Psychoanalysis, Mental Health and Psychosis: An Ethical bet

Lucía Pose Dallmann[1]

Abstract: In this paper we propose to outline some particularities about the work of analysts in public mental health services and their ethics in the treatment of psychosis. Public health, its policies and practices are not exempt from the capitalist discourse that compels subjects to an insatiable demand for objects of consumption. On the contrary, the analytical discourse aims at creating social bonds and sustaining an ethics of desire, without retreating from the possibility of the advent of a subject and its own creations in order to exist.

There is something inside me that won't let itself be repaired, a force that pulls downward, I don't want to cut myself with those mental blades,
I have always said that there is no shortcut to happiness.

I am trying to find a solution to all this, to make my soul bloom in a forceful way, but I feel like the trash of the rest, I live with my mind racing, then everything is out in the open.

Fighting against myself as if I were my own enemy,
I awaken the monster inside me,
the ego is enlarged, and I enter into the lives of others.[2]

Psychoanalysis and mental health

This paper will attempt to address some ethical issues that shape psychoanalytic work with psychotic patients in an institutional and public health context.

Psychoanalysis is not included in most of the health practices that make up the public mental health network, such as psychiatry or clinical psychology. Even so, there are psychoanalysts who practice in mental health services and coexist with a multiplicity of discourses and conceptual bodies without this implying a common construction of the approach (Stolkiner,

[1] Contact: psicoanalisismaresme@gmail.com
[2] Poem written by *J.*, writer and rapper. Attends the SRC Maresme (CFP).

1999). The public health system is one of the responses of the social Other to the demands of the Master and materializes certain practices and policies.

The analyst must be able to discriminate the nosography proper to the different discourses that involve mental health in order to generate the analytic act (a practice that includes the patient's and the analyst's desire). Enrique Rivas (2000) describes it as a migration in the act of cure where, situated between several discourses, there is no identification that guarantees a consistency of professional subject.

The Lacanian proposal of discourses (Lacan, 1969) proposes four modes of relationship between people: to govern (master's discourse), to educate (university discourse), to make desire (hysterical discourse) and to psychoanalyze (analyst's discourse). To the extent that the social bond is structured by language, it implies an impulsive renunciation demanded by living in community. The social bond is a framework of the drive and thus entails a real loss of jouissance.

An ethical bet

Institutions are the major receivers of psychotic patients and the entry into the health system coagulates, in many cases, the position in which they find themselves upon arrival. The doctor attends them from the position of knowing what they suffer from, a diagnosis is confirmed and, with it, their place as the object of an absolute other is crystallized. It is, then, a clinic without a subject, which excludes the history and position of the patient. The subject receives a mainly pharmacological treatment of the symptom and is reinforced in his place as a sick person as well as in his defensive mechanisms (Rivas, 2000).

A psychoanalytic approach is possible in mental health institutions whenever an analyst receives the demand of a suffering subject and this demand turns into a desire to know about the cause of the symptoms that afflict him. This place gives consistency to his word as an expression of his own truth, desire and jouissance. It is an inversion of the *master's discourse*, which is predominant in institutions, as well as a bet on the *analytic discourse* through the transference and the desire of the analyst. It involves, therefore, a creative and flexible operative in the face of each situation where health imperatives emerge.

Psychosis and social bond

In psychosis we start from an invasive jouissance that is presented to the subject from a real outside himself. The challenge, then, lies in the creation of a *suplencia/synthome* that allows to

modulate this jouissance and, in this way, to mitigate the mortification of the subject. Psychosis itself already implies a solution, although, in most cases, a precarious and very painful one. In addition, there is a whole series of interventions that hinder the subject's own resources of healing and stabilization through overmedicalization (which numbs and dulls thought and body), income, the demands of the social other, etc.

To delimit signifiers by approaching the real through the symbolic implies an invitation to enunciate a story about the subject's own history and the relationship with his symptoms, as well as the meaning they harbor and the sexual reality to which they refer. The aim is to generate the conditions for the unfolding of meaning and the awakening of the desire to know.

Within the framework of the 1986 psychiatric reform in Spain (General Health Law) towards a model of community mental health (as opposed to a manicomial psychiatry), the so-called *Community Rehabilitation Services (*SRC) were created, contemplated within the concept of *psychosocial recovery*. Although their guidelines are functional to adaptationism and mitigation of negative and defective symptomatology in psychosis, these services represent possible work resources within the field in question. During 14 years of experience in a SRC of the *Centre de Formació i Prevenció*, I have been able to work with patients who present a strong impact on their functionality, lack of health care, bad habits, positive and negative symptomatology, and great difficulties in social bonds, such as, for example, to hold a job. In other words, an apparent impossibility to take charge of their life, their actions or lack of them. All of which entails great subjective suffering.

In the case of psychosis, where the essential mechanism is the forclusion of the Name-of-the-Father (that is, the non-inclusion in the oedipal norm), the reality of the subject is established on the basis of this signifier rejected in the symbolic that returns in the real in the form of delusions and hallucinations. Discourses are structured by the Name-of-the-Father, which is why psychosis remains, structurally, *out-of-discourse*. However, we observe that most psychotics speak, use language, without being subjected to it and, consequently, are exposed to the real of jouissance.

For the psychotic, the social bond is undone and, although he/she lives within a community, he/she is not part of it nor of the exchange that takes place in it. The social bond - understood as the knotting between the three registers: real, symbolic and imaginary (Naveau, 2009) - is split by renouncing the symbolic law and castration. Desire is not knotted to the law of the father.

I share a clinical vignette:

A. is a 48-year-old man who joined the SRC in 2005. When I meet him, he is absolutely hermetic and suspicious. Engaging in conversation was difficult and enormously distressing for him. He remained this way for years, approaches and interventions being futile, until the arrival of covid confinement. Due to the impossibility of face-to-face care, the follow-up and interviews with the patients were done by telephone. To my surprise, the unthinkable happened. On the phone, A began to talk and to elaborate an account of his history, of his delusional construction and of his suffering: "*When I was a child I had something strange, I did not adapt, I did not integrate well with people. I had no memory, I didn't think, I wasn't naughty, I didn't integrate like the others."*

The subtraction of the body and the gaze, perhaps, allowed him to establish a less persecutory bond. Of his first psychotic crisis he will say: "*I entered another time-space dimension* [SIC]*. They shot me, they cut me with a saw, I made love to everyone... persecuted by gods, demons and mythological beings. I see my sister walk past."*
It will be through writing that A will be able to talk about himself without feeling traversed by the other. Through a narrative trigger, he can read by telephone his own writing in which other narrative voices speak. Fiction shields him from the severity of sanctions. He is able to establish his own demand and circumscribe a symptom: "*I am very ill and I have written something to explain it to you: I have supernatural, personal and social problems that I need to improve in order to lead a normal life. I feel the world against me. I can't explain it, it's all very strange and I don't always remember."*

This artifice sustains him and brings him out of the deep isolation into which he had fallen years before. But moments of great anguish and hallucinatory invasion of prejudice ensue. I point out that there are not always words, but there may be spaces and activities that help and reassure him. Feeling incapable depresses him, the bond allows him to change that, but as it settles in, the bond becomes eroticized and persecutory. He is constantly maneuvering, introducing modifications and inventions that allow him to circulate. Currently, he has gone back to locking himself up at home, to missing the SRC and, for some time now, he no longer demands his individual space to talk.

The team practice and the community device allow various operations that (re)create a small community with its rules (symbolic law) and where each one occupies a specific role. There, the subject decides what activities he/she will carry out and, therefore, puts into operation a daily life linked to society. In other words, the recomposition of the social bond is enabled. In addition, the

possibility of a singular work with an analyst favors the subject to go from being spoken by the Other to speaking in his own name, to create a name or artifice to make up for the lack of the paternal metaphor.

Lacan's ethical proposal is based on the good-to-say that implies causing the subject's discourse, regardless of its concordance or not with the subject's own family, social and medical demands.

Some conclusions

Our ethics as psychoanalysts compel us, then, to build with the patient a possible transition to a subjective position capable of entering the exchange proper to the social bond. Social ties as discursive formations imply a treatment of the real by the symbolic, sustained in the transferential bond and the analyst's function.

Against the normative and imperative paradigm of 'having to', psychoanalysis proposes the ethics of desire and difference. It is a matter of accompanying and supporting the subject in his creative projects, of invention, of art and work that help him to sustain his own name, his signature, his style, his own stroke. Desire in psychosis is not symbolized by the paternal metaphor, but this does not obstruct other forms of desire beyond the father.

The specificity of the analyst in an institution does not lie in the seriousness of the patients he/she encounters, but in the response to such an encounter.

It is therefore a bet to give back to the subject the right to speak, which dignifies him by offering him a space where he is able to pronounce himself, ask himself and -perhaps- answer himself in a way that allows him to circulate in a less hostile environment, by entering into the dynamics of social exchange.

Barcelona, May 26, 2023

Bibliography

- Belaga, G. (s.f.). Salud mental: una totalidad fallida, o cómo los paradigmas “saludmentalista” y “de las neurociencias” no se corresponden con la ética del psicoanálisis.
- De Battista, J. (s.f.). Efectos del abordaje psicoanalítico en pacientes psicóticos. Recuperado de
- De Battista, J. (2017). Consideraciones para un retorno al concepto de deseo en la clínica analítica de las psicosis. Recuperado de https://doi.org/10.1590/0103-656420150166.
- Freud, S. (1918[1914]/1997). De la historia de una neurosis infantil (caso del «Hombre de los lobos»). En Sigmund Freud: Obras Completas. Tomo XVII. Buenos Aires. Amorrortu.
- Galende, E. (1990). Psicoanálisis y salud mental. Para una crítica de la razón psiquiátrica. Buenos Aires, Paidós.
- Lacan, J. (2009). El seminario de Jacques Lacan: Libro 3: Las psicosis. Buenos Aires: Paidós.
- Lacan J. (2010). El seminario de Jacques Lacan. Libro 17: el reverso del psicoanálisis [1969-1970]. Buenos Aires, Paidós.
- Ley 14/1986. General de Sanidad. 25 de abril de 1986. «BOE» núm. 102, de 29/04/1986.
- Naveu P. (2009). Las psicosis y el vínculo social. El nudo deshecho. [2004-2005]. Barcelona, RBA Libros.
- Quinet A. (2022). Psicosis y lazo social: Esquizofrenia, paranoia. [2006]. Buenos Aires, Letra Viva.
- Rivas E. (2000). Psiquiatría. Psicoanálisis. La clínica de la sospecha. Málaga, España, Miguel Gómez Ediciones.
- Salomone, Gabriela Z. (2014). Intersecciones discursivas y singularidad: Cuestiones éticas de las prácticas en salud mental en contextos institucionales. Anuario de investigaciones, 21(2), 245-249. Recuperado en 04 de marzo de 2023, de http://www.scielo.org.ar/scielo.php?script=sci_arttext&pid=S1851686201400020003 2&lng=es&tlng=es.