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Psychosis and Extreme States

An Ethic for Treatment

BRET FIMIANI



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Berkeley, CA, USA

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for Hailey

Foreword

Once, on a long walk towards a downtown restaurant for dinner, as we tacked through the streets and hills of San Francisco, Bret brought me to see the place where he worked. Approaching Tenderloin Health Services we dodged pigeons and blinked in the strong light that cut the shadows of tall buildings into intricate geometries. Bret greeted people on the street. We took an elevator ride and walked through a layer of offices and waiting rooms. Bret greeted people with ease, introducing me as he went. I could readily imagine him in his office with someone seeking words for disarray and strangeness, and Bret making a place for the lived experience of psychosis with characteristic respect and calm. We'd met nearly two decades previously in seminars on psychoanalysis offered in Quebec City. Now we were both analysts of the Bay Area Lacanian School of Psychoanalysis. We had each been interested in the treatment of psychosis for many years, Bret through his training as an analyst and his clinical work, and I as a writer, analyst, and one who had experienced psychosis repeatedly in my youth.

When Bret asked me to write this foreword, I answered in the affirmative right away, knowing that he had been immersed in questions about clinical work with psychosis for many years, as long as I'd known him. I'd read his doctoral thesis during our Quebec years, a rigorous exploration of dreams in the treatment of psychosis. As I waited to get his manuscript in the mail, I wondered what he would say about psychosis now. I opened

the package of his chapters and began to read. The chapter titles alone intrigued me. Introducing his book with “The Psychotic as Guide”, Bret’s writing, I could see immediately, drew from his incisive questions, his layered readings of Lacan and beyond Lacan, and his detailed renderings from the clinic of his practice. He seemed to be orienting his readers with a compass whose north star was the experience of psychosis, and its directions the body, knowledge, and ethics of the psychotic as subject.

While the “medical world” is interested primarily in eliminating psychotic symptoms, and many doctors as well as other professionals appear frightened of the strangeness of psychosis, Bret’s book shows us a way to actually listen to psychotic speech. Listening well makes it possible to move beyond fear, to build a credible address for people experiencing psychosis, and to discover a way to accompany them into a new trajectory of hope.

Drawing on the clinic, philosophy, psychoanalysis, the Hearing Voices Network, and his extensive interviews with colleagues working in the area of psychosis (including with me), Bret questions orthodoxies and received knowledge (in psychiatry, psychology, and psychoanalysis) to forge a creative, ethical, and courageous treatment of psychosis. It is a book that is very much needed in our time, needed in the way of a deep drink of cold well water after a long time of thirst, needed as if one were dying of thirst in fact, and had been offered some tepid, poisoned liquid in lieu of water for years. It is a guide for clinicians, especially for analysts, but also for anyone interested in psychosis as a singular, enigmatic, terrifying experience, an experience sometimes beyond words.

Amherst, MA

Annie G. Rogers

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difficult and important topic. Barri's work in the field of psychosis is inspiring.

There are many clinicians and writers whose work on psychosis has inspired me and lighted the way on this path to better understand, and be of use to, people with extreme experiences. However, there are a few key people I would like to thank in particular. My early training in the psychoanalysis of psychosis was via the training seminars taught by the founding analysts of GIFRIC. Their important work with psychosis really should be better known. In particular, case consultation with Lucie Cantin, nearly 20 years ago, was pivotal in my learning to truly listen to psychosis. I thank my close friend and colleague of over 20 years, Christopher Meyer, for the countless energizing and insight-producing conversations about psychoanalysis and psychosis that have helped motivate and guide me along the way.

Thank you to the Bay Area Hearing Voices Network (BAHVN) for their extremely important work with people who experience voice hearing, unusual beliefs, and other extraordinary perceptions. I am grateful to be a BAHVN board member and to have the privilege to learn about recovery from people with lived experience. My understanding of 'psychosis' and my clinical practice has been forever changed for the better by my opportunity to collaborate with the Hearing Voices Network (HVN). I have devoted an entire chapter to the findings of the HVN and its relevance to the understanding and treatment of psychosis. I thank HVN member and educator Cindy Marty Hadge for allowing me to interview her for this book. Cindy's moving testimony about her own recovery, her powerful insights into the problems with our mental health system, and her guidance on how best to listen to other voice hearers are essential contributions to this book.

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About the Author

Dr. Bret Fimiani is a psychoanalyst of the San Francisco Bay Area Lacanian School of Psychoanalysis. He is also a clinical psychologist. He works with people experiencing psychosis and extreme states in his private practice in Oakland, CA, and at the Haight-Ashbury Integrated Care Center in San Francisco. He is the chairperson for the Northern California Chapter of the International Society for the Psychological and Social Approaches to Psychosis and he is on the board of directors for the Bay Area Hearing Voices Network. His research interests include adapting the Lacanian analytic framework for the treatment of psychosis and extreme states, and the integration of peer and clinical models. He has presented his work on the treatment of psychosis nationally and internationally.

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1

Introduction: The Psychotic as Guide

The goal of this project is to move towards a theory of transference-in-psychosis that will provoke a change in the way the experience of psychosis is understood and, thus, clinically treated. My specific question is with regard to the function of ‘ethics’¹ in the ‘installation’ of transference in the treatment of psychosis. In my approach, the problem of the installation of transference raises the question of ethics because, I contend, the aim of the psychoanalytic experience is the creation of a new ethic for the analysand. I see the psychotic’s ‘choice’ to enter transference (redefined as a ‘desire to know’) as linked to the creation of a new ethic—in which ‘ethics’ concerns the emergence of a new ‘responsibility’ on the part of the psychotic. Furthermore, I suggest that it is through an account of the specific knowledge (*savoir*) implicit in the psychotic experience that psychoanalysis can maintain its bearings as an ‘ethical praxis’.

Basing my approach on the work of psychoanalyst Jacques Lacan and philosopher Gilles Deleuze (regarding the body in particular), I begin

¹ My thesis regarding ‘ethics in psychosis’ follows, in a particular way, Jacques Lacan’s exploration of the problem of ethics (1993) in psychoanalysis in *The Seminar of Jacques Lacan, Book VII The Ethics of Psychoanalysis 1959–1960*. I provide a brief initial elaboration of the term “ethics” (and its clinical implications) in this Introduction. I fully define and elaborate the question of ‘ethics’ in Chap. 6.

with the premise that the body of the psychotic is a site of social contestation. In this framework, the ‘organism’ is defined as the object of medical science, and biological psychiatry, while the ‘body’, eroticized by language, is the primary concern of psychoanalysis. This body is the result of a radical disruption (by language and cultural demands) of the original instinctual functioning of the organism. Beginning with this premise, I then suggest that we will be better positioned to guide the psychotic towards a psychoanalytic cure if we first formulate the psychotic’s condition as a failed attempt to resist (contest) capture by the demands of social–symbolic exchange and libidinal–economic imperatives.

Drawing upon the work of Freud, Lacan, Deleuze and Guattari, and Apollon et al., this book reframes the problem of the ‘body’ (as an effect of language) and its relation to transference, and ethics, in treating psychosis. In the course of my research I have found no studies conducted in the North American context that specifically address the problem of the ‘body’ and transference in psychosis from the perspectives of Freud, Lacan, Deleuze, and Guattari.

It is important for my readers to understand that I distinguish the ‘structure’ of the psychotic experience from the ‘phenomenology’ (symptoms) of psychosis. Now, the dominant approaches to treating psychosis in North America derive from the medical/psychiatric model that defines psychosis by reference to a biologically driven understanding of the phenomenology of psychosis. Likewise, contemporary American psychoanalytic approaches have little to say regarding the structure versus the phenomenology of psychosis. The consequence of their common failure to account for structure is that the psychotic experience has continued to be understood as a malfunction of the biological organism and/or a deviation from neurotic-level psychical functioning. In either case, the psychotic experience is reduced to a problem *internal* to the individual (organism or psyche).

To avoid falling into the trap of the ‘nature/culture’ binarism (“organism/psyche”) therefore requires an epistemological critique that undermines the nature/culture binarism itself. Such a critique is implicit in my approach to the theorization of the psychotic experience. For if, as I suggest, the ‘body of the psychotic’ is a contestation of the fundament of the symbolic universe, then the structure of knowledge itself is called into

question, including the knowledge(s), or discourses, that have attempted historically to take the psychotic experience as their ‘object’ (e.g., medical science/psychiatry, and psychoanalysis). To suppose a ‘subject’ of the psychotic experience is to suppose a specific knowledge of the psychotic that calls all general and expert knowledge(s) into question.

1.1 From the Body to Ethics

My hypothesis is that the phenomenon of contestation manifest in psychosis is key to the development of an ethics in the analytic experience—the ethics of both the analyst and analysand. ‘Ethics’ is here understood as situating the psychotic subject in relation to a failed Law and to death drive.

In this book, I am not using the term ethics in the sense understood by North American practitioners in psychology or psychiatry as the ‘code of professional ethics’. Rather, I theorize the question of ‘ethics’ by extracting the true stakes of Kant’s moral Law (categorical imperative) by reading Kant after Lacan and in light of the psychotic’s *savoir*. The problem is that of constructing an ‘ethics without ethics’—in other words, an ethics without the guarantee of Aristotle’s Good or Kant’s “moral law within”. Ultimately, this way of understanding ethics directly affects the clinic and potentially bears consequences for our conception of ethics in the social sphere as well.

Positing the body of the psychotic as a site of social contestation further requires a re-theorization of the body itself. One theoretical concern of this study is to challenge biological determinist readings of Freud’s drive theory.² Maintenance of the distinction between ‘drive’ and ‘instinct’ allows for an understanding of a second body—the body of drive (versus instinct). I contend that the re-theorization of the body requires a return

²The translation of Freud’s ‘*trieb*’ as ‘instinct’ is fundamental to the misunderstanding of drive theory as biologically based. Laplanche and Pontalis (1973), in *The Language of Psychoanalysis*, state that, in the case of the English-speaking psychoanalytic community, “[t]he word ‘instinct’ is used to translate two different German words, ‘*Instinkt*’ and ‘*Trieb*’” (214). An important conceptual difference is lost in this act of translation. The effect of collapsing the conceptual distinction between instinct and drive is to produce a concept of the body as either on or off an ‘instinctual track’.

to Freud in order to articulate a drive theory of psychosis which, however, necessitates a passage through the re-readings of Freud by Lacan and Deleuze and Guattari. They offer a novel way to read Freud and to understand the true status of drive (versus instinct), i.e., to consider drive as the effect of language. More precisely, as in Chap. 1 where I discuss the ‘body’ as an effect of the trauma of Language on the ‘organism’: drive is to the ‘body’ as instinct is to the ‘organism’. The crucial point is that the psychotic’s unique relation to Language is fundamentally ‘traumatic’.

In psychosis, we have a specific type of social contestation that is the result of a forced choice and therefore a choice prior to the entrance into the transference, and thus prior to the creation of an ethic. In *Seminar III, The Psychoses* (1992), Lacan theorized that the psychotic psychical structure is determined by a radical exclusion (“foreclosure”) of the primary word or “signifier” that, for neurotic subjects, comes to provide a first link in the subject’s effort to make sense of experience. Thus the psychotic is without the primary, or fundamental, (symbolic) link to anchor the structure of psychical reality: and the ‘body’, as defined in this book, is a ‘psychical reality’.

I argue that “foreclosure” is the result of the psychotic’s (first) ‘choice’ in life: a choice deployed at the moment of the ‘advent of the subject’. The psychotic’s ‘first choice’ is to radically exclude (“foreclose”) the symbolic anchoring point for Sense and meaning. I argue that situating the psychotic’s “foreclosure” as a ‘choice’ is in fact the precondition for psychoanalysis and, by extension, the precondition for a new ‘freedom’ for the psychotic subject. However, this first ‘choice’ bears certain disastrous consequences for the psychotic: without the anchoring point for Sense, she retreats into the closed universe of delusion and the ‘violence’ of the persecutory voices.

Yet it is of particular importance here to note that the psychotic’s ‘choice’ of foreclosure also yields a specific ‘knowledge’ (*savoir*) regarding the foundation of the ‘Law’ and the Ideals that support the rules of social coexistence. It is the psychotic’s *savoir* of the Law that guides us in defining and theorizing an ethics and, furthermore, in formulating the aim of analysis as creating the conditions for a ‘second’ (ethical) choice in the face of the effects of the Law that return when the delusion is ruptured. I argue that the psychotic’s entrance into transference, defined as a desire

to know, constitutes a ‘second’ choice to enter the field of ethics and thus to assume a new ‘responsibility for death drive’.

Thus to make contact with the ‘subject of psychosis’ we must begin with the body of the drive, where the psychotic (in her disorganized body) finds herself stranded without speech and without the fundamental word necessary to begin the articulation of her experience. The psychotic, if given the place to speak, will reveal her subjective truth as well as the truth of the Law itself.

My thesis, then, is that there is a correspondence between the psychotic’s *savoir* and the truth (or ‘principle’) behind the moral Law. The psychotic’s *savoir* of the Law will take us further than even Lacan’s powerful critique of Kantian ethics. The objective here is twofold: we aim to gain a clarified understanding of the moral Law itself, which, in turn, allows the analyst to better understand the symbolic (i.e., ethical) position required to invite the psychotic into the transference defined as a desire-to-know. The psychotic will not respond, except with “indifference” or paranoia, to anything other than the analyst’s genuine desire ‘to know’ the truth of the psychotic’s experience. Whereas Lacan based his interrogation of traditional ethics upon the neurotic’s libidinal ‘tie’, we will allow the psychotic to lead the inquiry. *An understanding of the psychotic’s experience, and specific knowledge, of the moral Law is fundamental to an effective treatment of psychosis.*

1.2 Ethics and the Clinic

The aim of the psychoanalytic experience is the construction of a new ethic for the subject. I deploy the term ‘ethics’ to capture and explain the subjective shift that may occur in the course of treatment wherein the subject of psychosis assumes a level of responsibility for her experience—hence my question regarding the function of ‘choice’ in the experience, and in the treatment of psychosis. The said ‘shift’ implies that the psychotic (in the course of treatment) moves from the position of ‘object’ to that of the ‘subject’.

In addition, my usage of the term ‘ethics’ regards the nature of the subject’s position in relation to the failure of the pleasure principle