Discontinuity – Continuity
From the Oedipal Clinic to the Borromean Clinic

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Action Committee of the School One
Paloma Blanco - Florencia Fernández Coria Shanahan - Victoria Horne Reinoso (coordinator) - Anna Lucia Lutterbach Holck - Débora Rabinovich - Massimo Termini - José Fernando Velásquez

Translation team for this issue
Alejandro Betancur Vélez - Sabrina Di Cioccio - Roger Litten - Raphael Montague - Berenice Paulino - Natalie Wülffing

Edition – Graphic Design
Chantal Bonneau - Emmanuelle Chaminand-Edelstein - Hélène Skawinski
There is no natural relation between life and subjectivity in the *parlêtre*. There could even be a certain antagonism between these two terms, requiring some sentiment, an imaginary to link them together, to join them. The psychoses, ordinary and the others, are the effect of the difficulty in knotting the body, jouissance and speech. But we can ask whether there are not disturbances at this most intimate juncture in all *parlêtres*.

The Freudian clinic and the Lacanian clinic governed by the paternal metaphor are clinics of discontinuity, with all their validity, clinical as well as epistemic. But it is equally certain that the clinic of continuity elucidated by the Borromean knot throws light on the unique and unrepeatable structure of the singular invention for knotting oneself to life.

Could we consider these two conceptions as non-exclusive, taking them as useful instruments for orienting oneself in the clinic of the *parlêtre*. The term ‘ordinary psychosis’ proposed by Jacques-Alain Miller in 1998 is more of a research programme than a closed concept.

Miller discovered and systematized the change of perspective operative in Lacan’s teaching. Chronologically it is ordered in the first instance by the structuralist perspective linked to linguistics, giving primacy to the symbolic register that the Name of the Father
introduces. This perspective follows the traces of the furrow opened by Freud, where Oedipus is what knots the three registers. This is the religion of the father; on the basis of his predominance the Paternal Metaphor gives consistency to the Other. The foreclosure of the Name of the Father opens a hole in the symbolic that delusion tries to repair. This thesis conceives of psychosis on the basis of neurosis, as a lack of neurosis.

The turn towards a new formulation is the product of the introduction in Lacan’s teaching of the signifier of a lack in the Other which makes it incomplete and inconsistent, $S(\mathcal{A})$. This will initiate the process on the basis of which the Name of the Father will be reduced to being one name amongst others. The signifier of the lack of the Other is always supplementary and comes from outside. The Name of the Father is one possible quilting point amongst others for creating a parenthesis and providing the Other with a container.

In Lacan’s late teaching psychoanalysis comes to be organized by language and its effects of jouissance and not by the laws of language. Lalangue and language are distinguished. Lalangue does not serve for communication, it introduces the presence of a parasitic jouissance in the living body. This new ordering makes the three registers disjunct and equivalent, without any one prevailing over the others. The crucial issue is that they remain knotted together.

From Seminar XX onwards Lacan no longer speaks of neurosis but rather of the Oedipal symptom. Neurosis loses the privilege of constituting the best possible organization of subjectivity, becoming just one more mode of knotting. Although the nomenclature of the Name of the Father is maintained until the end, it will become emptied of Oedipal reference, coming to designate all that which knots the three registers; this is why it is conjugated in the plural – the Names of the Father.

If the term is maintained, it is because it holds in common with Oedipus the function of nomination as fourth ring that joins the other three together. Nevertheless, the hypothesis that Lacan poses with respect to Joyce is that it does not have to involve an Oedipal symptom. He does not speak of Joyce in terms of psychosis but rather in terms of the sinthome: Joyce the Sinthome.

Every subject is sustained by the knot. The Borromean clinic allows the investigation of the singular invention for making this knot consist, not on the basis of the father and the lucubration of knowledge that is the unconscious, but rather on the basis of a know-how with one’s own entanglement in jouissance.

From this perspective, the ordinary psychoses have to do with the subjective effects of precarious and inconsistent knottings and the little unknottings that, although they can arrive at the major unknottings of the classic and extraordinary psychoses, in the majority of cases manifest themselves in much more subtle and discreet signs, details of disconnection in relation to one’s own life, one’s body and others, without ever arriving at the point of a complete triggering.
The proposal for research is also a clinical and political orientation, given that it is an excellent guide for a reading of the current state of civilization, symptoms and contemporary ‘mentality’.

The texts that follow constitute a polyphony of responses, neither closed nor completely coincident and necessarily incomplete. The idea is to allow the texts to create a dialogue between themselves, for the argument that we sent to each author, which has now formed part of this editorial, to provoke the questioning and the research of both writers and readers. Far from constituting an issue that would be complete and closed in itself, the texts of each Paper constitute a point of departure for the following issue.

Jean-Claude Maleval and Estela Paskvan launch and frame the epistemic field of this issue.

Jean-Claude Maleval underlines that despite the profound changes that the concept of the Name of the Father underwent in Lacan’s teaching, its function of knotting of subjective structure is a constant.

In neurosis and in psychosis the barring of the Other implies the lack of a signifier to completely name jouissance. This is where foreclosure is generalised. It is trans-structural and supposes a continuist perspective. There is nonetheless a clinic of limited foreclosure of the Name of the Father that allows a knotting to fulfill the Borromean property and another clinic in which the Name of the Father is absent and requires a supplement in the knot, a supplement that implies the use of the *sinthome*.

Making of the *sinthome*, nevertheless, the common base of both structures has important qualifications and clinical objections. In the psychoses, ordinary or not, we find the $S_1$ all alone, which does not call on anyone, uncoupled, unsubscribed from the unconscious. In the neuroses, on the contrary, the $S_1$ is ordered with the $S_1-S_2$ couple. Miller indicates that the foreclosure of the Name of the Father can be translated as the foreclosure of this $S_2$.

Estela Paskvan proposes the metaphor of a screen divided into two windows to illustrate two phases and different paradigms of Lacan’s teaching: the schemas dedicated to Schreber and the knot that corresponds to Joyce.

In the first screen the Symbolic determines the Imaginary. According to the formula $P\rightarrow\Phi$, the foreclosure of $P$ determines psychosis. The frontier that separates the structures is clear cut.

The second screen is that of the three rings, $RSI$. In the case of Joyce the lapse of the knot is corrected by the ego corrector which prevents the imaginary coming loose. This fourth ring is the *sinthome*.

Could we write in this screen a knot for neurosis? It would be a knot that fulfilled the Borromean condition. For Lacan the knot is tetradic, the father being the fourth ring in neurosis.

Between the two screens the frontier becomes blurred. From the first screen Miller retrieves the lack of the feeling of life that is put in play in the three registers and whose disturbance can have various manifestations in consonance with each epoch. The author
follows Miller in considering that the second screen offers advantages in allowing the clinical evolution of the psychotic subject to be more continuous than discontinuous; that is, that subjects can fabricate with their subjective resources brooches, knots to prevent or repair the triggerings. This is how the ‘ordinary’ can become ‘singular’.

The articles by Gerardo Arenas, Ana Viganó, and Simone Souto take up the tension between discontinuity and continuity in order to focus on the concept and use of the *sinthome*.

**Gerardo Arenas** indicates that the concept of the *sinthome* involves a conceptual instability. Ordinary psychosis brings to light the fact that it is not certain that that which holds the three registers together is equivalent to that which supplies for the sexual relation and makes the Other exist for the subject.

In the ordinary psychoses the ‘as if’ mechanism that Jacques-Alain Miller calls the Compensatory Make-Believe (CMB) and which plays the part of the Name of the Father prevents the passage from ordinary psychosis to extraordinary psychosis.

The author wages on discontinuity for three reasons: on account of the structural character of the Borromean clinic itself present in Lacan’s affirmation that the knot is structure; on account of the discontinuous character of the opposition between connection and disconnection; and on account of the binary character of having recourse or not to the CMB.

**Ana Viganó** takes the proposal of the ordinary psychoses as a malleable category for thinking the incomparable. The fundamental discontinuity for each subject is the traumatic encounter with language which implies the sexual non-relation and its correlate “There is something of the One”. From this arises the necessity of a singular splicing that makes the feeling of life possible. Lacan’s clinic is a clinic of repairing of the lapsus of the disjoint letters RSI. The *sinthome* is the fourth element that re-knots the knot.

The analytic experience aims for the *parlêtre* to be able, without the guarantee of the Other and of meaning, to make themselves the author of a knot with the un-nameable life that no body is sufficient to encompass.

**Simone Souto** shows that the *sinthome* is a metaphor distinct from the Name of the Father and the delusional metaphor, and which comes to substitute for the absence of the jouissance of the sexual relation. This substitution in the libidinal economy gives the *sinthome* its incurable character: it cannot be negativised. It is also generalized because there is no speaking being that does not enjoy in a singular manner. The *sinthome* halts the drift of meaning and anchors it in non-meaning.
We speak of discontinuity within the framework of the Name of the Father, but the Borromean clinic entails the de-Oedipalisation of jouissance in a variety of singular solutions of diverse uses of the *sinthome* that would be beyond the father in the case of neurosis and supply for its absence in the case of psychosis. What the ordinary psychoses make manifest is that for Lacan the unconscious does not have anything to do with truth but rather with the singular invention for knotting oneself to life.

The contributions of Fulvio Sorge and Epaminondas Theodoridis both articulate the ordinary psychoses with the contemporary clinic, thus highlighting the link between clinic and politics.

**Fulvio Sorge** highlights ordinary psychosis as belonging to the epoch of democracy, product of the conjunction of the discourse of science and the capitalist discourse. The contemporary renunciation of the unconscious shows itself in this conjunction.

The author makes use of the articulation that Lacan indicates in *Seminar XXII* between the function of nomination and the Freudian triad of inhibition, symptom and anxiety. In particular he takes the assignation of each one of the three registers, by way of nomination, as the fourth element that keeps the three joined together. He proposes this reading as an interesting clinical compass in cases of ordinary psychosis at the time of doing without the Name of the Father on condition of making use of it.

The clinic of inventions produced under transference in the ordinary psychoses is a way, case by case, of responding to the discontents of contemporary civilization.

**Epaminondas Theodoridis** presents ordinary psychosis as correlative to the epoch of the Other that does not exist, in which the Name of the Father is no longer a guarantee and norms are substituted for the law. The Borromean clinic of the *sinthome* allows us to deduce a new clinic of continuity marked by the connection between jouissance and the signifier.

Generalised foreclosure signifies that all discourses are a defence against the real of the non-relation, a delusion in which one believes. From the moment jouissance can no longer be completely absorbed by the Symbolic the question becomes how to situate it. From the clinic of discontinuity this will be the function of the Name of the Father. For the Borromean clinic it is a question of localizing a kind of apparatus which, like a staple, would perform the function of the quilting point.

In the conversation of Antibes, J.-A. Miller distinguishes two types of psychosis, taking a reference from Chinese poetry to distinguish the rigid character of the first from the flexible character of the second. The classical psychoses, where there is a clear triggering, would be in the style of the oak. Psychoses in the style of the reed would be where we would situate the ordinary psychoses in which one has to localize singular solutions for reconstituting the knot.
The continuist perspective does not remove the pertinence of the binary clinic. Following Miller the author indicates the necessity, once the diagnosis of ordinary psychosis has been proposed, to also be able to make the diagnosis in the terms of the classical psychoanalytical clinic.

Translated by Roger Litten
Discontinuity - Continuity

Jean-Claude Maleval – ECF

The Name of the Father is subject to a profound remodelling in Lacan’s teaching, initially signifier the Law, inherent in the Other, it is reduced to being no more than that whose nomination supports the sinthome. Must we conclude that the foreclosure of the Name of the Father ceases to be capable of apprehending the structure of psychosis? In no way, asserts Lacan in 1975, since it is the Name of the Father that “makes a knot from the triskele”. Its function of knotting the elements of subjective structure remains a constant given. The first acceptance of the term foreclosure, which put the accent on the exclusion of a signifier, tends to be supplanted by the notion of the failure of the Borromean knotting. Nothing indicates that in his late teaching Lacan rejects this concept; on the contrary, he asserts it again, on the 16th of March 1976, saying that if foreclosure can be of use, it is first of all when it is put in correlation with the Name of the Father, even if “in the end the Name of the Father is something slight”.

The Lacanian apprehension of psychotic structure leads to a continuist approach in the field of the clinic of psychosis. J.-A. Miller notes that there is a “gradation within the great chapter of psychosis”. The forms of passage between schizophrenia, manic-depression and paranoia are not rare. We should now add the clinical diversity of ordinary psychosis to the possibility of the mutations inherent in the “grand chapter of psychosis”. However, the Borromean clinic is only continuist in certain aspects. The continuity in question is not one that suggests possible passage from neurosis to psychosis and vice versa. There is continuity only on the basis of generalised foreclosure, which is common to all speaking beings. “The opposition”, Zenoni underlines, “is no longer between madness and non madness, but rather between a diversity of “madnesses” with regard to a norm that is lacking, with regard to a real without norm and without compass, which is the lot of all speaking beings.” Each one of us is obliged to invent what he can, standard or not, universal or particular, to parry the hole of generalised foreclosure. In this sense, the distinction between neurosis and psychosis is not pertinent, given that what counts is the invention of the subject, the supplementation that he is or is not able to elaborate. The important
thing becomes the subject’s own knotting. Moreover, what is continuist is the absence of a norm for saying jouissance. For each one communication is not complete, for each one there is no sexual relation. Everyone is obliged to invent symptoms to limit jouissance: “This is true in a trans-structural way,” underlines Stevens, “it is true in psychosis as in neurosis, it is there that we have with the first Lacan a clinic we can call continuist.”

If it is legitimate to maintain that delusion is common to all speaking beings, it is because of the void of reference, which Lacan writes $\mathcal{A}$ and J.-A. Miller calls “generalised foreclosure”. We have to remember that this notion has nothing in common with the Kleinian thesis of the universality of the psychotic kernel. There is no clinic of generalised foreclosure: this is true for all speaking beings, psychotic or not. There is in contrast a clinic of restricted foreclosure, that of the Name of the Father. The distinction between Oedipal delusion and psychotic delusion is operative on the basis of clinical signs testifying or not to the Borromean property.

Generalised foreclosure certainly implies a certain continuist perspective. All speaking beings are obliged to invent in order to parry the inexistence of the Other. Each one has to come to terms with the absence of the sexual relation. This is trans-structural. Nevertheless, a further step is taken when we argue in favour of a continuist clinic, in order to erase the difference between neurosis and psychosis, by underlining that the sinthome constitutes their common foundation. We should specify that this is infra-clinical, it is the $S_1$ that fits out the jouissance of the sinthome inherent in a lalangue beyond the social norm. Yet, when one situates oneself at the level of the clinic, it appears that the $S_1$ which is at the root of the neurotic symptom does not possess the same properties as those of the sinthome of an ordinary psychotic such as Joyce. Lacan indicates that the latter has “unsubscribed from the unconscious” and his writing allows him to extract the essence of the symptom in an $S_1$ all alone, which does not appeal to an $S_2$. The unconscious is lodged for Lacan in the Other, while the sinthome is anchored in the One. The sinthome is thus not a formation of the unconscious: it constitutes the unanalysable part of the symptom. From the 50s, Lacan considered that the symptom of the psychotic “is clearly articulated in the structure itself” revealing “the most radical determinants of man by the signifier.” By contrast, the neurotic symptom puts a veil over this: it is subscribed to the unconscious, where the $S_1$ connects to the $S_2$S producing effects of interpretable metaphors. J.-A. Miller remarks that the foreclosure of the Name of the Father can be translated as “the foreclosure of this $S_2$ that permits the neurotic to decipher everything without perplexity.” This is what renders possible the emergence of a “simple element, isolated and different from a ring” at the root of the elementary phenomenon. Foreclosure of the $S_2$ in the one, connection to $S_1$ in the other: the psychotic sinthome is thus not the clinical foundation of the neurotic symptom, while the neurosis/psychosis distinction continues to be important for the conducting of treatments. Everyone is delusional, but psychotic structure remains the prerogative of certain speaking beings.
Nonetheless, in 2008 J.-A. Miller shows himself to be less affirmative in regard to the differentiation of neurosis and psychosis. He considers that “the incidence of the concept of the sinthome is profoundly de-structuring”, in the way that it “effaces” clinical boundaries. Effacing them, however, does not seem to make them disappear, despite everything. The neurosis/psychosis distinction, J.-A. Miller reminds us, rests on “a signifying distinction: the presence or not of the Name of the Father. But in fact this is translated by a typology of modes of enjoyment. Either, in neurosis, there is a condensator of jouissance, strictly bordered by castration, which is what Lacan writes as \( \text{little a over minus phi} \). Or there is overflow; there is not the limit of castration and the mode of presence of jouissance is thus displaced, random, and as a rule excessive; it disturbs – in commas – harmony, and even social circulation. The distinction neurosis/psychosis is reflected in a typology of two modes of jouissance, whose frontiers appear, at this level, singularly mobile. I said […] excess, but it is not for nothing that Lacan came to call the object \text{little a} the object of \text{surplus enjoyment}: it is because jouissance, in itself, implies an overflow. His investigation into feminine sexuality also led him to consider that feminine jouissance did not have the stable localisation of masculine sexuality. Whence, a nuanced conclusion which takes a step towards a radical continuist clinic, by without crossing the threshold: “the distinction neurosis/psychosis is operative at the level of the signifier, but far less at the level of the mode of jouissance”.

The effacement of the distinction is to be understood as a veil put over it and not as its disappearance. Some months earlier, in May 2008, J.-A. Miller made it more precise: “We have given more suppleness to the opposition between neurosis and psychosis”, he reminds us, indicating that there is a point of view where “this difference fades away.” The suppleness of the opposition and the fading of clinical pictures does not, however, lead to a point of view that invalidates the structural differentiations previously posed.

**Translated by Natalie Wülfling**

The Continuous Clinic

Estela Paskvan — ELP

Water is perhaps the substance most apt for the intuitive perception of continuity. The artist Hiroshi Sugimoto has dedicated himself to photographing many of the seas that exist on our planet. In a recent exhibition in Madrid visitors experienced that continuity extending to infinity, the gaze finding an occasion for the expansion of the encompassing imaginary. In fact, it was very difficult to distinguish among the different seas. It was necessary to get closer and read the reference, the name and place of the sea. You could say – slightly modifying the maxim – “all cats are black in continuity”.

This is not the case for the clinic in which structures and types exist. Furthermore, Lacan reminds us that, “…it begins with the following: there are types of symptoms, there is a clinic”1. Even if there is nothing in common between them, this singularity is incompatible with the undifferentiated.

The question of continuity was posed at the Conversion of Arcachon with regard to cases that resist classification. How to classify the “unclassifiables”? A truly Russellian paradox. Is there a gradation between the neuroses and the ordinary psychoses that would imply a continuity? J.-A. Miller responded: “It is less a continuity than a homology, if I can put it in an approximate way…”2. Ten years later, in the English seminar in Paris, the question is asked again. How can we situate ordinary psychosis in the binary clinic psychosis-neurosis? The frontier thickens without disappearing.

A change of screen

We can open two different windows – or divide the screen – in order to write in the first the schemas that Lacan dedicated to Schreber and in the second the knot that corresponds to Joyce. Two moments of his teaching (1957-58/1975-76) corresponding to two different paradigms.

What defines the first screen? This does not need much research, given that the I schema3 – which gives an account of “the subject’s structure at the end of the psychotic process” – has an explicit reference to the R schema4, which shows how the field of reality is constituted in neurosis. The two triangles, Imaginary and Symbolic, already indicate at their vertices the elements that will be put in play in the paternal metaphor, that is, the
signifying substitution and the phallic signification produced by this operation. The Name of the Father becomes a privileged signifier of the Other that guarantees order and subjective reality. The phallic signifier regulated by Φ localizes and limits jouissance.

The background of the screen has two colours, Symbolic and Imaginary. The first overdetermines the second. As a title we can write the formula for neurosis: $P \rightarrow \Phi$. The inexistence or foreclosure of $P$ thus determines psychosis. The frontier that separates the two structures is distinct, clear.

Before going on to the second screen, it would be useful to take into account some questions that arise here and will allow us to investigate possible relationships between the two.

Schreber’s delusion is his privileged form of restitution; Freud called it an “attempt at a cure”. But there are also other ways in which “pre-psychotic” subjects maintain their stability prior to triggering. In his seminar Lacan refers to a case of Katan. He says that the young man had maintained an “imaginary identification” with a friend, his alter ego. How then does this imaginary compensation for an absent Oedipus function?

Another important question refers to symbolic determination: does this operate between $P$ and $\Phi$ as we have dared to suggest? That is, can we be sure that the condition $P_0 \rightarrow \Phi_0$ is satisfied? Are there possible combinations? This question has already been posed in J.-A. Miller’s DEA Seminar from 1988, precisely in relation to the Freudian case of the Wolf Man.

Let us move on to the second screen and write the knot that corresponds to Joyce, the one that shows the repair of the lapsus with the “ego corrector”.

The three rings – Real, Imaginary, Symbolic – are not linked in the Borromean way. The lapsus or error implies that the Imaginary comes loose. Lacan detects this in the experience recounted by Joyce, where he feels the detachment of his body. Joyce’s solution – extraordinarily singular – is to create a brooch, the ego corrector, which prevents the imaginary coming loose. This fourth ring is the sinthome.

Is it possible here, in this screen, to write a knot for neurosis? Yes, this is a knot that fulfills the Borromean condition. The question is whether this functions as the prototype that would define the background of this screen. If we heed the first lesson of this seminar, Lacan already offers the answer. The Borromean knot is tetradic. The fourth ring, $\Sigma$, in neurosis is the father (père-version), “...a symptom, or a sinthome, write it as you wish”. The father thus appears in his function of linking, knotting, just as other sinthomes can do. That it should not be like the others is another question that exceeds its logical use.

What is the background of this screen? Real, Imaginary, Symbolic are separated and none have any privilege over the others. As a title we could write the “without colour” of the Real: “There is no relation”. In contrast, the flesh colour: “There is sinthome”.

What happens then to the frontier between neurosis and psychosis? If we are coherent, we have to affirm that it becomes blurred. Or at least, that it is not so clear, given that Lacan continues to maintain it in some form. It is enough to point out that for Joyce, he indicates a “de facto foreclosure”, that is, the specific mechanism of foreclosure (Verwe...
fung) in psychosis. It is delusion that Lacan later generalizes as response to the “there is no sexual relation”. Effectively, it is here that a new choice will appear: madness or mental debility. Let us indicate simply that in this new choice the function of linking, or chaining, remains crucial.

J.-A. Miller retrieves from the first screen, “A disturbance […]. at the most intimate juncture of the subject’s sense of life”\(^1\). In Lacan’s written text that is the effect of \(p_0 \rightarrow \Phi_0\). If we isolate the effect from the cause, as Miller does, the lack of this feeling of life can be put into play in other registers, as occurs with the three externalities that he proposes: corporal, social, subjective.

This operation is most important because it allows us to take into account the new disturbances of life in current times. Effectively, if the symbolic in this century “is not what it was”\(^2\), this is because we witness in subjects a new disturbance with regards to their identifications. There we find a rigidity that is not only difficult to dialecticise but also given to ruptures.

**A clinic of discontinuity**

One can object to the opposed pair continuity/discontinuity according to the perspective adopted. This is what Miller did at Arcachon by invoking Leibniz. But what concerns us now is a pragmatic question.

The psychoses grouped in the set of the “ordinary” indicate precisely their similarity to the neuroses. In many cases the semblant of similarity is rooted in a supposed subjective stability. It is thus most important to detect, in each case, where the make-believe resides\(^3\). Does it function as compensatory? If that were the case, its efficacy would be poor and short-lived.

Miller indicates at Arcachon: “The only truly interesting point is practical: what can we do so that the evolution of a subject might be more continuous than discontinuous, that is, how to avoid the crises, the triggerings, the scansions?”\(^4\)

The second screen serves as an orientation. A clinic of the continuity wagers precisely on the links, the brooches, that these subjects can fabricate with their subjective resources in order to prevent or repair the disconnections. It is then that the “ordinary” becomes singular.

*Translated by Alejandro Betancur Vélez*

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5 The formula reads: if Name of the Father then phallic signification as effect of the signer Phallus.
12 In reference to the theme of the VIIIth Congress of the World Association of Psychoanalysis “The Symbolic Order in the 21st Century. It is no longer what it was. What consequences for the treatment?”
What we talk about when we talk about disconnection?

Gerardo Arenas – eol

In the last two decades since the publication of the clinical conversations from Angers, Arcachon and Antibes’ we analysts have with increasing frequency come to incorporate in our jargon the term ‘disconnection,’ and a handful of associated terms such as ‘connection’ and ‘reconnection.’ In parallel we have attached the modern ‘neo-triggering’ as a partner to the classic ‘triggering.’ And ten years later, following a new clinical conversation published in Spanish under the title of Desarraigados, we have made room for another term, ‘desarraigo’ or ‘uprooting,’ broadening the palette of the terms that in Spanish have the common root ‘des-’: desencadenamiento, desenganche and desarraigo are the three colours with which we now paint our clinical pictures of psychosis.

For those who analyse psychotic subjects this is all perfectly justified. It even became necessary, given that the traditional conceptual trio of pre-psychosis / triggering / stabilisation was no longer sufficient to give a comprehensive account of either the clinical variety or the temporal unfolding of the relations between a psychotic subject, their signifying structure and the economy of their modes of jouissance. This is the reason why we have given such a warm welcome to the range of notions mentioned above. We needed them.

Given all this, what then should be our next step?

Before determining this, let us go back another two decades to the epoch in which Lacan introduced his sinthome. In the seminar that he dedicated to it, Lacan gave two definitions of the sinthome: it is the fourth ring that ties the three registers together, and it is what makes the sexual relation exist by sustaining the Other sex. Since then, the sinthome has suffered from a noteworthy conceptual instability, given that we continue to understand it in these two different senses (which are not necessarily divergent). In other words, it is still not entirely clear – as Carver would say – what we talk about when we talk about sinthome.
The same goes for the notion of disconnection. As well as collecting and systematizing the results of the two conversations that preceded it, the text from Antibes, *Ordinary Psychosis*, contains some new proposals. Amongst others, we read there that the Borromean clinic leads us to ask “what is it that holds the three registers together” and to “localise that which at a certain moment ‘disconnects’ for a subject in relation to the Other”\(^6\). Just as it is not clear that what links the three registers is equivalent to that which supplies for the inexistent sexual rapport, so too it is not clear that it can be equated with that which links the subject to the Other.

The same text also conceives of “an unkotting of the structure occasioned by the insufficiency of the imaginary relation with the body”, identifying the impoverishment of the “affective and social bonds” with a “disconnection from the Other” and with the insufficient “bond of the subject with his living being”\(^7\). However, is not the unkotting of the structure produced by the failure of the *sinthome*? Are the imaginary body and the living being equivalent? And is the *sinthome* not what connects the subject to the Other? Certain additional precisions are needed, such as when one speaks of “how the subject disconnects from the social bond”, or of the subject’s “connection with the drive”\(^8\), given that at this level there appear to be connections and disconnections for all tastes. These include disconnection “from the Other of the signifier and from the Other of the body and of the image”, as well as disconnection with respect to “the use of language and of the speech which joins it in order to establish the social bond”, apart from the above mentioned *sinthomatic* knotting of the three registers\(^9\).

Ten years later, this conceptual fog is far from having dissipated. One even gets the impression that it has become more intense. In a new clinical conversation, social uprooting is equated with another disconnection, this time in relation to the “entourage”. But there too one speaks of subjects disconnected from “the Other”, and even of a certain disconnection with respect to a “symbolic identification”\(^10\).

There is no need to extend this list, which has already sufficiently illustrated something that, between now and our next Congress, could give rise to a fruitful debate and a valuable elaboration in relation to the clinical problems posed by the psychoses. Our next step in this direction thus must consist in refining this “supplementary epistemic apparatus”\(^11\). The three preliminary considerations sketched out in what follows could be useful for this task.

1. Firstly, it will be necessary to define with greater detail the relation between the two Lacanian clinics, usually termed ‘structural’ and ‘Borromean’\(^12\), even though certain approaches suggest that the second both surpasses and, in part at least, conserves the first - in a sort of illusory *Auhebung* that denies the existence of contradictions between the two\(^13\). In fact, the habit of calling the first clinic ‘structural’ continues to be a source of misunderstandings, since both clinics are in fact structural, given that for the late Lacan the Borromean knot *is* structure\(^14\).

2. On the other hand, the Borromean clinic has the obvious advantage of giving a material representation, so to speak, of the link, and this representation is susceptible of under-
going continuous deformations compatible with its topological identity. Nevertheless, this in no way implies that this clinic is “continuist”, as we tend to say, in the sense of a continuity between connection and disconnection, given that, beyond the precisions required in this respect, there is an unequivocal discontinuity between the two. Indeed, the polarity defined by these two terms is not solely that of the signifying couple, since it concerns the very materiality of the link in question.

3. The same could be said with respect to the mechanism that inhibits the formation of “extraordinary” symptoms in the ordinary psychoses. This “as if” mechanism, which stands in for the Name of the Father and which Miller has called a compensatory make-believe, can either exist or not: there is no other option. This alternative is also binary. It does not allow for continuity between the two possibilities. In other words, the subject either has recourse to this mechanism or not. In consequence, the field defined by the thickening of the frontier between neurosis and psychosis on the side of psychosis defines a field, the field of ordinary psychoses, which does not authorise continuous passages between these psychoses and the others.

To conclude, let us say that, after having made room for the notion of “disconnection” alongside the related notions of *sinthome*, “triggering” and “uprooting”, an additional effort is required to define more precisely the range and limits of the four notions. For this effort to be fruitful, it would be useful not to lose sight of the structural character of the Borromean clinic, the discontinuist character of the opposition between connection and disconnection, and the binary character of the alternative between having recourse or not to a mechanism inhibiting the formation of “extraordinary” symptoms.

*Translated by Roger Litten*

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3 [TN] The difficulties here for the English translation are multiple, given that the three Spanish terms mentioned here are themselves translations of a trio of French terms that do not yet have entirely stable translations in their English use. *Desencadamiento* (literally ‘unchaining’) translates the French *déclenchement*, already established in English, via the psychiatric tradition, as ‘triggering’. *Desenganche* translates the French *débranchement*, which has been translated here as ‘disconnection’, following Jacques-Alain Miller’s use of the English term in his presentation *Ordinary Psychosis Revisited*. ‘Unplugging’, ‘disengagement’ and ‘dis-insertion’ are alternative translations that have on occasions been used in English publications.

*Desarraigo*, translated here as ‘uprooting’, serves as the title for the Spanish publication of the French clinical conversation from 2008 originally published under the title *Situations subjectives de déprise sociale*, where the French term déprise, used in the sense of social uprootedness or alienation from the social bond, has at times been translated into English, rather confusingly, variously as ‘discontact’, ‘disinsertion’, ‘dis-engagement’ or even ‘disconnection’.

It has thus not been possible to translate the common root of the three Spanish terms into any English equivalents, although one approximation to this kind of trio of terms would be something like ‘unchaining, unplugging and uprooting’.

Given that this text sets out to clarify some of the confusions surrounding the use of these terms it has been thought advisable to stick with the more commonly accepted trio of English terms triggering, disconnection and uprooting.
7 Ibid., p. 20-22.
8 Ibid., p. 23-25.
9 Ibid., pp. 37, 39, 43.
   Piezas sueltas, Buenos Aires, Paidós, 2013, caps. II-VII.
14 Lacan J., Le Séminaire, book XXIV, L’insu que sait de l’Une-bévue s’aile à mourre, lesson of 8th March 1977
   (unpublished).
The psychoanalytic clinic is an elucubration of knowledge based on a practice that gathers, at the foot of the couch, signs obtained under transference. The ordinary psychoses as a new clinical entity proposed by Jacques-Alain Miller corresponds to the perspective that does not believe in the Other of classifications, a non-category akin to the continuum of phenomena that appear to bring closer together the frontiers of diagnostic categories that are considered to be defined in a polar way. But beyond this it is a proposal that allows us to make an advance with regard to the complex point of thinking a clinic, on the basis of the comparable of case presentations, sensitive to the singularity of the incomparable.

**The discontinuous and the consistency of the Other**

There are cuts. This is an axiom prevalent in Lacan’s first teaching. The signifier of the Name of the Father is a key signifier in terms of the cut, as is the idea of triggering that corresponds to it. The Name of the Father is situated as the Other of the Other insofar as it has a highlighted function in the set of signifiers: it can be inscribed or not, this determines a certain legality. Its functioning in the paternal metaphor permits the stabilization of jouissance in phallic terms and the possibility of access to an experience of reality in common with others: what we call neurosis. Its foreclosure, on the other hand, defines the extension of the psychoses with its classic array of clinical phenomena.
There is no Other of the Other

The symbolic perspective of the symptom as bearer of a message addressed to an Other, supported in the return of the repressed, thus becoming a formation of the unconscious, has a clear metaphoric dimension. The signifier of the symptom comes to the place of the enigmatic signifier of trauma. The signification, inaccessible to the subject, remains fixed there. In this perspective the unconscious, and also the symptom, are considered structured as a language. The symptom could thus be resolved entirely in the field of language. However, as Freud had already noted, the resistant aspect of the symptom objects to this arrangement. The establishment of the writing of a hole in the symbolic order in the form of $S(Ⱥ)$ – which renders the Other incomplete and inconsistent – puts the feminine in strict articulation with the different ways of thinking about the Father. Into the sea of proper names, into the realm of the signifiers that mortify the subject, Lacan introduces the problematic of jouissance as the spark of the living, as that which is not captured from the phallic perspective. A generalized foreclosure prevails that affects all speaking beings as such: there is no sexual relation. There exists a jouissance for the being that speaks that is absolutely inaccessible, that of the complementarity between the sexes. The multiplicity of possible jouissances are situated as supplements in this place of the There is no. But the axiom “There is no sexual relation” goes hand in hand with another axiom – of even greater consequence – which orients this movement: There is something of the One.

Littoral, Literal

We have a new version of the symptom, which is that part of the unconscious that can be translated by a letter. A primitive writing of the One – the $S_1$ all alone, this yad’Un$^3$ – a writing that carves out a void, “a crock ever ready to accommodate jouissance”$^4$. This is the One extracted in a traumatic fashion by the conditioning the subject has endured by a language. The term ‘incarnation’ situates the moment in which the ‘unian’ signifier makes its entrance in the flesh in a contingent manner, opening up the human of life as enjoying substance. The price of existence is to cease to be what we were – a signifier – in order to exist in the mode of enjoying substance, as an event of the body: fixation of jouissance that causes repetition; fixity and resistance that mean that the symptom can no longer be considered a formation of the unconscious-chain. Yet it still proceeds from another unconscious: the unconscious swarm of Ones, which is enjoyed precisely by means of the extraction of one of those Ones, operated by the letter of the symptom. The unconscious swarm has no possible meaning or interpretation; it is a version of the discontinuous par excellence.

How to link the disjoint?

The Borromean knot makes its entrance in Lacan’s teaching with the characteristic that he designates for the literal: three rings knotted in such a way that it is enough for one to come free for the others to disperse. And the knot fails. The lapsus is inevitable given that RSI are by definition disjoint letters. They cannot link up in and of themselves.
Lacan opens up a clinic of the possible reparations of these inevitable lapsus, on the basis of the elemental discontinuity inherent to the yadd’Un and to the there is no of the sexual relation. The lapsus of the knot makes a symptom. The sinthome – as fourth – would be the original way to repair the lapsus by reknotted; hence there are different types of reparation, different knots. Psychoanalysis takes place if something of this sinthomatonic know-how, which keeps the knot stable, bumps into an obstacle or comes apart. A certain awakening produced by a contingent encounter with the real triggers the structure – whatever it might be. This triggering [‘desencadenamiento’, ‘unchaining’] gives an account of the symptom in its status as letter – a fragment of the real not included in the chain. If this symptom is addressed to an analyst, the transference makes its treatment possible.

**Bordering the hole that houses the life that does not fit in the body**

The Borromean clinic is a flexible clinic, sensitive to subtleties, allowing for the exploration of the singular solutions that each parlêtre has come up with in order to make his or her knotting, failed by structure, as well as the stumbling blocks of the encounters with the real, the triggerings, the disconnections and the possibilities of re-knotting. The nodal writing allows us to situate what gives a possible consistency to the rings: the hole. The position of the analyst is thus required to consider the hole in which a jouissance is carved out. Keeping open this void that the writing of jouissance carves out is what allows the consistency. Reading a symptom – psychotic or neurotic, ordinary or not – implies “reducing the symptom to its initial formula, that is, the material encounter of a signifier and the body, the pure impact of language on the body.”5 From the initial impact to the singular splicing; from the radically discontinuous to the continuity of a possible sense of life at the most intimate juncture of the subject. “Life no doubt reproduces, God knows what and why. But the response only gives rise to a question where there is no relation to support the reproduction of life.”6 It is a question of being able to situate, without the guarantee of the Other nor the shelter of meaning, that portion of unnameable life that does not fit in any body and making oneself responsible for it. “Your work [as analysts] is to capture the particular, unheard of way of making sense of things, of giving meaning to the repetition of life”7. The ordinary psychosis and the others teach us about the continuum implied in the perspective of the “clinical equality among parlêtres”8, that which allowed Lacan to affirm that “everyone is mad”9, but not without the madness of each one of us.

Translated by Alejandro Betancur Velez

From the Oedipal Clinic to the Borromean Clinic

Simone Souto – EBP

Discontinuity is the norm

With the Oedipus complex, Freud named a model of regulation of jouissance in which everything turns around the father, around his presence or his absence. In this way the father becomes the correlate of a structuring symbolic function that Lacan will call the Name of the Father. In Lacan’s first teaching, the Name of the Father sustains the signifying structure, serving as an anchor without which the order of human significations would not be established. This primacy of the symbolic as guarantee, supporting and giving equilibrium to signifying structure, in the absence of which everything collapses, will be the foundation of a structural clinic marked by discontinuity between structures and by a strict delimitation of frontiers, especially between neurosis and psychosis, based on the presence or the absence of the Name of the Father. This privilege assigned to the Oedipal naming of jouissance, which makes neurosis a norm, will be decisive in the orientation of a clinic thought on the basis of structures and also for a conception of the unconscious grasped on the basis of the supposition of a repressed meaning to be interpreted. Lacan’s late teaching modifies this perspective by placing in the foreground the non-existence of the sexual relation and the existence of the sinthome.

What exists and what does not exist

The non-existence in language of a signifier that could inscribe the relation between the sexes leaves a hole in the life of all speaking beings. From the moment there is language there is no way for sex to be inscribed as a relation. This is a universal condition, a generalized foreclosure, different from the foreclosure that is localized in the Name of the Father. On account of this nonexistence, jouissance will always be of the One all alone, without the Other, marked by the partiality of the drive and a permanent inadequacy if compared to the jouissance that would be associated with the sexual relation, if it existed. The inscription of this jouissance of the One constitutes the existence of a mode of satisfaction particular to each speaking being that Lacan called sinthome: the existence of the One is
realized as a registering of the non-existence of the Other. That which does not exist has to do with the Other and that which exists has to do with the sinthome.

**The continuity of jouissance and the metaphor of the empty reference**

The jouissance inscribed in the sinthome is “always substitutive”¹, because it concerns a satisfaction that comes to the place of something “which did not take place” and “from which one has been deprived in life”². But while in Freud this satisfaction that did not come to pass is Oedipally interpreted as prohibited, for the late Lacan this is a satisfaction that is impossible to achieve, given that it concerns the sexual relation that does not exist. The sinthome is thus a substitutive sexual satisfaction, but one that arises as the substitute for an empty reference. The inexistence of the sexual relation thus delineates an economy of jouissance that “is at each point substitutive, without original”³. Here we find a metaphor distinct from that of the Name of the Father and that of the delusional metaphor: first, because it is not a question of substituting one signifier for another, given that in this case there is only One, the one comes to the place of that which does not exist; and second, because this metaphor does not give rise to a meaning, whether Oedipal or delusional, what it produces is a jouissance outside of meaning.

What is established in this way is a regime of satisfaction based on a continuous movement of substitution of jouissance which, since it does not have an original model, leads to a continuous slippage, by means of which “jouissance extends wherever there are signifiers”⁴. This substitutive economy of jouissance confers on the sinthome an “incurable” and “generalized”⁵ character. Incurable, since it locates a jouissance that cannot be negativized. Generalized because, although it constitutes what is most singular for each speaking being, in general one cannot do without it: “nothing is without jouissance”⁶. The opening of this series undermines the privilege of the Name of the Father in naming jouissance: the Name of the Father will be one sinthome among others, just one more name in the series of names in the language. If in this pluralization the sinthome comes to function as a guarantee, it is because it grants a place to what does not allow itself to be absorbed by Oedipal meaning, nor by delusional meaning. By doing so it halts the proliferation of meaning, producing an anchorage based on non-sense. At this level, the signifier ceases to make sense and its function becomes that of serving jouissance, giving it body, substance, materiality. In the dimension of the sinthome, “speech loses its function of communication and information, becoming nothing other than the palpitation of a jouissance”⁷.

In this way, the discontinuity between the structures characteristic of the clinic oriented by the Name of the Father will give way to a continuity oriented by jouissance, composed of various anchorages in which it is possible to identify “the contingent form that the inexistence of the sexual relation took on for each one”⁸. These solutions are heterogeneous but equivalent: one solution does not have more value than another. The rigid boundary between structures is removed and an elasticity that allows gradations to be located is introduced, without this diluting the differences.
The Borromean Clinic and the de-Oedipalization of Jouissance

To lend support to this new way of thinking the clinic, Lacan makes use of the Borromean knots with their various knotting and possible forms of unknotting. With the manipulation of the knots, he attempts to account for a practice of psychoanalysis oriented by the real that forecloses meaning, the site where jouissance appears in its materiality; a practice that is more akin to doing than to knowing. This change of orientation leads us to another conception of the unconscious, situated on the basis of the real of jouissance and no longer of a meaning to be interpreted. As Lacan states: “When the space of a lapse no longer carries any meaning (or interpretation), then only is one sure that one is in the unconscious.” The unconscious so conceived modifies the practice because it gives resonance to something other than meaning, thus paving the way for a more ordinary approach to the clinic, both in the field of psychosis and in that of neurosis. It makes perceptible a variety of unprecedented solutions in which by making use of the sinthome one can do without the father, either beyond him (in the case of the neuroses) or before him (in the case of psychoses).

If the theme of ordinary psychosis for the next Congress of the WAP indicates an orientation it is thus because, as Lacan demonstrated on the basis of his readings of James Joyce, ordinary psychosis openly testifies to an unconscious that no longer has anything to do with truth, an unconscious as parlêtre that can only be grasped through the way in which each one of us strives in this continuous invention of a language, in this specific functioning, unique, in which one can identify the tracing of a life.

Translated by Berenice Paulino

4 Ibid.
5 Ibid.
6 Ibid.
Ordinary Psychosis and the Borromean Clinic

Fulvio Sorge – sLP

“Ordinary psychosis is psychosis in the time of democracy, the taking into account of mass psychosis.” Correlative of the Other that does not exist. Its universality and diffusion is the effect of the conjunction of the discourse of science with the capitalist discourse. The oblivion of master signifiers and the dissolution of ideals have divested the paternal semblant on account of a microphysics of power delegated to management practices. The DSM 5 clearly shows that the new master signifier is the algorithm, the cipher, the number, the statistic mean. Stuffed with lathouses, exposed to the conformism of a jouissance without rules, blinded by specular and conventional fascinations, contemporary man has renounced the unconscious in favour of a liquid and provisional identity, ever more exposed to an absolute solitude. The normality of madness is in consequence the epistemologically coherent discontent of our times. This lesson of the most intimate sense of life needs to be recognized in its indistinct and multiple symptomatic valences and analyzed in the direction of understanding how the subjective discourse is articulated in its points of fixation, seeking out novel forms of knotting that can function as subjective quilting points in order to avoid a definitive triggering.

This entails a more prudent diagnostic approach to forms of clinical evidence that are by nature feeble and fleeting, with respect to which J.-A. Miller suggests that we take as points of reference the existence of a threefold externality: a social externality that takes the form of a disconnection, a marginality of the subject; an externality that involves the body with a series of diffuse signs, a particular kind of dysmorphophobia in which the subject constitutes artificial bonds with practices for feeling his or her own body. Tattooing, piercing, extreme physical or sexual practices that have to be considered in their weight, their tonality, and particular resonance for the subject’s lived experience; a subjective externality that shows “the fixity of the identification with the object as waste”.

Among the small signs that can orient the diagnosis we would include a massive identification with the social bond as supplementation, a certain affective dissonance in relation to events as well as prohibitions or modest disturbances of signification, a kind of eman-
cipation and insubordination of the imaginary in relation to the symbolic. Another rubric of supplementary indications might be the treatment of the body, hygiene, minor hypochondrias or bizarre and imaginative readings of some of its functions. It is possible to find references to small remainders outside of meaning produced in the encounter with the Other, perplexity about words or phrases of common meaning that invade the subject’s mind as the expression of a minor, untriggered paranoia.¹.

The clinic of knots proves to be more useful in the treatment of ordinary psychosis⁴. The presence of the analyst, his saying and his body become semblants of the social bond that can help introduce the subject to the human community, restoring to him his debility and working with his sayings in the dimension of the letter. In the Seminar XXII, “RSI” Lacan presents the complete form of the Borromean knot with the three rings; he says that this knot demonstrates the mental debility of the human subject that cannot be represented in any other way. He has recourse in his late teaching to the topology of the knots because it permits to him to give value to the plurality of the names of the father, in other words to the necessity of a fourth element that ratifies the consistency of the knotting and prevents unknotting⁵. In this case, nomination is a way to treat the unsayable of the real by giving a name to it. It is in this function of nomination that the subject responds to the absence of the Other and the supposed jouissance of which he feels himself the object. As a consequence the Name of the Father changes status and is subjected to a variation of its fundamental use, whose function, capable of incidence on the real, will be that of the father who names, who gives a name to things, le père nommant⁶.

It is thus possible, in the case of ordinary psychosis, to assign to one of the three registers, by way of nomination, the role and the task of the fourth ring, which allows the consistency of the Borromean knot to be assured in holding the other three together. In this way the symbolic register, implemented by the invention that names, will be entrusted with the task of giving a name and in the most favourable case inventing a symptom that will become the support of the subject. This is not the only invention of this intriguing Seminar because here the author proposes a writing of the three rings but already suggests the necessity of the fourth element, which in Seminar XXIII will be converted into the sinthome. Nomination aims at the real, precisely in producing there a hole that is essential for the knotting. Lacan situates this function in the dimension of the signifier but reads the Freudian triad of inhibition, symptom and anxiety in relation to nomination. Hole and names of the father are equivalent. They have the task of assuring the consistency of the knot. Nomination in the symbolic thus aims at the constitution of a symptom.

Imaginary nomination consists in aiming at the real on the basis of a nomination that finds its support in the imaginary. But it is in the orifice of the body that the imaginary is constituted and is knotted with the other registers. The clinic of inhibition shows the entanglements of the specular dimension that makes a hole in the symbolic and is the site of primary repression. And finally, real nomination regards anxiety, produces a hole in representation and articulates itself in relation to the desire of the subject. But in as much as this indication remains a difficult and controversial reading on various points, if one refers to numerous clinical cases of ordinary psychosis present in the literature, one see
how precious it is for the clinic according to the principle of doing without the name of the father on condition of making use of it.

If the ordinary psychoses “are only clinically ordered when their phenomena are precipitated, ordered, in the logic of transference”, this requires the prudence of waiting, of the constancy and the invention of the analyst, whether in capturing the discreet signs, in the diversion of the subject in order to avoid triggering, to ensure that the analytic session can have a dimension of receptivity and interchange. In the direction of the treatment the analyst actively searches, with the subject, for the points of connection, in reality semblants, in which the Other can be drained of jouissance. The effort consists in the search for an accord, not on the basis of a common meaning but rather on the basis of the absence of meaning, that is, an absence of the jouissance of the Other.

On account of the inventions produced by patients and their analysts, the clinic of ordinary psychosis is an attempt, on a case by case basis, to respond to the discontents of contemporary civilization.

Translated by Sabrina Di Cioccio
Revised by Roger Litten

5 “Lacan points out that for Freud R, S and I are left independent, adrift ; and that to make his theoretical construction hold, Freud needs something more that he names ‘psychical reality’, and which is nothing other than the Oedipus complex : i.e., a fourth term which makes a knot out of the three independent terms, the three free loops, R, S and I. Thus we need at least a fourth element to supplement the original foreclosure and obtain a Borromean solution. In his Seminar RSI, Lacan displays different kinds of supplemental elements, the names of the father, able to restore the four looped Borromean knotting : there are three privileged types, first of which is the symptom.” (Skriabine, P., Ordinary Psychosis with a Borromean Approach, in The Psychoanalytical Notebooks of the London Society, Issue 19, 2009, p. 48.
There is no Passage between Neurosis and Psychosis

Epaminondas Theodoridis – NLS

The notion of ordinary psychosis was invented by Jacques-Alain Miller following research work on psychosis by the various Clinical Sections during the 1990’s; research which had demonstrated the necessity of distinguishing this pragmatic category. J.-A. Miller emphasises that “in the history of psychoanalysis we have quite naturally been interested in extraordinary psychosis”, whereas nowadays in our clinic we encounter “more modest psychotics, who [...] can be confused with a sort of average: compensated psychosis, supplemented psychosis, untriggered psychosis, medicated psychosis, psychosis in therapy, psychosis in analysis, psychosis which evolves, sinthomaticised psychosis”.

The invention of ordinary psychosis is correlative to our hypermodern civilisation in which the Other does not exist, in which the Name of the Father no longer serves as a guarantee, and in which the consumption of objects of surplus jouissance - serving an unmediated jouissance without passing through the Other - takes the place of drive objects. According to J.-A. Miller, ordinary psychosis is coherent with the era of the diversification of norms following from the non-existence of the Other. When the Other does not exist distinctions are no longer so clear-cut, it is now a question of nuances, of the more-or-less [plus-ou-moins]. For Éric Laurent, the state of our civilisation, where each one searches for quilting points to cope with the flight of meaning, is equally compatible with ordinary psychosis.

Ordinary psychosis is thus not derived from the structuralist and discontinuous clinic of the classical period of Lacan’s teaching, but from that his later teaching. From this “most radical questioning ever formulated of the very foundation of psychoanalysis” results a new continuist clinic, that of the Borromean clinic of the sinthome, marked by the connection between jouissance and the signifier, by generalised foreclosure, where what is of importance is the mode of knotting of the subject, his inventions for knotting the imaginary, the symbolic and the real.

From the structuralist perspective there is indeed a discontinuity, a clear difference between neurosis and psychosis. We know that at the beginning of his teaching Lacan
elaborated the notion of foreclosure, *Verwerfung*, in order to delineate the pathognomic mechanism of psychosis. This involves the rejection of a primordial signifier, the signifier of the Name of the Father in the Other, that gives order to the symbolic order. Lacan went in search of the term foreclosure in his reading of the hallucination of the cut finger of the Wolf Man. On the side of neurosis we have at the origin “an admission in the sense of the symbolic”⁶, the primordial *Bejahung*. The destiny of that which is subjected to *Bejahung*, to primitive symbolisation, is of the order of repression, negation or denial. In contrast, “what falls under the effect of *Verwerfung*”, is that which is non-symbolised; “what is refused in the symbolic order re-emerges in the real”⁸, in the form of a hallucination, for example.

In the clinic we have access to the consequences of foreclosure in the subject, but not to the foreclosure itself. We note that psychosis is thus apprehended in terms of a deficiency with respect to neurosis, on the grounds of the rejection of the signifier of the Name of the Father. In neurosis the Name of the Father is operative, whereas in psychosis it is rejected, excluded.

The continuist perspective puts this clear-cut opposition into question. Neurosis and psychosis “are two different outcomes to the same difficulty of being [...] The frankly psychotic, like the normal, are variations [...] of the human condition, of our position as speaking beings, of the existence of the *parlêtre* [...] The psychotic is not an exception, and the normal is no longer one either”⁹. We are therefore all equal with regard to the real of the inexistence of a sexual rapport that could be written, equal in relation to jouissance and the traumatism [troumatism]¹⁰ of the impact of language on the body.

Jacques-Alain Miller remarks that “this generalisation of psychosis means that there is no true Name of the Father [...] The Name of the Father is a predicate. It is always a predicate. It is always a specific element amongst others, which for a particular subject, functions as a Name of the Father. Thus, if you admit that, you efface the difference between neurosis and psychosis. It is a perspective which is in accord with the articulation "everyone is mad" and "everyone is delusional in his own way”¹¹. Since each *parlêtre* is confronted with the hole in knowledge where the real of sexuality is concerned, there is rather a gradation between neurosis and psychosis, it is a matter of intensity.

Generalised foreclosure signifies that every discourse is a defence against a real of the non-rapport, a delusion in which one believes. And from the moment it is impossible for jouissance to be entirely absorbed by the symbolic – there is always an ineliminable remainder – the question becomes that of the different modes of its localisation. From the structural point of view it is the Name of the Father that takes charge, whereas for the Borromean clinic Jacques-Alain Miller proposes the existence of a quilting point that “is less an element than a system, a knotting, an apparatus that forms a quilting point, a staple”¹². In the well known case of James Joyce we have an example of a quilting point that functions as a knotting. Joyce succeeded in compensating for “this paternal abdication, this de facto *Verwerfung*”¹³, by means of his sinthome, which was his art. Joyce succeeded through his writing in correcting the failure of the knot that Lacan detects in the episode of his beating¹⁴.
In the *Antibes Convention* Jacques-Alain Miller distinguishes between two types of psychosis, psychosis in the style of the *oak* and psychosis in the style of the *reed*. In the first there is a clear triggering that has taken place, a contrast between before and after\(^\text{15}\). In the second, the style of the reed, “the subject has elaborated a symptom with slippage [*un symptôme en glissade*], one that drifts, the case does not lend itself to a clear triggering”\(^\text{16}\). He subsequently concludes that “the ordinary psychoses are principally psychoses of the *reed* type”\(^\text{17}\). If the subject does not fall within an Oedipal problematic, if he does not have an Oedipal symptom, we need to discover what it is that allows him to hold together, what he has invented to knot the imaginary, the symbolic and the real, in other words, to seek out his singular solution, his know-how with jouissance, in order to help the subject avoid possible disconnections or moments of crises, thus aiding him in the construction of a knot in cases where this has failed.

The continuity between neurosis and psychosis, in the guise of a Gaussian curve, conceivable only from the perspective of the Borromean clinic, does not detract from the pertinence of their distinction in the binary clinic. Jacques-Alain Miller urges us, once the diagnosis of ordinary psychosis has been proposed, to try “to classify it in the classical psychiatric way. You mustn’t stop at saying that it is an ordinary psychosis, you must go further than that and look for what is in the classical psychoanalytic and psychiatric clinic”\(^\text{18}\). Thus there is no passage between neurosis and psychosis. Ordinary psychosis is in fact “a clinic of the small clues of foreclosure”\(^\text{19}\), a clinic of gradation and tonality; however “it must be reducible to a classical form of psychosis or an original form of psychosis”\(^\text{20}\).

*Translated by Raphael Montague*