengagement from the Other, a prominent structural feature during times of crisis in psychosis in its ordinary form, reveals something of the psychotic structure in a subject until then apparently well-inserted in the social bond. Whereas today we are examining the discreet signs of ordinary psychosis, at that time the focus of our theoretical and clinical discussions was on the mode of breakdown of the social bond that characterised it.

In the period following Jacques-Alain Miller’s 2008 conference “Ordinary Psychosis Revisited”, and a decade after the *Antibes Convention* in which the theory of ordinary psychosis found its moment of formalisation, the clinical conversation of 2008 mentioned above was part of the process of *après-coup* on the theme of ordinary psychosis, providing a valuable contribution that made possible an advance in the process of giving it definition. For this reason, I think it warrants closer examination, in order to clarify our understanding of ordinary psychosis in view of Barcelona 2018, given that this text has perhaps not been given the full recognition that it deserves in our discussions.

In essence, I would say that Jacques-Alain Miller’s contribution on the subject of ordinary psychosis in this clinical conversation can be reduced to two key points: 1) a return to a key concept in Lacan’s teaching – the object nothing – that reinvents its status;
2) the introduction of a new matheme, particularly useful, according to Miller, in considering the clinic of ordinary psychosis, namely $S_0$.

This elaboration was produced during the conversation, in particular on the basis of a case of ordinary psychosis presented by Maleval, the case of Charles. The question of the nothing is central to this case. It is expressed phenomenologically as a structural inertia that makes it impossible for Charles to do anything at all, be it to work or to build a relationship. This leads Charles to define himself as “nothing”. In this case, Miller states in agreement with Maleval:

“This highly characteristic $S_0$ is regularly encountered in ordinary psychosis. It should not be confused with the barred subject. This “I am nothing” relates to another mode, much more radical than a mere undermining of one’s self-esteem. As Maleval has highlighted, it is a question of the attraction of non-being, which is not without evocation of Heidegger. A relationship to the nothing is present in this subject.”

In a certain sense Charles’s case is presented as paradigmatic. According to Miller, it allows us to reconsider the object rien, which Lacan had included in the list of objects $a$. In this case, it is a question not of a re-elaboration of the object rien starting from hysteria or mental anorexia (also in certain points in his teaching on obsessional neurosis or phobia), which can be found in Lacan, but rather starting from ordinary psychosis. This difference introduces a new definition of the status of the object cause. For Miller, $S_0$ is a matheme that allows us to consider the object rien in ordinary psychosis. This matheme “puts object $a$ back on the agenda in approaching ordinary psychosis. It seems to be bound to it and, in a way, gives it its status.”

In this way, it appears that Jacques-Alain Miller is opening the door to a revision of the Lacanian doctrine of the objects $a$, giving to the nothing an unprecedented prominence that makes this object different from the others in the list of objects cause of desire formulated by Lacan. The full weight of this passage can be felt in the new definition of the object rien that Miller arrives at in the conversation that this case of ordinary psychosis gives rise to: “The object $a$ as nothing is the only one of the objects $a$ to be cause of non-desire and cause of desert.”

The clinic of ordinary psychosis is presented to us as a terrain to be explored – keeping in mind the specific function of the object nothing – within the imaginary compensations and solutions found by the subject in his or her existence, and guided by the compass of the matheme $S_0$.

*Translated by Carlo Zuccarini*
The ordinary psychoses: three axioms

Alba Alfaro – NEL

The theme of our next Congress calls on us to gather the “echoes” of the wager that J.-A. Miller launched with the signifier “ordinary psychosis”, in order to verify *a posteriori* whether after twenty years of research the results permit its consolidation as a clinical category. We wager in the affirmativ, grouping the contributions in three axioms.

**Ordinary Psychosis: “a research programme”**

This term initiates a movement, inspired in the late teaching of Lacan, to account for the “new theoretical, clinical and political context” in which psychoanalysis today inscribes itself and operates. This effort situates a tension between the two positions in which Lacan divided the task of the analyst: that of the practitioner and that of the clinician, demanding a “know how” in a pragmatic of case by case and a “knowing how to say it” in accordance with the epoch.

Ordinary psychosis arises in the context of a change from the Freudian unconscious to the Lacanian *parlêtre*, with which Lacan gave us “the index of what has changed in psychoanalysis in the 21st century”. It encourages us to enter into the notion of the real unconscious in order to account for a clinic that takes psychosis as its reference rather than neurosis, in which the unary signifier appears in its original status, in its dimension as letter; and the relation between the One-body and *lalangue* refers to the autistic jouissance of the parlêtre, to that which does not make a bond, where the references turn out to be absolutely singular.

It is thus a question of a research programme into these new clinical phenomena which arise from the current state of the discourse of the master and put in question the very consistency of a clinic, which in being a clinic of the real aims to “obtain in a subject the description that is tied most closely to his particularity.”
Ordinary Psychosis – Lacanian category

In this dialectic relation between practice and theory, ordinary psychosis comes to offer a clinical support for the axioms developed by Lacan in the theory of the *sinthome*. It allows us to refine the concept of neurosis and to bring the concept of psychosis up to date, providing the bases for consolidating a differential clinic oriented by the borromean topology.

If the question of what kept Joyce knotted together allowed Lacan to advance his theory of the knots, this same question today inscribes ordinary psychosis in the context of his very late teaching. The function of nomination that the ego fulfills as sinthome in Joyce offered Lacan an essential reference for approaching the forms, apart from the Name of the Father, that could exercise the function of supplementation in psychosis. Today the ordinary psychoses open up a whole field of clinical research into alternative forms of supplementation that operate without the recourse of the delusional metaphor.

The ordinary psychoses have inspired a re-reading of the classical cases from the psychoanalytical literature in order to situate these subtle forms of triggering and of supplementation that have not been studied before now. It has also provided new clinical evidence for situating phenomena of localization of jouissance that sustain the very foundation of the borromean clinic; and new support for the notion of language as “parasitic”. For example, the forms of triggering produced by the encounter not with the One-Father but with the dimension of the written in speech have allowed us to account for the ways in which enjoyed meaning can also assume a “radical” form when it is a matter of the letter.

Ordinary Psychosis – contemporary form of the psychoses

Let us start with an essential affirmation: ordinary psychosis is a psychosis, and more specifically, the mode in which psychosis presents itself today.

Miller urges us to explore this delicate clinic of oscillations, characterized by small clues, nuances and intensities, where triggerings alternate with periods of stabilization and destabilization. This has allowed ordinary psychosis to be outlined as a new clinical category of psychosis.

Although there is debate about whether it involves triggering or not, there appears to be agreement on one point: elementary phenomena present themselves according to the co-ordinates of the social discourse. In this sense, the “conforming to the perfect form”, with an air of normality, testifies to a supplementation operated by the function of being “named to”. This nomination implies a subject identified with a social function, which he exercises by reducing himself to appearances, to an “as if” (compensatory-make-believe for the Name-of-the-Father) which constitutes his social bond. Triggering tends to be produced when the subject ceases to be this role or comes into contradiction with the appearance associated with it.
Social disconnection, extreme neglect of self, dislocations or displacements of jouissance, turn out to be characteristic of a triggering captured under transference. There is also an enormous and constant effort of invention in order to tie oneself to the body, which is typical of the ordinary psychoses.

As for the direction of the treatment, the wager is oriented towards the construction of a sinthome at the point of something incurable. In many of these cases the analyst knows that he may occupy the “only social place that links the subject to humanity”.

Translated by Roger Litten

A lively conversation among colleagues of the Freudian Field turned around the precariousness of the binary clinic when confronted with analytical experience today. Clinical fragments underline the plasticity of cases which, under transference, require us to take longer before deciding on a precise diagnosis. Could it be neurosis? Psychosis? More or less… The ball of Gauss’ pendulum oscillates in accordance with the intensity of little clues, the divine details. It is impossible to reduce what this clinic delivers to us to a simple yes or no, to the presence or absence of the Name of the Father.

This elasticity was an indication of where we were: in the era of the Other that does not exist! Without these dividing criteria, the measure is flou, blurred, irreducible to classification. Lacan’s late teaching urges us to follow that which functions as a knotting in the face of the disturbances of language and the body in the social bond. Might we do without diagnostic certainty on condition that those we serve speak to us as “the subject supposed to know?”

This is where we were when the winds of the Freudian Field blew, inviting us to a return to ordinary psychosis. Would this syntagm resolve the impasse of that conversation? As an augmentation to the binary clinic, this third term fortifies the grounds of our clinical categories. Will the unrest of the analysts find respite under the shade of this ternary? “The danger of the concept of ordinary psychosis – is what we call in French an asile de l’ignorance, a refuge for not knowing.” It’s not by chance that the Xth Congress added to the title The Ordinary Psychoses a small addendum – and the Others, under transference. This coda serves as an indispensable accessory, an opening onto the real that animates the surprise at the core of the logic in our actions as analysts.

**What, after all, are the others?**

This question aims to bring to light the hole in the sack. Could it be a reference to the other psychoses: paranoid, schizophrenic, dormant, explosive, Joycean, discreet, compensated psychoses? Would it be appropriate to mix them with the others, the neuroses? “Neurosis isn’t always neurosis anymore… we have the differential diagnosis, but there is always a continuum as well: ‘all women are mad’; ‘everyone is mad.’
Take a look at neurosis and the delusions it is capable of; those of which it is made; neurosis is a *patchwork.*

The elucubrations proliferate, and, in the meantime, “everyone is delusional.”

I want to proceed from the opening evoked by the phrase “the others” to explore the consequences of “the declaration of fundamental clinical equality between speaking beings,” picking up the thread that connects the Xth and XIth Congresses of the WAP: a narrow *continuum* to pursue.

**Fundamentals of Equality**

If the differential clinic is defined by locating the marks of discontinuity between clinical structures, some of Lacan’s proposals allow us to declare that we are all equal in the face of the real *non-sense* of existence. Each one of us speaks our own *lalangue,* and for all of us “speaking is in itself a disturbance of language.” Where there is a speaking being, the encounter between language and the body creates the most intimate junction of the feeling of life, and “a much narrower connection between jouissance and the signifier” is made. From this point on, life bears meaning.

This relationship between jouissance and the signifier is common to all, even if the ways in which that connection happens are distinct, being more or less intense for each of us – the knotting of the One of language with the Other. For neurotics it is the Name of the Father that ties the knot; in the vast world of the psychoses, other modes of knotting and clamping are derived from a specific element that functions as if it were the Name of the Father.

The passage from the differential clinic to the borromean clinic does not allow us to erase the tracks that establish neurotic and psychotic modes of being. It in fact requires us to follow the *finesse* of the small signs, indications of fastenings, moorings and knotting, in a permanent scrutiny attentive to the singularity of the *sinthome.* The spotlight shifts from the debate around diagnosis to an illumination of the real within the treatment; the question is displaced from “what it might be” to “how it might function.” A clinic of functioning, of connections, of the minute details in which a touch of singularity is the compass.

With Miller, we can say that the ordinary psychoses and the others, neuroses and psychoses, are at the same time “different outcomes for the same difficulty of being.” An outcome to what does not cease to inscribe itself and which pulsates at the “the inmost juncture of the subject’s sense of life.” But what is it that happens at this most intimate juncture?

*“It is the pfuit! of meaning and the search for quilting-points”*

Laurent, at the Antibes convention, points out: “*what makes my head at a certain point just quit… pfuit… (…) The pfuit! of meaning.*” There is nothing more human! This pfuit!
also appears in the testimonies of the AEs when, in the analytic solitude, they enter the terrain of the petit a and testify to the real experience of the non-sense of their existence. That is when the inexistence of the relation comes to the surface and the clips open onto nothing, with the exhalation pfuit!, whose pulsating echo resonates over a background of an endless silence.

And that’s all it is! Life, in an ordinary and everyday form, is meaningless for everyone.

When Miller proposed the term ordinary psychosis, he wanted to “elicit various echoes in the clinician.” What would these echoes be if not those which resonate in our experience and which come from a real hollow embedded in the most intimate juncture of being? When investigating the signs of the ordinary disorder, we find vestiges that tell us about the experience with the hole, when the knot loosens, at times wavering or even releasing the junction. It is the disorder of the real: the hors-sens of jouissance! “We all invent something to cover up the hole in the real. There where there is no sexual relation, we invent what we can.” After all, the structures are defenses, defenses against the real, always sensed by their invisible pulsation in the torus of being.

Awash in contingencies, I suspect that the speaking being emerges from the connection that generates the pulsating pfuit! With a quilting-point capable of grasping it into an arrangement with the real, a connection that is singular to each one of us constitutes our sinthome. The sinthome is the living expression of the most intimate juncture, always insensate, stemming from the unprecedented and impossible encounter of lalangue and the social bond.

**A Unitary Clinic**

Finally, I wonder if the reach of the work leading up to the XIth Congress can allow us to confirm that the ordinary psychoses and the others, under transference circumscribe our experience with what Miller called “a binary clinic, a ternary clinic, and a unitary clinic, all in one! Like the Holy Trinity!” as dictated by the clinic of the knots.

A clinic of this import, oriented by the path from the real to the social bond, enlivens the permanent restlessness that agitates the conversation at the banquet of the analysts. Beyond structure, we seek to weave in the speaking being implied there with what serves as a clamp when faced with a punctured father. The fundamental clinical equality between parlêtres, enlightened by the return to ordinary psychosis, dissolves the insignia of the deficit, allowing us to explore the detail of the nuances of each case, each made up of numerous tones that vibrate according to the madness of each one.

If we follow this path, neurosis and psychosis, even though distinct according to the logic of the generalized foreclosure, find themselves united in the interior of the set of beings that Lacan defined simply as parlêtre.

It is Carnaval in Belo Horizonte, the masked revelers are singing.
It is time to follow *la folie* to Barcelona!

*Translated by Felipe Nogueira and Jessica Leigh*

*With thanks to Gary Marshall*

1. All quotes are free translations either from the Brazilian editions of the texts or their originals in French.