

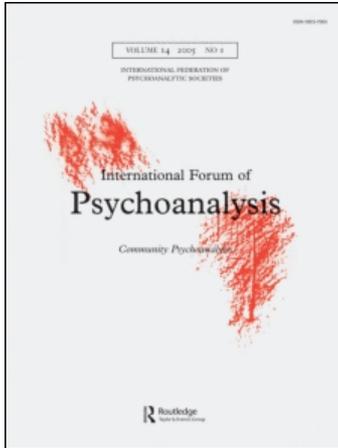
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ORIGINAL ARTICLE

Fragments of the other: a psychoanalytic approach to the ego in schizophrenia

LUCIANE LOSS JARDIM, MARIO EDUARDO COSTA PEREIRA &
CLAUDIA MARIA DE SOUZA PALMA

Abstract

This article describes psychoanalytic research carried out with schizophrenic patients. The aspects of the clinical case are paradigmatic for understanding the splitting of ego in schizophrenia and the triggering of psychosis. There will be a brief historical discussion of the concept of schizophrenia, and of the differences between the ideas developed by Eugen Bleuler and Emil Krapaelin. We compare the diverse authors' ideas to illuminate today's discussion on clinical methodology and the relationship between psychiatric and psychoanalysis. We link up Bleuler's proposition concerning the splitting of the ego in schizophrenia and his broader conception of psychopathology with more recent psychoanalytic explanation of the disintegration, in psychosis, of all imaginary organization of the ego, as proposed in Jacques Lacan's theory. Clinical vignettes are also discussed in the light of Lacan's psychoanalytical lecture on a Marguerite Duras novel, in order to elucidate the phenomenon of transitivity, a key concept in this case. The article suggests a direction for the psychoanalytic treatment of schizophrenia based on the analyst's position, compared with Duras's character Jacques Hold, who, as a narrator of part of Duras's plot, allows the book's subject to articulate her desire.

Key words: *schizophrenia, psychoanalysis, psychopathology, transitivity, ego and Jacques Lacan's theory*

This article describes psychoanalytic research¹ carried out with schizophrenic patients in which a specific psychopathological dimension related to the ego and the body image of a particular subject is highlighted. The aspects of the clinical case we present here are paradigmatic for understanding this symptomatology, grounded on a psychoanalytic framework that presupposes the existence of formations of the unconscious in the psychopathological organization of schizophrenia. In the research referred to above, the basic rule of psychoanalysis is also applied to patients psychiatrically diagnosed with schizophrenia. Specifically, the analyst listens to their free associations.

We present a brief historical discussion of the concept of schizophrenia, which was first developed by Eugen Bleuler, in contrast to merely symptomatological descriptions of schizophrenia that have become the mainstream tradition of today's psychiatric system of diagnosis, which is based on Kraepelin's theory. We compare the diverse authors' ideas to illuminate today's discussion about clinic methodology. We present the specific contributions from psychoanalytic thoughts to the contemporaneous debate about psychopathology and the clinical approach in schizophrenia. The relationship between psychiatry and psychoanalysis is discussed to underline similarities and differences between them and demonstrate the legitimacy of psychoanalysis in relation to this topic. We highlight Bleuler's proposition concerning the splitting of the ego in schizophrenia and his broader conception of psychopathology. His thinking is in line with the more recent psychoanalytic explanation of the disintegration, in psychosis, of all imaginary

¹ Postdoctoral research entitled *O imaginário na esquizofrenia: o fenômeno do transitivismo* ("The imaginary in schizophrenia: The phenomenon of transitivity"), carried out by author in conjunction with the Laboratory of Fundamental Psychopathology at the Department of Medical Psychology and Psychiatry at the State University at Campinas (UNICAMP), Brazil.

organization of the ego, as proposed in Jacques Lacan's theory.

In relation to our second topic, we present the start of a psychosis in a clinical case to provide a better understanding of the triggering of psychosis. We then link this to the splitting of the ego in schizophrenia. Some clinical vignettes are also discussed to demonstrate the disintegration of the ego and the subject position in psychosis. The transitivity phenomenon is the concept that is highlighted in Lacan's mirror theory and his psychoanalytical lecture on *The Ravishment of Lol V. Stein*, a Marguerite Duras novel (Lacan, 1965/2001). These arrangements help us to have a better understanding of what happens to this young schizophrenic patient. In conclusion, the article suggests a direction for the psychoanalytic treatment of schizophrenia based on the analyst's position, compared with Duras's character Jacques Hold, who, as narrator of part of the plot, allows the book's subject to articulate her desire.

A phenomenological description of schizophrenia

Since its beginnings, clinical work with psychosis has questioned the various fields of knowledge that deal with its treatment, and this, of course, is related to the historical origins of areas such as psychiatry, psychopathology, and psychoanalysis. In his *History of madness*, Michel Foucault (2006) shows that it was only as of the Great Confinement and the progressive medical practice of committing patients to the *Grands Hôpitaux* that "madness," or "insanity," was constituted as a psychiatric entity as it is known today. But the definition of the different nosological categories of psychosis had been the topic of much debate, with the result that, by the late nineteenth century, the expression "terminological Babel" was being used to characterize the state of psychiatric nosography.

Eugen Bleuler (1911) set down the basis for the nosological and nosographic concept of the clinical condition known today as schizophrenia. He had been influenced by Freudian psychoanalysis through Carl Jung, who was his most prominent assistant and the leader in approximating psychiatry to psychoanalysis. Bleuler's intention was "to define the psychopathological grounds of schizophrenia beyond the mere symptomatological constellations that had been established by Kraepelin" (Pereira, 2000, p. 159). In his well-known monograph entitled *Dementia praecox or the group of schizophrenias*, Bleuler (1911) showed that the basic psychopathological phenomenon of schizophrenia constituted a break in the continuity of several different psychic functions. The term "schizophrenias," which Bleuler had used

since 1906, was an indication of this separation from Kraepelin's thought. Bleuler held that schizophrenia is not a single disease but "a determined group of conditions that have a common psychopathological core" (Pereira, 2000, p. 161).

As a result of his broader view of the schizophrenias, Bleuler went beyond Kraepelin's descriptive conception of dementia praecox. He postulated that the central phenomenon in schizophrenia was a splitting of the ego due to a disruption in associative links, which, under normal conditions, would ensure unified functioning of the personality. This splitting of the ego thus brings about a breakdown in its unity, together with concurrent attempts to recover the lost cohesion. Such attempts are made manifest through the most directly observable symptoms, namely alterations in the flow of thought, emotional ambivalence, delusions, and hallucinations.

For Bleuler, therefore, from the psychopathological point of view, the primary phenomena of schizophrenia were not the delusions and hallucinations, but the disintegration of unified and consistent functioning of different psychic dimensions. Bleuler used the term "autism" to describe this phenomenon, which had already been discussed in Jung's thesis; in this, these patients tend to dedicate greater interest to their own internal fantasies than to the outside world. The imaginary creations of such individuals totally occupy their interest and, for them, have the status of self-evident reality. This makes them tend to close themselves into their new interior reality, making them relatively impermeable to contact with others. In fact, Bleuler saw the characteristic ambivalence of these subjects as the expression of breaks in the integrity of the ego and an excessive valuation of their own mental fantasies. Likewise, the alteration of affects, also considered an essential symptom for diagnosing schizophrenia, evidences the closing in of such subjects, their isolation, and the incongruence of their mental functioning.

According to Pereira (2000), Bleuler's description of the basic symptoms involved was an attempt to overcome the clinical problems found in Kraepelin's diachronic and evolutionary perspective. In other words, Bleuler's intent was to determine those symptoms that were present in all forms of schizophrenia at some point in their evolution. Secondary symptoms consist of delusions, hallucinations, catatonic states, and other phenomena, but are not necessarily present in all cases or all stages.

As Kraepelin saw it, dementia praecox showed the classical clinical characteristic of a slow and insidious development that eventually led to terminal degeneration, a trait that Bleuler considered only one of the possible outcomes of schizophrenia. Bleuler thus set down a new conception of the schizophrenias

that was less descriptive and naturalist than Kraepelin's and more clearly based on a complex underlying psychopathological theory. This was more useful from the clinical point of view because it enabled a more immediate and more optimistic diagnosis in terms of prognosis, since it did not necessarily imply inexorable evolution toward dementia (*Verblödung*).

Another problem of Kraepelin's theory regarding schizophrenia was the fact that, for quite a long time, Kraepelin saw paranoia as only one of the manifestations, generally terminal, of the paranoid form of dementia praecox (dementia paranoides). Only in the eighth edition of his *Treatise on Psychiatry*, published in 1915, did he take up the position of the French school of psychiatry and define paranoia as a separate condition, distinguishing it from the paranoid type of dementia praecox. In its general lines, this change in theoretical position narrowed down how paranoiac and paranoid phenomena are conceived today (Garrabé, 1992).

Emil Kraepelin was identified as the founder of scientific psychiatry, as well as of psychopharmacology and the genetics of psychiatry. Kraepelin believed the main origin of psychiatric disease to be biological and genetic malfunction, and he disagreed with Sigmund Freud, who considered that psychological factors had implications for psychiatric diseases. Kraepelin's theory dominated the field of psychiatry at the beginning of the twentieth century, and this is, in essence, the approach taken in psychiatric systems of diagnostics.

The *Diagnostic and Statistical Manuals of Mental Disorders* (DSM) is based on cut-and-dried checklists of symptoms, but this mainstream tradition will be changed by a draft version of the latest edition of the DSM (DSM-V). According to John Krystal (2010), the editor of *Biological Psychiatry*, what seems to be emerging is a completely new way of looking at psychiatric diagnosis in which there is no one-to-one relationship between genes and symptoms but, rather, a situation in which genes affect the development of brain circuits, thus producing the symptoms. The authors of DSM-V are attempting to capture this form in order to understand psychiatric diseases and dispense with the approach taken in previous DSMs. Instead, they will adopt a "dimensional" approach, in which patients are assessed for symptoms besides those which match their principal diagnosis, as well as for the severity of their symptoms. In this new perspective, perhaps, there is room to think of psychopathology in a way that is more akin to Eugen Bleuler's proposal.

Psychoanalysis contributed to clinical work in the psychoses on the basis of Freud's writings in general, and especially of his famous study about President Schreber, published in 1911, entitled

"Psychoanalytic notes on an autobiographical account of a case of paranoia (dementia paranoides)." In this text, Freud set up the basis for his theory of the psychoses, clarified the psychic mechanisms that lead to psychosis, and delimited its field by distinguishing it from neurosis.

According to Freud (1911), Bleuler's schizophrenia is a clinical entity that stands out among the group of psychoses by showing a predisposing fixation that occurs during a very early stage in the development of the libido, namely autoerotism. In the analysis of the Schreber case, Freud formulated the hypothesis that there is a narcissistic regression that leads to a total relinquishment of any object-oriented love by seeking exclusively autoerotic satisfaction. Freud indicated that delusions of grandeur are a consequence of the deinvestment in the outside world and an expression of the return of the libido to the ego, threatened by an intense outflow of energy. A choice of object is made during this stage, but the object is confused with the individual's own ego. Freud held that delusions are attempts at healing, at reconstructing the outside world by redirecting the libido to the object, even if this is in a completely imaginary way. This Freudian conception that delusions are attempts at healing is also found in Bleuler's interpretation, as we saw above regarding the secondary symptoms of schizophrenia.

Within these symptomatological notions of schizophrenia, we intend to highlight Bleuler's perception of the splitting of the ego, together with his broader conception of psychopathology. This conception is in line with the psychoanalytic explanation about the disintegration of all imaginary organization of the ego in psychosis, as proposed in the theory of Jacques Lacan, a process that will be discussed more thoroughly below.

Indeed, the practice and training of Jacques Lacan lies at the core of the psychopathology tradition highlighting the relationship between psychoanalysis and psychiatry that started at the end of the nineteenth century at Salpêtrière with Jean-Martin Charcot (1825–1893) and his presentation of his mental patients. Charcot specialized in treating patients who were suffering from a variety of unexplained physical symptoms including paralysis, contractures, and seizures. Such a clinical device exposes the patient to the audience, which means subjecting the individual as an object as in a show to prove Charcot's ideas about traumatic hysteria. Freud was immensely impressed by Charcot's work on traumatic hysteria but took another approach to the treatment of these psychopathologies. Freud changed the methodology and instead listened to the suffering of the patients, rather than just

visualizing their symptoms. Listening to the patients in addition to assessing their symptoms is what psychoanalysts have focused on since Freud.

However, after Freud, different psychoanalytic schools were forged, and these have followed different lines in order to articulate the dialogue between psychoanalysis and psychiatry. There are many differences between American and European/Latin America psychoanalysis, which can be attributed to the dominance of ego psychology and object relations theory in the USA and an equal dominance of the theories of Jacques Lacan in places such as France, Brazil, and Argentina.

In the last 50 years, many psychoanalysts from American psychoanalysis – for example Otto Kernberg, Glen Gabbard, and Robert Michels among others – rearranged the field of psychiatry for psychoanalytic access. The perspective of these authors is that psychoanalytic theory can help understand the psychopathological framework not only descriptively, but also from a psychodynamic viewpoint. This is an application of psychoanalytic understanding to the phenomena of psychiatric clinical practice. Psychodynamic psychiatry in clinical practice “must be practiced in the context of impressive advances in the neurosciences, integrating psychoanalytic insight with biologic understanding of illnesses” (Gabbard, 2005, p. 5).

However, this article indicates a different perspective in addressing these relations between psychoanalysis and psychiatry, one which is aligned with the thinking of Lacan (1966). He emphasized that psychoanalysis is constituted by engaging in the scientific subject, leaving aside the idea that was linked to the analyst’s action, which is attentive to what the doctor does not listen to. This limit of science is an epistemological and not a question of lack of knowledge of medicine, for example, not occupying the subjectivity. They have distinct positions in addressing the same phenomenon supposedly on psychological distress.

Clinical practice sustained by the DSM-IV-R classification provides a scientific framework of discourse about human psychological suffering. The American Psychiatric Association developed a classification of mental disorder based on a purely descriptive rather than a theoretical methodology of observable symptoms and behaviors, which defines a clinical, ethical, and epistemological approach to the psychological suffering of human beings. This approach, currently in effect, favors a system that pretends to be neutral with respect to etiological theories, but is, however, configured as a naturalist and pragmatic system of disease diagnosis. This perspective demonstrates a position that has an underlying conception, meaning that:

The disease will come from outside of the patient so the therapy must also come from outside. The subject is put in place-body-object related to the illness and the knowledge about their condition; this allows the subject to be apart from what happens to himself and also unable to find a possible solution. (Rojas Hernandez & Jardim, 2007, p. 8)

From this perspective, we reach an agreement with the ideas of Banzato (2004), who understands that the limitations of current diagnostic classifications are increasingly evident, as they are found in clinical psychiatry practice and mental health research. There is a general conception that diagnosis must go beyond the established model of nosographic classification. In this sense, we formalize a psychoanalytic research that includes the subject of the unconscious, desire, and enjoyment in the process of psychic suffering. Lacan (1966, p. 101) notes that “Freud... invented what should respond to subvert the position of the advance of medical science: namely, the psychoanalysis as a practice.”

The triggering of psychosis: a case of schizophrenia

Julio (not his real name) is 34 years old, is single, lives with his parents, and spends practically all day at home watching television and listening to the radio. He occasionally goes out for walks or to the market with his mother. He has completed high school and taken a technical course in mechanics. Sixteen years ago, at the age of 18, he was working as a mechanic at an auto-repair shop when he had his first psychotic breakdown, which occurred after one of countless fights, both physical and verbal, with his father. Julio has been committed to psychiatric hospitals some 30 times, usually against his will. The police have sometimes been called in, and at times it has become necessary to physically restrain him, even when he is heavily sedated. Julio’s crises have always been very violent, and he was psychiatrically diagnosed with paranoid schizophrenia. His discourse contains frequent and repetitive stories about his periods of confinement.

At the time of his first crisis, Julio was shy and introspective, liked to listen to the music of the Brazilian singer and composer Raul Seixas,² and read books by Paulo Coelho (a Brazilian writer internationally known for his esoteric literature), both of whom stirred up his mystical and sexual

² One of his songs is *Crazy Beauty* [*Maluco Beleza*], which, quite significantly, Julio memorized many years previously.

fantasies. But he found himself unable to respond to the sexual appeals of his adolescence. When his friends would brag about their exploits and adventures with girls, Julio invented stories for his friends about his own supposed advances to girls in order not to feel like an outsider. He tried to establish himself as a man through imaginary identification with his friends, but a radical failure in his life was present to himself.

A subject's identity must be sustained through a reference that goes beyond the imaginary, and this entails his or her inscription in a place in the symbolic world, that is, in the world of words. During his adolescence, Julio was pressured by those around him to occupy a new symbolic place. He was expected to prove his sexuality to both himself and others, and this meant rearticulating his sexuated position and his filiation. In other words, the subject's identity is not only sustained by what is reflected in a mirror or in the eyes of someone else; it must also be articulated with components in the subject's structure in terms of the passage through the Oedipus complex and the respective inscription of the paternal signifier in his mental apparatus.

According to Lacan (1955–1956/1993), the triggering of psychosis is associated with the perception that all the knowledge that the subject possessed and used until then to sustain him or herself within the symbolic order has collapsed after this subject has undergone some type of breakdown. In Julio's case, the everyday life of violence he experienced with his father and failures in his sexual incursions highlighted the lack of stability of his knowledge related to both filiation and sexuality. In effect, aspects of schizophrenia could be seen in Julio, even though he maintained some of his psychological functions intact. He was in fact employed at the time of his breakdown, and he was able to conclude high school and concurrently take a technical course.

According to Lacan's theory, the unconscious is structured by language, and the significant represents the subject to another significant. There are some significant linked up to each other, and this forms the signifying chain. It is like a pearl necklace, and the pearls are made with words that have the function of being tied to the subject. The onset of a psychotic breakdown is the moment when there is no pearl/significant in the place where it was expected to be. This hole consists of an empty space in the center of the signifying chain that has the consequence of establishing a sometimes longlasting state of bewilderment in the patient.

The two most common types of evolution from these occurrences are: (1) an intense rearrangement of the signifying chain that is expressed in neologisms and the peculiar syntactic structures typical of

psychosis, and (2) the realization of the proliferation or disintegration of the imaginary, when the subject's world seems to explode into thousands of fragments, losing its consistency and shattering the subject's own formal identity and that of other individuals around him or her into many diverse identities that are independent of one another.

The disintegration of the ego in schizophrenia

Julio's case clearly shows the phenomenon of imaginary disintegration found in schizophrenia: his mind became inhabited by countless "others." He frequently says that a number of different people get into his head, and he sometimes uses an expression that can have two enigmatic meanings in Portuguese: "They are taking away my 'they are,'" or "they are taking away my 'sane'."³ He complains that he is "impregnated with people in his mind," and this causes truly physical headaches, a constant complaint in his speech. When he watches television, he says he feels like he is "talking on TV," because he is convinced that the people on television are talking about what he is thinking. At times, he says of looking into a mirror, "I see in the mirror the face of the person who's in your head."

The concept of the mirror stage was developed by Lacan (1949/1977) to explain primary narcissism, the constitution of the ego, and secondary identifications in human beings. This stage occurs between the ages of six and 18 months, a period during which the central nervous system is still immature. The mirror image gives the child an intuition of the form of its own body and the relationships of this body with the reality around it. At the psychic level, this image instates the child's identification. The stage therefore involves the transformation produced in the subject when he sees an image that represents himself.

With this approach, Lacan attempts to link Freud's theory of narcissism to the fact that, for Freud, the image of the erotically invested ego constitutes a specific love object and gives unity to the experience of the ego function. In other words, for Freud, the ego is not a primary psychic element, but the result of a process by which the different subjective dimensions, initially autonomous and chaotic, become integrated around this unified and treasured image that the subject gradually constitutes for himself.

Lacan's specific contribution in this process emphasized the fundamental and indispensable role of

³ The expression in Portuguese is "*Eles tiram o meu são*," the word "são" meaning either "they are" or "sane," depending on the context.

the Other. The Other gives this image a part of its own narcissism and symbolically validates it. It provides the recognition that the child specifically seeks in this image, namely that the idealized self-image the child is beginning to build up truly corresponds to her- or himself. When an adult presents a child with an image that, in the final countdown, is a legacy of its own narcissism, the adult validates for the child the recognition of a unified ego that has an unconscious and is alienated from the expectations and fantasies that this adult has deposited in the child. The main point in this dimension of alienation, which is intrinsic to the constitution of the ego, resides in the fact that, from then on, the child treats this image subscribed by the Other as one in which the child recognizes herself as being the true expression of her own being. It is in this regard that, when Lacan refers to the ideals of the Other, unconsciously inscribed in this image where the child begins to recognize herself, he evokes Rimbaud's famous phrase, "I is another" ("*Je est un autre*").

The mirror stage thus involves identification with an imago, which "is given it as a Gestalt. That is, the identification takes on an exteriority where this form is undoubtedly more constituting than constituted" (Lacan, 1949/1977, p. 98). This image is the matrix where the ego takes shape. The subject becomes aware of his body as a unit. The sight of the unified form of the human body allows the subject to have imaginary mastery over its premature body, in contrast to any real mastery. The body image is the first form for which the subject can determine what is and what is not its ego.

During the mirror stage, a phenomenon called transitivity may occur. This arises at certain moments during psychic development and is characterized by a toggling movement where a child's actions are seen as equivalent to those of a colleague. This imaginary transitivity can be seen in a child who hits a playmate and says, without lying, "He hit me." For the child, it is exactly the same thing. The phenomenon of transitivity was observed by child psychologist Charlotte Bühler (Bühler & Allen, 1972) in very young children. They do not often distinguish sharply between their own experiences and those of others. If a child falls and is injured, for example, another child may cry. In this respect, transitivity can be compared to Roger Caillois's notion of legendary psychasthenia, in which the external environment and the internal physiological systems of the individual are moulded.

Lacan presents all these references to external, formative influences on the development of the ego to support his argument that ego does not emerge *sui generis* – out of itself – but is the product of a

dialectical interaction between the psyche and the external world (*Umwelt*), an interaction perpetuated throughout life between the subject and the Other. Lacan (1955–1956/1993) thus proposes that the psychotic's ego is bound to the statement that, "The other is me," peculiar to the phenomenon of transitivity. It involves the impossibility of a separation between the ego and the non-ego in the constitution of the subject's ego and bodily image.

Julio remains in a specular transitivity, as can be seen in the fact that he readily identifies with any other who appears before him. His ego adheres to the egos of those around him, and this makes him experience things in his own body that actually go on in the bodies of others. Julio experiences this specular relationship without the mediation of a third party, such as when statements by people on television become equivalent to his own. He takes on the image of the other as he watches, since he can see himself talking on television. It is exactly in this toggling movement with the other that the subject grasps himself as a body, and where, in this case, Julio sees himself on television, because the others (he) express their (his) thoughts and talk about him, and he sees himself spoken by others.

Julio takes on the shapes of many others, but not without suffering, because these others who invade him take away his sanity. The expression Julio uses to describe what happens to him when others enter his head is that "they take away my 'they are'/take away 'my sane'" (see above). This expression refers both to the mental health, or "sanity," that Julio loses with the invasion by these other mirror images, and to the conjugation of the verb "to be" in the third-person plural. With this, one might interpret that the understanding Julio has of himself and his sanity is related to what others are.

Julio says that he spends all day talking with Julia by telepathy (the masculine-feminine parallel between these names also applies to the patient's name and that of the other he talks so much about). Referring to Julia he says, "The meaning in her head operates in mine." Julio says that Julia is a former classmate with whom he has always been in love. Today they are neighbors and, according to him, Julia has mental problems and undergoes psychiatric treatment. Julio's delusion related to Julia has clear self-erotic undertones because the couple have sex in his body. He says he has sex by telepathy: "I imagine and I masturbate. She enters me, she is with me." Julio says that she incarnates in his body and this is how they copulate.

Marguerite Duras's novel *The ravishment of Lol V Stein* (Duras, 1966) describes a disconcerting world that is comparable to that seen in psychoanalytic clinical practice with psychotic patients. The de-

scription of the subjective tragedy sometimes loses its narrator and is taken over by many different voices. But fiction can anticipate the reality of the unconscious and bring up a question related to the difficulties involved in psychoanalytic clinical practice. Duras's novel can thus be read in two moments by summarizing two scenes of the romance as an analogy that allows one to transpose the scenes to the psychoanalytic clinic. In the first scene, the events can be equivalent to the triggering of psychosis, and the second is similar to an analytic session, where the protagonist's desire can be rearticulated.

Lacan (1965/2001) wrote about this novel in his text entitled in "Homage to Marguerite Duras, on *The ravishment of Lol V. Stein*." Here he characterizes imaginary relationships in psychosis and describes imaginary identification belonging to the other, a captation by the image of the other without reciprocal exclusion, which is typical in clinical work with schizophrenic patients. In this paper, Lacan describes the position of the psychotic subject and characterizes it as the recollection of a scene. The events take place at a ball, and the leading characters are a young woman named Lol, her boyfriend Michael, Lol's friend Tatiana, and an intriguing woman named Anne-Marie Stretter, who arrives at the ball with her daughter. The scene begins the moment Anne-Marie and her daughter enter the ballroom, and ends with Lol going mad as her boyfriend leaves the ball with Anne-Marie. Tatiana, the friend, is the narrator of this scene and describes in great deal the impact that Anne-Marie produced when she entered the ballroom. No one could resist looking at her. Tatiana also describes the changes Michael goes through in the woman's presence, as he is fascinated by her and, at a certain moment, says, "I must ask this woman to dance with me" (Duras, 1966, p. 12).

Lol merely smiles when Michael looks at her for approval. Following Lol's unexpected response, Michael stays with the intriguing woman during the entire episode narrated. Lol spends all night watching her fiancé dance with this woman, fascinated and without showing any sign of suffering. At daybreak, when the reader thinks that the painful scene is finally over for Lol, she screams and demands that the ball not come to an end. When the couple leave, Lol follows them with her gaze, and when they disappear she falls to the ground in a faint. She immediately goes mad, rushes home, and locks herself in her bedroom for weeks on end without finding words to describe her total emptiness. When the couple leave, Lol's subjectivity breaks apart, a typical moment when a psychotic crisis is triggered off. Tatiana, strongly moved by the

scene, talks on and on for lack of knowing what the scene stirs up in her. And Lol, unable to utter a single word, remains stunned, in silence, and breaks down completely when the scene is over.

According to Lacan, we can conclude that there is a word missing to separate Lol from the other's image, and this would let her understand that the inexplicable woman her boyfriend held in his arms was another woman for her. But at the moment of the scene, Lol and Anne-Marie are one, a single body, embraced by Michael's love. Lol is imprisoned in a state of transitivity, a time during which the individual possesses the condition of a human being through the image of another. As with the characters of Duras's novel, Julio and his double, Julia, are arrested in transitivity. That is precipitates from the image of the other. The splitting of Julio's ego is characterized by a self identified and another I identified by Julia. Julio and Julia are inseparable, and he is fused to her image as they make up a single body. Julia is a part of Julio's ego, and without her/him there is no way Julio can recognize himself. In other words, a separate existence is impossible.

Julio perceives himself as another. He attributes his own feelings to another who invades him, since his perceptions of his own body are foreign to him. It is as if these perceptions were someone else's and not those of his own ego. Julio's voluptuous feelings are perceived when Julia enters into his own body, since he tells us that she enters him and that her senses function in him. Julio is thus fused into the mirror and, as with Narcissus, the outcome is tragic. Subjective death is the price to be paid.

There is a later scene toward the end of Duras's novel when Lol V. Stein is able to stir up desire. Lol discovers a romance going on between Tatiana and a certain Jacques Hold. She begins to follow him, and this stirs up in her a new fascination. The lovers meet at the Hotel du Bois, in a room overlooking a field of rye, where Lol stays to watch the amorous encounters between Tatiana and Jacques. From the window, Jacques sees Lol lying in the field and plays along, sacrificing Tatiana to Lol's law. He lets Lol see Tatiana in the window, without being concerned that Tatiana herself does not know they are being watched. According to Lacan, in this second scene, with Tatiana and Jacques, there is a "three-part being." In contrast to the first scene, Lol commands the second. Here she can be seen by the man and thus be a stain in his desire, in the hotel room high above the field of rye. The difference between the montage of this scene and the neurotic fantasy is that here the fantasy is constructed in reality, as a presence that stirs up desire. In a certain sense, it strengthens something that does not exist. In

psychosis, there not just the lack of a narcissistic image that can be embellished by the love of another, as was the case of Michael's love for Lol that narcissistically embellished her and was soon lost on the night of the ball.

As narrator of the second scene, Jacques Hold constitutes the gaze as a stain set in the window of the Hotel Du Bois, the place for Lol's oncoming fantasy. Lol was thus able to articulate Jacques Hold's fundamental fantasy for him. The words that Lol utters, "Naked, naked beneath her long black hair," says Lacan, "engender the passage from Tatiana's beauty to the function of the intolerable stain related to this object" (Lacan, 1965/2001, p. 202). This inscription of the stain of the gaze is converted into Lol's own gaze turned toward the window of the hotel. For the first time, therefore, Lol becomes a stain for a man. She engenders the desire of the Other that sustains the object *a*, cause of desire.

Conclusions

By showing that the splitting of the ego was the predominant symptom in schizophrenia, Bleuler pointed out the direction in which we were already advancing. Through psychoanalytic theory and practice, we show here the central importance of an understanding of the constitution of the ego and of the body image in the psychopathology of schizophrenia.

In the imaginary alienation of psychosis, especially in schizophrenia, we find the subject captured by this fundamental phenomenon of transitivity, where the ego is the other. The subject assumes the image of the form of the other. This can be clearly seen in the case of Julio, through his experiences with his double, Julia. He is unable to distinguish between the ego and the non-ego. The psychotic subject is alienated in this Gestalt provided by the other, the result being the disintegration of the signifying structure. The ego and the body image become unsustainable, leading the psychotic individual to experience them in a fragmented way and confuse them with many others. The psychotic remains in the specular relationship and recognizes himself in any other. Because of the alienation from another, it is impossible for him to make the difference between himself and the other.

One of the challenges for psychoanalytic clinics in terms of psychosis is, among others, to occupy, as a psychoanalyst, the position of Jacques Hold. The one as narrator and character in the scene provides the constitution of the gaze of the Other, which enables the articulation of desire for the patient.

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