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### *Psychosis and Extreme States: An Ethic for Treatment*

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**Citation:** Flor, R. Psychosis and Extreme States: An Ethic for Treatment. *Psychoanal Cult Soc* 28, 624–628 (2023).

**As Published:** <https://doi.org/10.1057/s41282-022-00347-4>

**Publisher:** Palgrave Macmillan UK

**Persistent URL:** <https://hdl.handle.net/1721.1/153307>

**Version:** Author's final manuscript: final author's manuscript post peer review, without publisher's formatting or copy editing

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Book Review  
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For the book  
Psychosis and extreme states: An ethic for treatment  
By Bret Fimiani

Book Review

Psychosis and extreme states: An ethic for treatment

Bret Fimiani  
Palgrave Macmillan, The Palgrave Lacan Series

Freud was skeptical about psychoanalytic treatment for psychosis, at least “for the method as it has been practiced up to the present.” However, he seasoned this skepticism with some hopefulness that it was not “impossible that by suitable changes in the method we may succeed in overcoming this contra indication – and so be able to initiate a psychotherapy of the psychoses” (Freud 1905).

Only a smallish subset of psychoanalysts have taken up that challenge.

Jacques Lacan was asked directly by a journalist about such treatment in a 1968 interview: “Can psychoanalysis be used to treat psychosis?”. Lacan surprisingly replied with one word: “Yes”.

For those who know Lacan’s oblique style, the sheer bluntness of his response might put one aback. And in psychoanalytically informed settings, where most practitioners are still restrained by Freud’s initial skepticism about such a treatment, this question would be met with cautious hedging. But no such hesitation from Lacan. Having thought long and hard about this topic for his entire teaching and clinical career, he was finally prepared to be quite definitive.

Bret Fimiani joins the expanding number of those who have worked on developing the “suitable changes in method” by using ideas inspired, *inter alia*, by Lacan. He presents them in his new book “Psychosis and Extreme States”(2021) a worthy addition to the Palgrave Lacan Series.

Readers of this journal are probably no stranger to the series which aims to “give voice to the leading writers of a new generation of Lacanian thought” and has already provided a number of brilliant examples of just that.

Fimiani draws not only on the theoretical work of Lacan, but also on the pioneering extension of Lacanian practice in the clinical work of Willy Apollon, Danielle Bergeron, and Lucie Canton, the inspirational convocations of Françoise Davoine and Jean-Max Gaudillière, and critical insights from the philosophers Gilles Deleuze and Félix Guattari.

After showing in the first half of the book the way in which he joins those who think of themselves working “after” Lacan, in the second half he provides aspirational motivations for psychoanalytic clinicians to put aside the fear of psychosis that sometimes prevents them from taking up the very meaningful work that can be done with *and by* the psychotic subject. In the

second half he highlights some of the self-advocacy movements which might help all of us to move beyond the “us-and-them” that shackles us in the first place to unproductive positions as treaters, and helps situate the work with psychosis in the contemporary scene. As a result, I think, the reader finds themselves able to picture a Lacanian dialogue with revolutionary movements outside of the psychiatric mainstream which are working to upend the sad status quo of typical practice.

In his introduction, Fimiani tells us the overarching purpose of his work: 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.” (p1) Because, as he further contends, “the aim of the psychoanalytic experience is the creation of a new ethic for the analysand” (p1), the changes Fimiani will call for in the clinical treatment of psychosis will largely depend on understanding how “transference-in-psychosis” is an ethical concern.

Doubling the import of his aptly selected subtitle, “An Ethic for Treatment”, Fimiani ends up working in two directions: In the central chapters of his text, Fimiani argues that *treaters* who work on the suffering sometimes experienced by psychotic patients would benefit from taking up that work with a certain ethic. But Fimiani also suggests that the Lacanian treatment of psychosis intrinsically trusts the psychotic subject’s ability to take up a new ethic *themselves*. The former can be summarized with the title of his Introduction “The Psychotic as Guide.” The latter can be summarized with the injunction that Fimiani uses to conclude the sixth chapter of his book: “Becom(e) a Subject (of the Truth) in the Moral Law.” For those familiar with the work of Francois Davoine and Max Gaudilliere, the interdependence of these two directions will be familiar.

Both directions highlight the ways in which Fimiani takes up a revolutionary position when compared with the most common standard of care today. One rarely finds in the typical state-funded outpatient clinic—the setting where psychotic subjects most frequently find themselves treated—an approach that recognizes subjectivity (choice) as an element in psychosis. Having worked in community behavioral health for most of my career, it is clear to me that Fimiani’s central complaint about medical approaches to psychosis is still very fitting. *The* orienting notion which has dominated the contemporary clinic for decades has been that psychosis is nothing other than a tragic misalignment of neurotransmitters. In my experience, this has led the medical establishment to routinely provide “anti-psychotic” medications as the gold-standard of evidence-based practice without much regard for the metabolic disturbances that devastate and shorten the lives of those who consume them, and certainly does not pay much regard to elements of traumatic subjectivity in the psychotic’s position. For the past decade, this approach is increasingly supplemented by a CBT-P, a sterile normative process of social influencing determined to talk the psychotic out of psychosis. I will not go into much detail about the shortcomings of CBT-P or anti-psychotics, but it must be said that both are ways of doing something *to the psychotic*, where the only subjective question that arises tends to be around patient “compliance.” In no way do either attempt to consider any specific non-organic cause for psychosis, nor do they allow for a self-guided politically enfranchised psychotic, nor do they question why or how the social link is broken in psychosis in the first place.

Although Fimiani lays out his argument with a theoretical focus, he undoubtedly does not want to provide theory-for-theories sake, but rather he wants to encourage the practitioner to take up this work to help finally move us beyond the (frequently damaging) things done *to* psychotic subject towards work that can be done by and together with psychotic subjects. This approach,

along with the theoretical “origin story” for psychosis that Fimiani embraces, clearly situates him in the Lacanian field.

Beginning almost a century ago, Jacques Lacan sought to find how subjectivity in general is formed. This is of quite obviously a heady project. Famously he observed that the key is the linkage to signification; a key he says was discovered by Freud. With this, Lacan found himself able to make sense of the perpetually messy world of diagnosis. Lacan argued that linkage to signification can take a variety of shapes, logically producing a variety of diagnostic structures. Each of the types of linkage bring with them their own discontents. Putting aside other diagnostic structures, the nature of that (discontented) linkage specific to the psychotic subject according to Lacan is established *ab ovo* by “foreclosure”, a kind of *absent-ification* of a signifier that would otherwise allow for a stable connection to naming and norms. This enabled Lacan to say a great many clarifying things about the phenomenology of psychosis which I will not go into detail about, but which have been catalogued by others (Vanheule). Specifically for the psychotic subject, Lacan also takes from Freud the notion that delusion, which frequently marks the subject formed through foreclosure, is essentially a restorative effort to manage the ensuing instability in subjective experience. Although it is Lacan (and Freud’s) understanding that the subject formed in this way is not reformable into a different diagnostic structure, throughout Lacan’s work his simple “yes” is to be understood as saying that *other restorative efforts beyond delusion can be found*.

Over his 50 year career, Lacan presented a number of theoretical hints for the psychoanalytic work with the subject marked by foreclosure: finding stabilizing identifications, creating personal metaphors that orient the subject, and forging (“synthome-atic”) linkages to hold together elements of experience that threaten to fall apart. In short, Lacan developed a non-organic theory of the origin of psychosis and suggested possible applications in a psychoanalytic clinic.

However, one must acknowledge that the detailed presentation of successful application of any of these in clinical practice is *not* to be found in his work. Of course, generally Lacan did not provide many detailed examples for the work anyway. However, with the neurotic linkage, Lacan was able to provide far more explicit guidelines about how the psychoanalyst orients themselves in and with the transference. In this way, it is fair to say with Fimiani that Lacan’s work has remained preliminary with regard to psychosis. It also explains why Fimiani is obliged to take a stance that picks up material—to borrow from a certain book title, “after Lacan.” (Apollon et al., 2002)

Decades after Lacan’s seminal theoretical work, the founders of GIFRIC (Groupe interdisciplinaire freudienne de recherches et d’interventions cliniques et culturelles) Willy Apollon, Danielle Bergeron, and Lucie Canton have provided both of these missing components: a psychoanalytic treatment program for psychotics inspired by the teachings of Jacques Lacan with practical guidelines and tangible effects. They provide for Fimiani, who trained at GIFRIC, a concrete practice using “transference in psychosis” along with detailed reports of actual cases conducted at “388”, the treatment center founded by GIFRIC. A close reading of the central arguments of Fimiani’s book (Chapters 3 and 4), beyond the scope of this short note, explicates exactly what he means by a transference in psychosis; suffice it say this is where Fimiani thinks we can move with GIFRIC beyond the preliminary toward practical guidelines for treatment. For today’s clinical world, which is dominated by the zeal for only using “evidence-based practice”, one noteworthy aspect of the GIFRIC approach is that they now have decades of data supporting the efficacy of the work of the “388.” What they have shown is ways to open the

delusional system which can trap the psychotic subject by distinguishing dream-work from delusion. Unlike the reparative but sometimes entrapping function of delusion, they explain why, and show that, a certain listening to the dream can provide the opportunity for a psychotic subject to create a more self-owned narrative. In the GIFRIC approach, a solid not-knowing from the side of the analyst, can invite the psychotic subject to experiment with language without provoking psychotic transferences marked with erotomania or persecution. Fimiani's draws heavily on their practical efforts.

But if this were the entire thrust of Fimiani's position, there would be less to recommend for its originality. What animates the text and brings us one step further than the work of GIFRIC is the way in which Fimiani wants to think (with Deleuze and Guattari) how psychoanalysis—and, in fact, how *most* contemporary treatment approaches—continue to botch the encounter with psychotic subjects because they fail to incorporate that the body of psychotic subject is a site of social contestation. It is this position that the bi-directional role of ethics really comes to the fore. The reader of this short note should take it upon themselves to read Fimiani's arguments, but for now I would just point out that the upshot of this position, so clearly sending us back to the revolutionary ideas of Davoine and Gaudilliere, prepares us for a for a “convocation” with other radical inclusions of the psychotic experience. Movements outside of psychoanalysis like Open Dialogue, Mad in America and Peer Recovery suddenly become affine approaches where the psychotic subject can help shape a future psychoanalysis. This direction—bringing out the knowledge contained in psychotic experience and helping it find its way back into the *socius* - also easily aligns itself with other recent seminal works in Lacanian psychoanalysis such as Annie Rogers (see *Incandescent Alphabets: Psychosis and the Enigma of Language*, 2018).

On behalf of all authors, the corresponding author states that there is no conflict of interest.

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