

### *The A-(d)iction and the Analytical Act*

In view of the little time I have at my disposal, I would like to focus on two questions -which, according to my clinical experience-, I deem important to share at this time:

1. How can we accommodate, in a psychoanalytical frame, a subject who comes to us already identified with a pathological disorder: “I’m an addict”, “I’m an alcoholic”, “I’m a compulsive gambler” “I’m anorexic”, “bulimic”, and the manifold presentations that encompass a sense of suffering, displacing the subject from his cause?
2. How to win over the demand for an analytical device inter-related to other discourses that approach the same subject with the logics of science?

Psychoanalysis puts forward a subversive approach for a subject who must advent as a product of the psychoanalytical act.

Currently, other therapies respond to rehabilitation of a subject affected by a category of pathological identity. Where the modern subject is objectivized and represented by a knowledge that is not his own.

How can we then understand Lacan when in “Science and the Truth” he says?

***“The subject on whom psychoanalysis operates is no other than the subject of science”<sup>1</sup>***

The subject who we operate on in psychoanalysis -“**operate**” is Lacan’s Freudian tone as Jean-Claude Milner points out - may not be other than the subject of science. Therefore, we operate on the same subject that science operates on but with a different praxis. When receiving patients in a clinic, consulting room, or therapeutic community, the same subject will be

approached from different disciplines, discourses, and study fields. Physicians, psychiatrists, psychologists, referents, medical caretakers, workshop specialists, and at the same time, the space with the subject's analyst.

Our masters, Freud and Lacan, did not back up before other disciplines which boasted a knowledge or thought they had a truth in connection with the subject's disease.

Freud, when faced with hysteria, Lacan, with paranoia, were able to offer their psychoanalytical listening as a frame for research and cure.

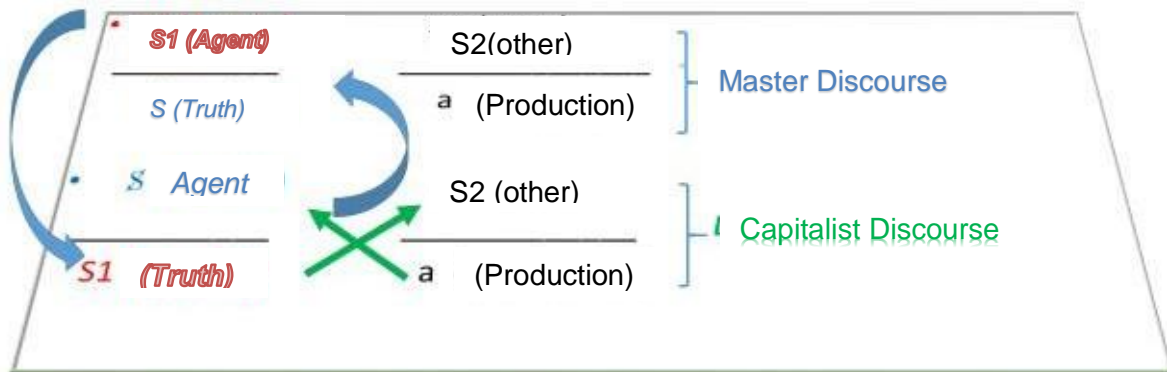
At present, we are faced with the subject's invariants but also with the time variants in which we live.

Lacan will call "alethosphere" the prevailing and totalizing discourse of capitalism associated partly to science and partly to the 'technicism' which adulterates and intoxicates the world. By means of metonymical progress, he creates objects or *lathouses*, so he calls them, to offer the subject an infinite chain of objects to be incorporated - an illusion of repair via a having, to shun the essential questions related to castration or to the truth of the Real that inhabits us.

A fifth discourse which presents a major obstacle to our practice, because its logic is of the order of a response without liberty. The other who knows of my demand, offers me a production of objects to fulfill it, reduced to the plus of enjoyment. And thus annulling the subject's questions in connection with his subjective division without allowing a rotation of discourses. Then, the Master discourse, or that of the unconscious, is infringed, modifying its order. Reversing the logic of discourse, *his agent S1* by  $\S$ , and *the truth of the  $\S$*  by *S1*. Such modification suggests enclosing the subject in infinite objects and in a knowledge that is outside the singular truth. It reverses the order of fantasy and S1-S2 *jouissance* is not cut out,

thus losing its regulation, disavowing structural loss and replacing unconscious knowledge with the knowledge of science.

### REPLACEMENT OF MASTER DISCOURSE WITH CAPITALIST DISCOURSE



Addictions will not be an exception in this invitation to *je suis, je souis, je jouis*, blocking -in accordance with their structure- a better position vis-a-vis the Real of Life.

When an enjoyment appears acephalous and dominating the subject, we find it as a carrier of an alienation:

- *“I insist on cocaine because I want is to feel as great as the first time I tried it; I felt that I was high-powered, but I have never felt like that again!”*
- *“I gambled once again because I was sure this time I would win. Once again, I lost everything.”*
- *“If I don’t get drugged, my head goes non-stop.”*
- *“It is the only way I don’t feel empty; though afterwards I am worse.”*
- *“I ate 10 burgers on a row and then I threw up everything. I filled myself then emptied myself“.*

They come to the office or to institutions to be admitted after having attempted many times to step out of this alienation, of these compulsive acts, they and so many others who experience

this in a resolved manner. They cannot admit or demand help; they are brought by their families or because they have been prosecuted, as a brake to curb an enjoyment that would lead them to a movement typical of the death drive. That is why it is so important to listen and identify in what place in the structure and in the logical times the cause of such a-(d)-diction occurred. In a patient in whom this repetition occurs as a sign - incorporating the unbearable absences of the Other-, the listening or the direction of the cure will not be the same. Or the drowsiness of voices in a psychotic listening; or in the formation of a showing-to-the-Other symptom; or someone grieving or a relationship with a non-elaborated loss.

Man suffers and finds shelter from displeasure with his “drowner of cares”, Freud will say.

Lacan, when he refers to intoxicants, will take this metaphor of the phallic signifier in Johnny’s case: **“there is no other definition for drug than this one – it is that which allows breaking up marriage with that little thing we use when we pee”<sup>ii</sup>**

Experiencing with an intoxicant is not a resource to get to know the truth; rather, it buries the unconscious. Precisely, it breaks up with the phallus, which, by complying with its symbolic function, commands enjoyment and its relation to the Other.

In The Third, Lacan advises:

**...”be more relaxed, more natural, whenever you receive someone who comes for an analysis”<sup>iii</sup>**

Many a time patients are far from demanding an analysis. In such cases, offering dignity identifying the subject’s demand, allowing them to pose a question of their own, would be one of the first steps in listening in order to try to organize the frame and the analytical act done by the analyst in his profession.

Reading and deciphering whatever the presentation “I am...” actually represents for each analysand. Opening up for deployment so as not to be encrypted in only one sense, an analysand caught up by, and being solely, a diagnostic DSMV classification and nothing else. Hence establishing, in the event of a potential neurosis, that the analysand’s saying may be

enunciated through a hysterical discourse, which will allow him to ask himself and to produce a knowledge about the truth that represents him alienated in that *malaise* (discontent).

The Cartesian 'I think', and the manual of behavioral instructions that strengthen the I, adapting a rehabilitation to the subject, will, in the best of cases, be temporarily effective. Causes are not approached; they are to be understood in the light of their enunciation, and then not of the singular enunciation (which in my opinion, is a fundamental difference of the extraterritorial field of our praxis), by means of the 'I am not' and 'I do not think' whereby -thanks to transference- the subject will start finding its truth.

Under no circumstances, may we ignore how important the progress of science has been, and will be, for the human being; in fact, psychoanalysis is its child. However, we must underscore the deviation it causes when it places itself at the service of a totalizing discourse, which erases the subject in his singularity, turning him into an individual of universal models for the benefit of its discourse.

That is why I believe that psychoanalysis has much to perform in the direction of the cure and to continue researching drives clinically without resigning the enriching work with other disciplines. I reaffirm both the need and the subversion that the analytical act entails for the subject of unconscious enunciation. There, where that used to be, may the subject advent. It is the effecting of a subject, who in the middle of his saying produces his own writing, engaging himself with life.

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<sup>i</sup> Jacques Lacan. *Escritos (Writings) II Science and Truth*. Page 837 Editorial Siglo veintiuno editores

<sup>ii</sup> Lacan, J. (1975). *Speech at the Meeting of the Freudian School Cartels in Paris, April 12–13, 1975*. In *Lettres de l'Ecole Freudienne of Paris*, # 18, 1976. Page 51

<sup>iii</sup> Jacques Lacan, *The Third*, original publication, Page 81. *Internal Bulletin of 'Lettres de l'AFP'*, #.16, Paris, 1975. Edited