

RESEARCH IN PSYCHOANALYSIS: QUESTIONS FROM THE TRANSITIVISM WITH SCHIZOPHRENIC PATIENTS

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ABSTRACT: The clinic, the research and the intervention in psychoanalysis are based on the inseparability of the investigation procedure, the therapeutic device, and the method of research. In this perspective, we present the methodology of the project entitled: *The imaginary in schizophrenia: on the phenomenon of transitivity*. This research was conducted in the Clinic of Psychiatry at the Hospital de Clínicas from Unicamp with patients diagnosed with schizophrenia. The transitivity phenomenon that occurs in the transfer with schizophrenic patients was used as a guiding concept of this study which allowed us to establish some questions regarding the treatment.

Keywords: clinic; research; psychoanalysis; transitivity; schizophrenia.

RESUMO: A clínica, a pesquisa e a intervenção em psicanálise estão baseadas na indissociabilidade entre procedimento de investigação, dispositivo terapêutico e método de pesquisa. Nesta perspectiva, apresentamos a metodologia do projeto intitulado: *O imaginário na esquizofrenia: sobre o fenômeno do transitivismo*. Trata-se de um trabalho de investigação realizado no âmbito do Ambulatório de Psiquiatria do Hospital de Clínicas da Unicamp com diagnóstico de esquizofrenia. O fenômeno do transitivismo que ocorre na transferência com pacientes esquizofrênicos foi usado como um conceito norteador deste trabalho, que possibilitou estabelecer algumas questões no que concerne à direção do tratamento.

Palavras-chave: clínica; pesquisa; psicanálise; transitivismo; esquizofrenia.

INTRODUCTION

There are some models of research in psychoanalysis being proposed by the psychoanalytic and academic community that function independently. A first model is based solely on psychoanalytic criteria, such as the inseparability between the investigation procedure, the therapeutic device and the method of research, which requires the study of the unconscious processes. A paradigm opened by Freud and that refers to what some authors, such as Botella & Botella, call “fundamental research in psychoanalysis” (2003, p. 438), i.e., dedicated to deepen the knowledge of the foundations of psychoanalysis.

A second model of research is the research conducted by psychoanalysts who use other methods than those characteristic of psychoanalysis and who have the ambition to satisfy external scientific criteria in order to maintain an exchange of ideas and evidence with other disciplines on the therapeutic efficacy of psychoanalysis. In this perspective the ideas of Fonagy who chaired the Standing Research Committee of IPA (International Psychoanalytical Association) that defends a systematization of “the knowledge base so that integration with the new sciences of the mind becomes increasingly easier. Not only will psychoanalysts be able to show more readily that their treatment works, but they will also have new possibilities of communication with other scientists about our their discoveries” (Fonagy, 2003, p. 335).

A third model, which resembles the second, was reported by Palma et al (2011) and proposed an evaluation technique, guided by the principles of the psychoanalytic method, aimed at addressing the therapeutic and analytical effects of these clinical procedures about subjectivity. The present study was carried out in the framework of the public health sphere, and the motivation of this work was to go against the opinion that psychoanalysis cannot demonstrate its analytical effects.

From this context, we present in this article the method of work of the project entitled: *The imaginary in schizophrenia: on the phenomenon of transitivity*. It was a research that was conducted at the Psychiatric Clinic of the Hospital das Clínicas from Unicamp with patients with a diagnosis of schizophrenia. This project aimed to investigate from psychoanalysis, based on the theories of Sigmund Freud and Jacques Lacan, the vicissitudes of the imaginary in schizophrenia. In this perspective, the transitivity phenomenon that occurs in the transfer in the analytical treatment situation with schizophrenic patients was proposed as a paradigm, to think about the therapeutic interventions that allow an imaginary restitution.

Thus, we have conducted a research in psychoanalysis following the model proposed by Freud, in which the clinic, the research and the intervention in psychoanalysis work together. And we try, from the clinic and the psychoanalytic

theory with schizophrenic patients, to raise some issues relevant to the specificity of this practice regarding the direction of the treatment. The questions posed at the end of this article were planned from the reading of some psychoanalytic texts relating to the topic, as well as from the clinical experience.

The patients who took part in this study were directed by the Psychiatric Service of the Hospital das Clínicas from Unicamp. The patients who were sent to the researcher were diagnosed with Schizophrenia according to the criteria of DSM IV-TR. Preliminary interviews were carried out with these patients to verify the diagnostic hypothesis of psychosis according to diagnostic criteria in psychoanalysis. The patients who did not meet these criteria did not participate in the research.

After the initial preliminary interviews, the patients with a clinical structure of psychosis were invited to participate in the research, formalizing their approval with the signature of an informed consent form (which, as the case may be, was signed by a person responsible). Only those who agreed to sign the informed consent participated in the research.

Following these interviews, the psychoanalytic treatment itself started with the patients. The clinical psychoanalytic work with these patients took place during two years, time of the research. With regard to the results of this research some clinical cases that had already been published were chosen (Jardim, 2012; 2011a; 2011b) that met the questions raised by the project.

RESEARCH IN PSYCHOANALYSIS

Psychoanalysis, since its birth and during its development, has always been supported by a triple structure, that is, the clinic, the research and the theory. From that position, psychoanalysis is a method of investigation of the unconscious psychic processes that are otherwise, inaccessible; it is also a therapeutic method based on the investigation of these processes and on the results obtained from this investigation; it formulates a body of theoretical knowledge about the human psychic functioning (Freud, 1923 [1922]/1974). Therefore, the psychoanalytic research has this epistemic device, in which the clinic, the research and the theory are impossible to be designed separately. This device is based on paradigms which are radically opposed to the experimental method and it differs epistemically from the so-called natural sciences.

The model of research in psychoanalysis from its fundamentals is the model of investigation claimed by Freud, in which the treatment and the research in psychoanalysis work together, being one the consequence of the other. In this way, it is considered that psychoanalysis itself is an investigation procedure, and the unconscious psychic processes that originate the analytic session as its

object of study. The model proposed by Freud directs the practice and this allows reconstructing the model, which in turn are linked to some basic concepts in the psychoanalytic theory. Freud (1923/1974) defined the pillars of the analytic theory, that is, the unconscious, the doctrine of resistance and repression, the infantile sexuality and the Oedipus complex. These are the basis of psychoanalysis and those unable to subscribe to them are not included among the psychoanalysts.

The research in psychoanalysis is constructed based on “clinical cases” and follows the model proposed by Freud in the analytic situation of the treatment. The research in psychoanalysis begins in the analysis sessions marked by the psychoanalytic devices that support it and follows in the post-session, on the heels of an elaboration of the analyst who might sprout a new knowledge about the theory and/or the psychoanalytic technique.

According to Safra, “psychoanalysis is a field that investigates the particular and tries to establish comprehensive models of the human psyche. (...) To begin an investigation from a clinical material, we perform a cutout, which is delimited by the appearance or phenomenon that we are interested in researching, and also by the theoretical conceptions that we use in our work” (1993, p. 129).

Regarding the methodology of research in psychoanalysis, we have resumed the functions of the preliminary interviews and their conformation with the structure of the treatment itself in order to make our procedures clear.

The “preliminary essay”, as named by Freud (1913/1976), is the beginning of an analysis process and must conform to the rules. The analyst’s task is only to relaunch the patient’s discourse; however there are some reasons to make these preliminary interviews before undertaking the treatment with the patient. They have three functions: the establishment of the structural diagnosis, the transformation of the patient’s symptom in analytical symptom, i.e. the *symptomal* function and the transfer institution, the connection of the patient to his treatment and to the analyst.

According to Quinet (1993), the preliminary interviews are divided into two periods: a time to understand and one to finish, in which the analyst makes the decision to accept a patient or not. The fact of receiving the patient in outpatient care does not mean that this patient has been accepted for the research/psychoanalysis. To trigger the analysis the choice should come from both sides: the patient’s and the therapist’s.

The *symptomal* function (symptom-mal) is the transformation of the symptom, which is the subject’s complaint, into the analytical symptom, and it is one of the functions of the preliminary interviews. This *symptomal* function is responsible for the transformation of the complaint addressed to the analyst, a condition in which the symptom changes from the statute of response to the statute of enigma to the subject.

The establishment of transfer, another function of the preliminary interviews, is a necessary condition for the psychoanalysis process. It consists in the updating of the reality of the unconscious, in the double meaning of the word updating: to act and to presentify, that is, to accomplish here and now. It's not the analyst who motivates or makes the transfer, as this is the function of the patient. According to Lacan (1963-1964), the transfer phenomena are based on the function of the supposed subject becoming aware that it is the assumption or conjecture that there is an unknown knowledge that can be known. What is essential in this notion is the assumption of a knowledge that can become known and that someone can give this subject an access to this knowledge.

Therefore, the method of investigation in psychoanalysis conforms to the proposed treatment based on its principles, using its characteristic assumptions. The transfer is a condition *si ne qua non* for the occurrence of a psychoanalytic treatment and the consequent research on the unconscious processes. The formalization of the psychoanalytic research comes *a posteriori* in the psychoanalytic treatment as a construction of the analyst/researcher. This work is finished through the writing of texts that the analyst produces from his work on the listening of the unconscious. However, such formalization involves great difficulties, because it implies making use of the theory to account for the analytic act without falling into the mistake of using the clinical case to ratify the theory.

The construction of the "clinical case" must be supported in the clinical practice; however the clinical cutout functions as a base for the advancement of theorizing or its rewording. The theory and the technique from the psychoanalytic research, in turn, will provide a feedback to the clinic.

In regard to the research project in question, the psychoanalytic methodology started from the case study and in this respect has taken the concept of transitivity to guide the psychoanalytic clinic with some patients diagnosed with schizophrenia. We have tried to identify and elaborate psychoanalytic intervention devices in the treatment of psychosis taking into account some fundamental aspects of the constitution of the schizophrenic subject. From the study on the transitivity in the psychoanalytic treatment situation we have raised some issues relevant to the therapeutic interventions in patients with schizophrenia.

A research project in the university scope and within one of its modes, that is, the undergraduate and graduate schools often have a fixed time limit for its completion. This research fits in a postdoctoral research project and was planned to take two years. A psychoanalytic treatment usually does not have a defined prior time. In this case, the psychoanalytic treatment of the patients who will participate in the research is preset and lasts two years. As to the durability of the psychoanalytic treatment proposed in this research, there are a few points to consider.

The beginning of a psychoanalysis process happens with the patient's free association, this is the fundamental rule of psychoanalysis. On the analyst's side, there are no rules, but an ethics ruled by the precept of the floating attention and the desire of the analyst. To the end of an analysis and therefore the end of the transfer connection established between the patient and the analyst, we have considered the following proposition: the session time must include in itself and in each session the finitude of the analysis. Thus, each session of the analysis contains the end of the analysis. The concept of the end of the analysis process proposed by Lacan (1945) is linked to the amount of time of the session; it is a function of the analysis to the extent that it is terminable. The end of the analysis must be inscribed in each session and it should be like this from the beginning. In this sense, with the early proposition that the treatment/research of the patients will end in two years, we have introduced the function of a hurry similar to that introduced by Lacan (1945) in relation to the analysis session, which aims at precipitating in the subject the moment to conclude, so that the subject manifests.

In this perspective, the end of the research/treatment was set from the beginning, and at each session we have concluded the treatment. The temporal tension present in the situation precipitates the subject in the conclusion and this condition in many cases has favored the analytical process, while in others it has led to some difficulty at the moment of the end of the process and the disconnection of the patient from the analyst and from the treatment. Each case was treated particularly, so there was no standard procedure for the closing of the treatment/research conducted with the patients. A referral to each case was given within the ethical conditions that rule the psychoanalytic work and from the existing institutional conditions. The end of the treatment with the researcher took place in the course of the treatment itself, as this appeared as an issue for the patient and was anticipated by the researcher as the completion time of the postdoctoral research arrived. Therefore, the cut of the transference bond and the stitching with other possible social bonds to the patient have been worked along the process and at the end of the research.

TRANSITIVISM IN THE CLINIC OF SCHIZOPHRENIA

Quoting Lacan (1957-1958/1999), a century of Freudianism applied to psychosis leaves the problem to be thought about. The clinic of psychosis goes on by questioning the different fields of knowledge that deal with the treatment. And if we admit the existence of the formations in the unconscious in the phenomenological production of schizophrenic subjects, psychoanalysis can surely offer a contribution.

Schizophrenia was born in the interweaving of psychiatry and psychoanalysis. From the phenomenology of schizophrenia described by Bleuler, and following the theoretical orientation of Freud and Lacan on psychoses, the psychopathologic framework we have worked on can be perceived in this research. In 1911, Bleuler lays the foundation of the nosologic and nosographic concept of the condition known today as schizophrenia, in the text entitled *Dementia praecox or the group of schizophrenia* (Garrabé, 1992). In the same year, Freud (1911/1969) publishes his famous study of President Schreber: *Psychoanalytic Notes on an Autobiographical Reported Case of Paranoia (Dementia paranoides)*. In this work, Freud explains the unconscious psychic mechanisms present in psychosis and delimits its field in relation to that of neurosis. Freud employed the term psychosis more frequently, regardless of the clinical type in his works; however he explicitly uses the term schizophrenia in his article about *The Unconscious* (1915/1969) and postulates a differentiation between the different types of psychosis from his theory of the libido.

Nowadays, the psychiatric diagnostic manuals like the DSM-V and ICD-10 are geared toward an objective and systematic description of the signs and symptoms shared by most of the world psychiatric community. The major clinical conditions in psychiatry are considered as “disorders”, a term explicitly chosen to keep the character of the a priori uncertainty of the etiologic issues related to these diagnoses.

On the other hand, the Lacanian psychoanalysis refers to the diagnosis in the perspective of the structure of the unconscious subject, as it is presented in its own evaluation device: the analytic situation. If the symptomatology observed in the clinic has been changing according to the dominant discourse in civilization, the clinical structures remain relatively stable and conform essentially in neurosis, perversion and psychosis. To psychoanalysis, the diagnosis is structural, i.e. it is searched in the symbolic register, where the fundamental issues of the subject are articulated. These concern the way in which each one is faced with sex, desire, the law, anguish and death. It is the position of the subject in the face of the Oedipus complex, in relation to castration.

Thus, it is important that the analyst/researcher knows how to detect the clinical structure of the subject in the preliminary interviews, since the conduct of the analysis of the psychotic subject is necessarily different from the analysis of a neurotic subject. The structural differential diagnosis can be made in the three different types of concept based on Oedipus, that is, the repression (*Verdrängung*) in the neurotic, keeping the incompatible element in the unconscious; the denial (*Verleugnung*) in the perverse, contradicting the castration and keeping it in the imaginary through the fetish; and the denegation (*Verwerfung*) in the

psychotic, not keeping any traces or signs of castration, excluding it from the scope of the symbolic.

In the neurotic, what establishes the transfer is the assumption of the knowledge to a third person, who knows what makes him suffer, who knows what he is missing. In the psychotic, there is also a subject of knowledge that he asks, but this knowledge is not supposed to a third person, to the other, he is incarnated and presentified. The social bond established from this transfer mode is what, unlike the neurotic transfer, will impose the diagnosis of psychosis in structural diagnosis. In this, the knowledge and the deduced subject are not missing in psychosis; on the contrary, here the assumption becomes an assurance.

The psychotic assurance is translated by the non-questioning of the psychotic about his delusions, there is no doubt as to their existence. The symptoms for the psychotic acquire a status of assurance as a result of the relationship that this subject establishes with reality (Lacan, 1955-1956/1988). The delusions are presented as a way of living in the world, of remaining stable. The reality of the psychotic subject depends on his relationship with the signifier, and is initially sustained by a kind of support called imaginary cane. This support is presented to the subject, in the imaginary register, exactly where something in the signification is missing. During the outbreak, the absence of this imaginary support, takes the individual to live a subjective catastrophe, an experience of laceration, with a possible reorganization of its reality, only from the construction of a delusional idea (Quinet, 2000).

With regard to the imaginary symptomatology, it is possible to make it clear if based on a case of a schizophrenic patient who claimed that her body was “*taken by the doctors to heal the patients*”. This patient incorporated the symptoms of other patients that lived at the same institution, and started to produce this delirium a few months after the beginning of the psychoanalytic treatment. The self of the patient, (con)fused in some moments with her therapist and in other situations it assumed all the formal colors of the other patients at the institution. The patient called her analyst “*doctor*”, just like she referred to herself, also as “*doctor*”, calling her colleagues at the institution as “*her patients*”. On one occasion, the patient felt all the labor pains of another patient who was pregnant and parturient. This is the imaginary capture of the image of the other, of an impossibility of separating the self and the other in the imaginary constitution of the subject. It is in this sense that we use the concept of transitivity: “*the absence between the inside and the outside, where the centripetal and centrifugal vectors come to the confusion of the living experience*” (Jalley, 1998).

In psychosis, the constitution of the self remains in the following statement: “*the other is me*”, it is what Lacan (1955-1956/1988) will call the imaginary transitivity, also characteristic of the child who hit his/her similar and says, without

lying: “he hit me”. Because for this child it is exactly the same thing. Therefore, the imaginary in psychosis does not work as the imaginary in neurosis; for the psychotic we are not similar. In neurosis a second operation is required, of separation, which allows the return in order to formulate the following: “the other is not me”. The record of the imaginary in the psychotic subject operates in a first moment in what concerns the constitution of the self and to the image that the subject has of himself.

Lacan (1988), in the text *Homenaje a Marguerite Duras, del rapto of Lol V. Stein*, features the imaginary relationship in psychosis, describing an identification adhered to the other, a capture of the other through the image without any mutual exclusion, which is characteristic of the clinic with schizophrenic patients.

Lacan determines the position of the psychotic subject from this novel that he features as the recollection of a scene. The events happen in a ballroom and its main characters, a young girl named Lol, her boyfriend Michael, a friend of Lol, Tatiana and an intriguing woman Anne-Marie Stretter who arrives to the dance with her daughter. The scene begins at the moment the two of them arrive at the ballroom. At the end of the scene, Lol had gone mad because of the departure of her boyfriend with Anne-Marie.

Tatiana, her friend, is the narrator of this scene and tells in details the impact that the woman has produced when she arrived at the ballroom: no one could avoid looking at her. She also tells us about the transformation that Michael suffers because of the presence of Anne-Marie, and how fascinated he is by the woman and at a given moment, he says “I have to invite this woman to dance” (Duras, 1986, p. 12).

Faced with Lol’s unexpected response, who just smiles when he looks at her asking for permission, Michael joins the intriguing woman and will never let her go. Lol spends all night watching her fiancé dance with this woman, fascinated and without showing any signs of pain.

At dawn, when the reader thinks that the painful scene will finally come to an end for Lol, surprisingly and to our bewilderment, she screams and demands that the ball goes on and doesn’t stop. When the couple leaves the ballroom, Lol follows them with her eyes and when they disappear, she faints and falls on the ground. She immediately goes mad, locks herself in her bedroom for weeks, without finding a word to express the emptiness of her life.

When the couple disappears, Lol’s subjective withering breaks out, a typical moment of the triggering of a psychotic break. Tatiana, fully mobilized by the scene, utters many words because of the lack of knowledge that this provokes. Lol, besides not saying a single word, remains petrified, silent, and consequently faints when the scene ends.

What we conclude here: there is a missing word that would separate Lol from the image of the other, so that her body does not fall because of her weight, which would allow that the inexplicable woman who had her boyfriend in her arms were another woman to her. At the time of the scene Lol and Anne-Marie constitute only one woman, only one body embraced by Michael's love. Lol is stuck in a transistivism, an inclusion time of the living in the condition of human being, as a result of the image of the other.

The word that allows the separation of the image from the other, is the trait of the ideal of the self that comes from the paternal metaphor. The ideal self, that is, the image that proposes the Other as mirror, remains on the side of the Other. In return, the ideal of the self is the trait that is on the side of the subject and allows the difference between the ideal self and the self.

The position of the subject in the imaginary structure, that is, as the ideal self, is only conceivable if supported by a reference that lies beyond the imaginary, at the symbolic level. In the words of Lacan "by starting from the imaginary, and in a way, instinctually preformed mapping-out of himself with respect to his own body, and in so far as he is going to engage himself in a series of signifying identifications in the direction defined as such, as opposed to the imaginary [...]" (Lacan, 1957-1958/1999, p. 235). This new formation concerns the ideal of the self and is made through the intervention of the paternal function, since the detachment, in what concerns the imaginary relationship, is bigger than at the level of the relationship with the mother.

Putting it in other words, at the moment the child is named by the Other, the imaginary illusion falls apart, because naming has the value of summoning that the Other does to the subject through his speech. It is through the word of the Other that the child is separated from this image, which was part of this child, and will not find it ever again. For the act of naming, according to Lacan (1957-1958/1999), is a prohibition that implies a loss, which destroys the certainty of the image. As Lacan says, "the illusory object does not perform its function in the human subject as an image, [...]. It works as a signifying element, stuck in a signifying chain "(1957-1958/1999, p. 238).

To the Lacanian psychoanalysis, it is the constitution of the lack which allows the articulation of desire and that is directly linked with the cut in the body practiced by the signifier. If on the one hand it will raise the question of *jouissance* in the different body holes cut by the drive, on the other it is the loss of *object a*, resulting from this operation, which allows the articulation of desire in man.

Lacan designates object "a" as an absolute condition of desire, stressing that "[...], the object of desire, [...], it is not only the unlinked part of the device that here imagines the body, but an element of the structure since the origin, [...]" (Lacan, 1960/1998, p. 689). Therefore, object "a" is the exponent of an

exhibitor's function of the desire on the Other, to the extent that it is selected in the appendices of the body as a sign of desire.

The interesting thing to note is that the position *object a* occupies in neurosis and psychosis are different, that is, the different forms of *object a* can make up a characteristic Lacanian psychopathology. So, in the psychotic subject, the search for *object a*, cause of desire in the Other, often results in an eclipse of the self, since there is no attachment of this self to the symbolic through the significant of the Name-of-the-Father. The subject turns into his incarnation of *a*, becoming this part that falls when abandoned by the Other (Czermak, 1998). This is the collapse of the subject to the object, that is, *object a* returns in the real to the subject triggering transformations at the imaginary level. The case of Shreber and his divine erotomania is an example in which *object a*, the cause of God's desire, will make fun of him inciting his transformation into a woman.

In neurosis *object a* gives consistency to the body, maintains its own imaginary coating, making, for example, that a neurotic woman get affected by the appearance of a woman like Anne-Marie. First, for the aggressive strain and then for suffering the loss of love. This aggression is defined as sibling rivalry, fighting ability, of anger and of competition to have your rights recognized, keeping your own place. This can be seen in the capacity that a subject has to say no and sustain a response against the destructive interference by his similar.

The lack of the lack of *object a* leaves Lol without the necessary support to have feelings like aggressiveness, for example. *Object a*, among other things, is the result of the difference between the ideal self and the self, which implies recognizing a lack in the self, resulting in "I'm needy, I have to get what I need, the cause of my desire, the engine of my search". In the novel, Lol speaks of boredom, without a lack life becomes tedious.

Michael Richardson, with his love, was the support for Lol. He worked as an imaginary wrap that sustained the image that she had of herself, which is the image used by the other/Others to cover us, to dress us and to leave us when it undresses us. The dress of love covered the nakedness of the absence of a body.

Ten years later, Lol articulates, from the union with her friend Tatiana and Jacques Hold, a way of restituting what was loose in the first scene, the ball dance scene. However, it is not the love that is searched in this scene, but the desire. Lol finds out about Tatiana and Jacques Hold's love affair and begins to follow him; this awakens a new enthusiasm in her, the soul is back to her body, that is to say, a body begins to emerge.

The lovers meet at the *Hotel du Bois*, which has a window overlooking a field of rye, where Lol stays during the love encounters between Tatiana and Jacques Hold. Jacques sees her lying on the grass and accepts joining the game, sacrificing

Tatiana to Lol's rules, as he allows Lol to see Tatiana from the window, without feeling sorry for his lover because she is not aware of the situation.

According to Lacan, to Lol "it is not the event, but a knot retying itself here. And it is what this knot ties up that actually ravishes — but then again, whom?" (Lacan, 1965/2003, p. 199) It is not, as the author warns, the place of the gaze, Lol is not the voyeur, "she is realized only in what happens" (Lacan, 1965/2003, p. 202).

In the first scene, the dance, it is the rapture of the couple in a dance that holds them together, under the gaze of Lol as a third person, like the others in the ball, suffering the abduction of her fiancé by the woman that came up unexpectedly. Lacan comments on this scene "and to get what Lol is seeking from this moment on, must we not have her say, "*Je me deux*," to conjugate, with Apollinaire, "*doulouir*?" (Lacan, 1965/2003, p. 199). Here we find in the footnote a reminder of homophony between *je me deux* and *j'aime deux* (I two myself and I love two).¹

However, in the second scene, with Tatiana and Jacques Hold, it is the "threefold being". Here, unlike the first, Lol articulates the scene. And because of this, she offers herself to the gaze of a man, she makes herself seen, she can be a stain on the desire of Jacques Hold on the background of the field of rye. The difference of setting this scene with the neurotic phantom is that the phantom of reality is built here as a propitiatory mark of desire, which in a way, replaces something that does not exist.

In psychosis, the narcissistic image that can be covered by the love of another is not the only thing missing, as in Michael's love for Lol who narcissistically re (covered) her and that was soon lost in the dance night. The absence in psychosis is that of the ghost, i.e. what hides the *agalma*, the object that causes desire.

The genius of Marguerite Duras is to point out that in the triangulation Anne Marie-Michael-Lol, Lol is not looked at. What is the look? It's what makes the stain on the attention of the Other. What does Anne Marie mean to Michael? Lol can't even put up this question, as she is poorly positioned in the imaginary dual relationship, which would trigger the exclusion — either me or the other —, Lol's dilemma consists in not articulating a thought about the phantasmal scene. However, this challenge to articulate the phantom in words remains and this is what Lol will try to get with Jacques Hold, Tatiana's lover.

¹ *Je me deux* is the first person reflexive form of the now archaic French infinitive, meaning to feel sorrow. It means, therefore, "I feel sorrow", but also, read in another way, it can mean literally, "I two myself." No English verb captures the ambiguity of the French; the closest approximation might be, "I am rent," which suggests the splitting of the subject of which Lacan will be speaking. (TN)

Jacques Hold as the narrator will operate the constitution of the gaze like the stain placed on the window of the *Hotel Du Bois*, the place where the phantom comes to Lol. In this way, Lol could articulate her fundamental phantom to Jacques Hold. “Naked, naked under her black hair,” these words — as Lacan tells us — from the lips of Lol mark the passage of Tatiana’s beauty into a function of the intolerable stain which pertains to this object.” (Lacan, 1965/2003, p. 202). This inscription of the stain of the gaze becomes Lol’s characteristic gaze placed on the window of the *Hotel Du Bois*. So, for the first time, Lol turns herself into a stain to a man, engenders the desire of the Other that supports object *a*, the cause of desire.

In fact, we can isolate the function that performs in man the image of his own body as articulator of desire, because before the desire learns to recognize itself by the word, in the symbolic, it is seen only in the other, in the imaginary relationship of the mirror condition. Therefore, the desire is projected, alienated in the other.

In the imaginary alienation in psychosis, especially in schizophrenia, we find the subject captured to this fundamental phenomenon of transitivity, in which the self is the other as it is shown by the character *Lol V. Stein* of Marguerite Duras and the schizophrenic patient mentioned earlier in this article.

Transitivity is a phenomenon that appears in certain moments of the psychic development, after the mirror stage, characterized by this moment in which the actions of the child and its similar are equivalent. The image of the shape of the other is taken by the subject, and it is in this movement with the other that the subject is seized as a body. In this same perspective, what is in the subject as an originated desire, not constituted and confused, is reversed in the other and in whom he will learn to recognize it.

In the words of Lacan “the subject is closer to the form of the other than to the emergence of his own tendency. He is originally an incoherent collection of desires — there you have the true sense of the expression *fragmented body* — and the initial synthesis of the ego is essentially an *alter ego*, it is alienated” (1955-1956/1988).

Therefore, the phenomenon of transitivity is installed in the transference relationship between patient and analyst and the imaginary bond between them is not regulated by the phantom. In this way, some issues are established:

Is it possible to articulate a word that, when embedded, can compose a self who is not another in psychosis? Is it necessary to inscribe a phantasmal scene, “a threefold being” regarding the direction of the psychoanalytic treatment? To put it another way, is it possible to inscribe a significant that substitutes the one that lacks in psychosis? Questions on the possibilities and impossibilities of the clinic with psychoses. Questions that can function as a guiding reference, on

a case-by-case basis, to advance toward a psychoanalytic clinic, research and intervention with schizophrenic patients.

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REFERENCES

- BOTELLA, C.; BOTELLA, S. A pesquisa em psicanálise. In: Green A. (org.) *Psicanálise contemporânea*. Rio de Janeiro: Imago, 2003.
- CZERMAK, Marcel. Os psicóticos resistem mal à transferência: Observações sobre a transferência nas psicoses. In: *Correio da Appoa*. Porto Alegre: Appoa, n° 55, março, 1998.
- DURAS, Marguerite. *O deslumbramento (La ravissement de Lol V. Stein)*. Rio de Janeiro: Nova Fronteira, 1986.
- FREUD, S. *Obras psicológicas completas de Sigmund Freud*. Rio de Janeiro: Imago, 1969. Notas Psicanálticas sobre um relato autobiográfico de um caso de paranóia (Dementian Paranoides).
- . *Obras psicológicas completas de Sigmund Freud*. Rio de Janeiro: Imago, 1974. O inconsciente.
- . *Obras psicológicas completas de Sigmund Freud*. Rio de Janeiro: Imago, 1976. Dois Verbetes de Enciclopédia.
- . *Obras psicológicas completas de Sigmund Freud*. Rio de Janeiro: Imago, 1976. Sobre o início do tratamento (Novas recomendações sobre a técnica da Psicanálise I).
- FONAGY, P. Apanhar urtigas e mancheias, ou porque a pesquisa psicanalítica é tão irritante. In: Green A.(org.) *Psicanálise Contemporânea*. Rio de Janeiro: Imago, 2003, p. 335.
- GARRABÉ, J. *Histoire de la schizophrénie*. Paris: Seghers, 1992.
- JALLEY, E. *Freud, Wallon, Lacan: l'enfant au miroir*. Paris: Epela, 1998.
- JARDIM, Luciane Loss. A fragmentação do eu na esquizofrenia e o fenômeno do transitivismo: um caso clínico. *Revista Mal-Estar e Subjetividade (Impresso)*. V. 11, p. 267-284, 2011 b.
- . A histerização do discurso na enfermaria psiquiátrica. *Revista da Associação Psicanalítica de Porto Alegre*, v. 41-42, p. 128-138, 2012.
- ; PEREIRA, Mario Eduardo Costa; PALMA, Claudia Maria de Souza. Fragments of the other: a psychoanalytic approach to the ego in schizophrenia. *International Forum of Psychoanalysis*. V. 20, p. 1-8, 2011a.
- LACAN, J. Homenagem a Marguerite Duras pelo arrebatamento de Lol V. Stein. In:———. *Outros escritos*. Rio de Janeiro: J. Zahar, 2003.
- . Homenaje a Marguerite Duras, del rapto de Lol V. Stein. In:———. *Intervenciones y Textos 2*. Buenos Aires: Manantial, 1988.
- . Observações sobre o relatório de Daniel Lagache. In:———. *Escritos*. Rio de Janeiro: J. Zahar, 1998.

- _____. O tempo lógico e asserção da certeza antecipada In: _____.
Escritos. Rio de Janeiro: J. Zahar, 1998.
- _____. Seminário: As formações do inconsciente (1957-1958). Rio de
Janeiro, Jorge Zahar, 1999. V. 5.
- _____. Seminário: As psicoses. Rio de Janeiro: J. Zahar, 1985. V. 3.
- _____. Seminário: Os quatro conceitos fundamentais da psicanálise
(1963-1964). Rio de Janeiro: J. Zahar, 1985. V. 11.
- PALMA, C. M. S.; JARDIM, L. L.; OLIVEIRA, I. M. Como abordar os efei-
tos de um tratamento ofertado em um serviço de psicanálise no âmbito
público. *Ágora* (PPGTP/UFRJ), v. XIV, p. 113-127, 2011.
- QUINET, A. As 4+1 condições da análise. Rio de Janeiro: J. Zahar, 1993.
- SAFRA, Gilberto. O uso do material clínico na pesquisa psicanalítica.
In: SILVA, Maria Emila Lino (coord.) *Investigação e Psicanálise*. Campinas:
Papirus, 1993.

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