

Paradoxes of discreet signs in ordinary psychosis

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Discreet signs of ordinary psychosis introduce us to a series of paradoxes:¹ if these signs are indeed discreet, their consequences are not; the less we recognize them, the more pervasive they become; as soon as we are made aware of them, they become so obvious that we can no longer consider them to be discreet. It would appear then that discreet signs might not be so discreet after all.

The failure to recognize discreet signs of ordinary psychosis can have serious consequences in contemporary psychiatry. To fail to identify a patient as being psychotic and speak to him as though he weren't, can push him to the edge of his impasse. He is then likely to be drawn to the act, to the passage to the act, erring most likely today on the side of violence, that lies at the heart of psychiatric institutionalization, leading to a world of incarceration - that is fast becoming insanity's contemporary ground. Thus not only is the detection of discreet signs of ordinary psychosis a major clinical challenge but it also becomes a significant social challenge.

What is extraordinary in ordinary psychosis, and what seems to characterize it, is that one doesn't necessarily think of it. It presents itself by way of "small clues" (Miller 2009: p. 154) that are located "at the inmost juncture of the subject's sense of life" (Lacan 2006: p. 466). These can go unnoticed, yet they are what provide us with a direction. They can be about oddness, a peculiar use of language, tenuous thought disturbances, unacknowledged surges of anxiety emerging as if coming from the body. The subject can also feel socially displaced, and have relational difficulties, entailing a sudden rejection of the other, without premise, without history, unplugged from the other's time - all sorts of dissonances that emerge without our anticipating them, or without our ability to consider them collectively.

But ordinary psychosis itself can also be discreet through solutions brought into play in various ways, such as Jacques-Alain Miller lists: "compensated psychosis [la psychose compensée], supplemented psychosis [la psychose supplémentée, untriggered psychosis [la psychose non déclenchée], medicated psychosis [la psychose mediquée], psychosis in therapy [la psychose en thérapie], psychosis in analysis [la psychose en analyse], psychosis that evolves [la psychose qui évolue], sinthomised psychosis [la psychose sinthomee]" (Miller 1999: p. 230).

The challenge thus is to be able to identify the discreet sign from the generated solution, the latter itself becoming a discreet solution in the process of its generation. The sign can become discreet as a result of being played out in the solution. In the same way that there are discreet signs that are undetected, and there could be discreet solutions that are unnoticed - they are some solutions that take hold and some that don't.

As is the case of signs, once solutions are identified, they are no longer discreet. In a way it is like the paradox of the "stolen letter" applied to discreet signs and their solutions: we often do not see what is most evident.

These solutions can draw inspiration from the contemporary world, through the use of "ready-to-wear" identities that relieve the subject's distress and dismay. However, if those ready-made solutions become destructive, we see a shift from a private impasse to a collective malaise - the subject's impasse becomes collective. As Freud said, all individual psychology is by default collective. The identificatory device can turn into radicalization: a fitting term, given the need to give back roots to those who no longer have them. There is a direct shift from individual roots artificially reconstructed through an identificatory device, to roots of a collective ill. In this way small evils can become absolutely major as Hannah Arendt used to say (1994: p. 270-84).

There aren't just solutions trapped in ready-to-wear identities. There are also solutions that emerge from

contemporary developments in biotechnologies. As Jacques-Alain Miller said, science today can touch the Real by interfering with nature, making it compliant, mobilizing it, using it's power (2013: p. 204). As a result, some subjects exult in offering their body to medicine and its new technologies. Medically assisted procreation, oocyte cryopreservation for future use, predictions made possible through genome sequencing, sex change, plastic surgery (now even becoming preventative), neuroprosthetics, body-enhancing strategies designed to turn man into a cyborg, to prolong life indefinitely, even to kill death by being grafted onto machines: biotechnologies end up in an invented world, unprecedented, where one no longer knows what is what - even if the themes at play echo classic imaginary scenarios that are characteristic of psychosis' delusional constructions.

Humans put their most extreme hopes into biotechnologies. They find in them solutions that are sometimes unsettling, such as the possibility recently of creating organoids generated from stem cells - creating stand-alone parts of the body, brain fragments, testicle, kidney, liver, lung... - and why not even humanoids able to escape the effects of time.² Two hundred years ago in 1818, in Geneva, Mary Shelley's imagination produced this modern Prometheus that is Victor Frankenstein, capable of creating life from death: "I succeeded in discovering the cause of generation and life...I became myself capable of bestowing animation upon lifeless matter" - we seem to be on the way to realize the same project through synthetic biology, through life created *in vitro*.

Thus we find ourselves, on the one hand, facing a failure to recognize psychosis, and on the other hand, facing what we could call a psychotic use of identities via biotechnologies. One thus encounters two voids screening each other off: it is this gap/intersection that we should question today in a new way, from the point of view of ordinary psychosis and its discreet signs.

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¹ Paper presented at the XIVth NLS Congress, *Signes discrets dans les psychoses ordinaires. Clinique et traitement*, Dublin (Ireland), 2-3 July 2016.

² The questionns raised on the subject of organoids have been more specifically developed in an article written with Ariane Giacobino (Ansermet and Giacobino 2016).