CONCEPTUALIZING AND TREATING PSYCHOSIS: A LACANIAN PERSPECTIVE

STIJN VANHEULE

Starting from the hypothesis that psychosis makes up a structure with a precise status for the unconscious, the author explores how, from a Lacanian point of view, the treatment of psychosis is organized. Special attention is paid to the specificity of the psychotic symptom and the way transference characteristically takes shape. It is indicated that the occurrence of psychotic symptoms bears witness to a subjective crisis, in which no signifiers provide support when, at the level of the unconscious, the subject is dealing with fundamental self-directed epistemic questions (‘who am I?’) and questions concerning the intentionality of the other (‘what do you want?’). Characteristically, such questions are organized around intimate topics like dealing with parenthood and authority; life in the light of death; sexuality in relation to love and procreation; and sexual identity. Psychotic crises are triggered upon confrontations with such issues in daily life, while no support by means of a master signifier or Name-of-the-Father can be found. Crucial to the Lacanian approach to treatment is that the psychoanalyst aims at restoring a place for the subject in relation to the Other, which is threatened in episodes of acute psychosis. Clinical material from Lacanian work with a female patient suffering from manic-depressive psychosis is discussed.

KEY WORDS: LACAN, PSYCHOSIS, MANIA, TRANSFERENCE, UNCONSCIOUS, MANIC DEPRESSION

Lacanian psychoanalysis has a precise hypothesis about psychosis by assuming that psychosis makes up a structure. The hypothesis of a psychotic structure is not the only, or ultimate conceptual tool that Lacan and later Lacanian analysts use, but it is a crucial point of departure. For example, Lacan’s later work focuses on psychosis qua a jouissance-related position or drive-related problem, as well as a particular way of creating psychical reality, largely conceptualized through mathematical knot theory. However, in this paper I will concentrate on the hypothesis of structure and only briefly touch these later elaborations. My key reference is Lacan’s paper ‘On a question prior to any possible treatment of psychosis’ (1959).

The hypothesis of structure orients Lacanian practice and is quite precise. It does not imply that psychosis is an essence underlying the symptoms and acts of our
patients, like a core biological or psychological constitution. Structure, by contrast, concerns the way in which an individual represents him- or herself via language, and manages, or fails, to be constituted as a subject. With respect to language, Lacan focuses on the signifier in particular. The signifier is the elementary building block of language. The linguistic signs we use are signifiers to the extent that they do not have a strict signifier or meaning. Meaning related to signifiers is context dependent (Lacan, 1955–56).

What is crucial concerning Lacan’s point with respect to the subject is that at the level of the unconscious questions related to existence are formulated. In line with the Nietzschean dictum that man is a sick animal, Lacan assumes that the determination of human functioning by biology or by environmental factors is marked by a fundamental lack. His work on the mirror stage makes this clear (Lacan, 1949, 1961): natural maturation and instinctual patterns only partly determine who we are, thus leaving us, at the level of being, with an unpleasurable need, called the lack-of-being or want-to-be (manqué-à-être). ‘Organic discord’, says Lacan (1959, p. 461), necessitates a ‘symbiosis with the Symbolic’. Indeed, in dealing with the Unbehagen at the level of being we make use of words or signifiers, and live in terms of what culture and social contexts define as good. By using the signifier, and naming our own position with the personal pronoun, our precarious lack-of-being is turned into an articulated question of existence. However, the Other, qua system of signifiers, and the other, qua interpersonal figure, only provide a partial answer to our want-to-be.

Fundamental self-directed epistemic questions (‘who am I?’) and questions concerning the intentionality of the other (‘what do you want?’) are never fully resolved. Instead, they set up a fundamental experience of dis-order and mobilize existential questions, which Lacan (1959) situates at the core of the unconscious. More specifically, he points out that the unconscious is organized around a set of existence-related questions or dilemmas, which no signifier can answer once and for all. These questions concern one’s position with respect to intimate topics (see Lacan, 1959, pp. 459, 461, 464), like:

1. Dealing with parenthood and authority – who am I as a child in relation to my parents and who am I as a parent in relation to my child?
2. Life in the light of death.
3. Sexuality in relation to love and procreation.
4. Sexuation, that is: the question as to whether, or how, one is a man or a woman.

Daily life confronts us with these issues, and while no signifier can conclusively determine our identity, the stories we tell and the thoughts we have bear witness to the human attempt to resolve the vacillating position we occupy at the level of existence. What is more, this vacillation, as brought to the fore in our use of the signifier vis-à-vis questions related to existence, determine the subject.

From birth on we see other people around us, and through self-reflexivity we are aware of the fact that we ‘are’. We ‘see’ these points of lack-of-being. We not only see them: they are issues to us because we lack an automatic answer. Answers have to be formulated, and in the very process of articulating such answers, different structural possibilities might be discerned (Lacan, 1959). Crucial in this context is Lacan’s

© 2017 BPF and John Wiley & Sons Ltd

distinction between neurosis and psychosis. These make up different structures because they imply a different way of dealing with the lack-of-being.

THE LACANIAN SYMPTOM

Many students who first read Lacan complain that his works are cruelly complex, yet this does not imply the assumption that all human beings are existentialist intellectuals who spend all night discussing and reflecting on the nature of human intentionality and identity. Not at all. Lacan (1959) hypothesizes that it is in and around symptoms that specific ways of dealing with the lack-of-being are expressed. Indeed, the way we deal with human intentionality and identity is to be situated at the level of the unconscious.

This is why in Lacanian practice much attention goes to discerning the crucial symptoms a patient is confronted with, and studying how mental suffering is related to self-directed *epistemic* questions (‘who am I?’) and questions concerning the *intentionality* of the other (‘what do you want?’).

This approach implies that the Lacanian project goes radically against the DSM-way of approaching the symptom (Vanheule, 2017). The DSM takes symptoms for granted and classifies them as psychotic based on *a priori* grounds: the manual proposes a list of predefined psychotic symptoms and if a patient’s symptom sufficiently resembles these predefined symptoms, he is psychotic. In Lacanian psychoanalysis, by contrast, the symptom has no face value: we never know what it implies. It is only by listening to the patient’s stories about the origin, nature and the contextual embedding of the symptom that we might get hold of the broader structure it bears witness to, that is, of psychotic structure.

In his 1959 paper, Lacan (p. 465) argues that in neurosis the question pertaining to the intentionality of the other is addressed in terms of a lawful principle, which is presumed at the basis of the other’s actions. Indeed, in the clinical structure of neurosis the subject takes shape starting from the belief that the other’s actions are not random, but guided by meaningful principles: social and cultural laws determine what the other does, or should do. Lacan calls this lawful principle the, or a, ‘Name-of-the-Father’. Starting from this signifier, which is accepted in neurosis, sense can be made of the ‘desire-of-the-mother’. Considered from the angle of the Name-of-the-Father, the (m)other is a fairly regulated entity that one can rely upon. Hence, for example, the experience of disappointment, anger or shame in neurosis, when others don’t live up to the expectations imposed onto them.

In psychosis, by contrast, a Name-of-the-Father is radically missing. It is foreclosed, says Lacan (1959, pp. 465–6; Grigg, 2008). A Name-of-the-Father, or a master signifier, is a signifier that is taken for granted and a means by which the subject can manifest itself at the moment one is presumed to take a position in relation to the Other, or in relation to the questions related to existence that make up the unconscious. A Name-of-the-Father is a signifier in the name of which one speaks and takes a position vis-à-vis the Other. For example, imagine a father with a young toddler, and that at times the child says nasty things like ‘nanny is wee wee’. At such a point
the father might intervene and tell his son to behave. Yet, typically, toddlers don’t obey when one says this, which might bring the father to saying something like: ‘you have to stop doing this because daddy says so’. In this example the signifier ‘daddy’ is a Name-of-the-Father. It is a signifier in the name of which the parent positions himself and guides the child.

What is characteristic of psychosis is that at specific events in a life, which typically involve others, the subject fails to make use of, or find, such a master signifier, or Name-of-the-Father, to represent him- or herself in relation to these questions pertaining to existence. The net result of such a confrontation is that one no longer experiences continuity at the level of mental life: the subject collapses and an experience of crisis accompanied by intrusive symptoms comes to the fore.

Indeed, Lacanian theory assumes that we experience continuity at the level of mental life because we have signifiers or representations by means of which we make sense of the world (Lacan, 1957). For example, when giving a lecture I’m not perplexed by the fact that people are staring at me, and occasionally whisper into each other’s ear. I’m not perplexed because I have a conceptual frame through which I can make sense of what is happening, and I have such a parameter because I trust or accept that the signifier ‘lecturing’ names and organizes what is happening in the room. Thanks to the signifier ‘lecturing’ I can situate myself as ‘speaker’ and the others as ‘audience’, which organizes my mental representations.

Within this logic, when do basic manifestations of psychotic structure come to the fore? It will be when an appeal to position oneself via the signifier is made, but no support is found in any signifier, which interrupts the signifying chain, or train of thoughts, that make up our experience of reality. Indeed, Lacan’s structural idea concerning psychosis implies the hypothesis that foreclosure pertaining to questions related to existence at the level of unconscious determines the outbreak of specific psychotic phenomena.

This means that as a result of such confrontations, psychotic phenomena such as hallucinations, delusions or mental automatism might come to the fore. Clinically, these phenomena all concern being overwhelmed by strange experiences one cannot make sense of, and bear witness to a more fundamental inability to manifest oneself as a subject by means of the signifier.

Specifically, mental automatism concerns an often subtle experience of disarraying interruption occurring in the continuity of how a person experiences him/herself and/or the world. As he explains in his third seminar, Lacan (1955–56) borrowed this concept from the early 20th century French psychiatrist Gaëtan Gatian de Clérambault. Suddenly, or gradually across time, one’s own thoughts, utterances, emotions, impulses, actions, bodily sensations come across as disordered in nature. On the one hand strange elements might be added to the habitual self-experience, where a feeling of being intruded upon stands to the fore. In that case an invading ‘parasitic’ component destabilizes the subject. On the other hand the interruption might also result from a blocking inhibition. In that case one becomes deprived from what is familiar. In both cases an experience of estrangement is produced: the coordinates from which
one situates oneself in the world no longer seem valid. Empty-handed the subject is confronted with fundamental changes at the heart of his privacy. Indeed, at that point two possibilities come to the fore. Either one ends up utterly perplexed, in that the breach in the signifying chain is presented in all its rudeness. In that case the signifying chain comes to a halt. Signifying articulation stops with a dead end, which will often be accompanied by the belief that the shadow of death has fallen onto one’s life. The other possibility is that instead of dying out, the signifying chain starts to function in uncontrolled ways, and thus alternative signifiers alluding to the failed naming resulting from foreclosure are produced in the subject’s reality (Vanheule, 2011).

Clinically speaking this implies that upon encountering an elementary phenomenon in a patient’s discourse, we have to construct, through case formulation, how mental automatism might be associated with specific events of failure in representing oneself by means of the signifier in relation to the Other.

What is specific to Lacan’s account of mental automatism when compared with De Clerambault’s, which was purely mechanical, is that it enables us to grasp why psychotic symptoms touch on specific contents. Foreclosure implies that specific issues concerning sexuality, death and human intentionality cannot be addressed in terms of any assumed law, which suggests that the subject cannot manifest itself in an organized way. Yet this does not imply that these issues themselves would not be articulated. Far from that. These questions are manifested in particular ways, that is, in a Real way through automatic phenomena, which manifest in wild, unexpected and brutal ways, and confront the subject with the contents that could not be assumed via a master signifier or Name-of-the-Father.

Hence, for example, Schreber’s daydream that it must be beautiful to be a woman making love, which is an automatically imposed thought he, at least at first, cannot make sense of. The thought occurs at the moment he fails to assert his masculinity after losing the election for parliament. Masculinity collapses, and suddenly a feminizing thought overwhelms him. Characteristically, the moment the ability to orient oneself as a subject by means of the signifier is absent, another more threatening position comes to take its place. This is the position of being the object of the other’s jouissance. ‘Jouissance’ is the French word for enjoyment, and makes up a typical Lacanian concept. Lacan (1970) preferred to continue using the French word ‘jouissance’ in English translations of his work. The reason for this is that ‘enjoyment’ refers too strongly to amusement and gratification, while Lacan uses the concept to refer to a kind of enjoyment that is not bound to the pleasure principle. Usually, one does not experience jouissance as an agent. Rather, it is an internal or external force that takes one by surprise. In neurosis, jouissance is limited by a Name-of-the-Father. In psychosis, by contrast, it occasionally overwhelms the subject completely since foreclosure leaves no anchorage in the symbolic order.

Take the case of Aimée, which is the central case study in Lacan’s (1932) doctoral dissertation. This patient fails to occupy a mothering position in relation to her son, and suddenly it comes to mind that people want to hurt her baby, which indicates that
she occupies a position in which she is the object of the other’s jouissance. In her case this not only results in distrust, but also in violent acts towards people she doesn’t trust. These violent acts (called passage-à-l’actes) function as attempts to limit jouissance in the Real when the Symbolic provides no protection anymore (see also Leader, 2011).

LACANIAN REHABILITATION

This theory has profound implications for clinical practice. In the case of neurosis we assume that symptoms express ambivalence, conflict and repression concerning the signifiers mobilized in addressing the questions of existence at the level of the unconscious. Therapy consists of analysing such conflict by means of free association, which leads to recognizing elements that have first been repressed by means of a Name-of-the-Father or master signifier, and eventually to a different attitude towards desire and towards the question of how one should deal with jouissance.

In psychosis, by contrast, there is no guiding Name-of-the-Father or master signifier. What is more, upon confrontations with questions of existence at the level of the unconscious through situations in daily life, no signifier is there to represent the subject, and as a result all subjective order is lost. The Other goes mad. Nevertheless, the psychotic structure does not imply that all confrontations with self-related epistemic questions, or questions pertaining to the intentionality of the other, invariably lead to elementary phenomena, hallucinations or delusions. It rather implies that if there are psychotic symptoms, the psychoanalyst should examine whether, and how, through specific events and situations in life, the psychotic crisis was triggered.

Metaphorically speaking, neurotic symptoms are displaced signifiers that appear in unexpected contexts, and as a result, to paraphrase Freud (1919), they provoke the feeling that one is not the master in one’s own house. Psychotic experiences, by contrast, come with perplexity, and often also with dismay. They are manifestations of unthinkable or unimaginable signifiers, with which one, at least initially, feels no link. However, given that such invading signifiers interfere within the signifying chain that constitutes the subject, they cannot simply be put aside. By this imposition of a strange element in the midst of how I approach the world, such parasitic signifiers undermine the identity I experience of myself and of others. To use Freud’s metaphor, they destabilize the idea of having a safe haven that protects us against the world outside. Psychotic experiences are bombs that (threaten to) make the house explode, or implode.

The psychoanalytic treatment of psychosis aims at running counter to this tendency. In this respect, it could be argued that the Lacanian treatment of psychosis par excellence aims at ‘rehabilitation’. Etymologically ‘rehabilitation’ is rooted in the Latin word ‘habitare’, which means to inhabit. Lacanian psychoanalysis aims at finding and inventing tailor-made solutions that make the house of mental life and social relations inhabitable again. Obviously, such ‘Lacanian rehabilitation’ is far removed from adapting individuals to societal norms and standards. It aims at finding singular solutions for experiences that threaten and undermine the subject.
Practically this implies that we don’t aim at installing free association. After all, there is no repressed that should be brought to the fore. The position the analyst takes is different and aims at helping the subject find an answer in response to perplexing or maddening situations. This response might be diverse. It could consist of finding an identification to believe in, developing a habit or practice to hold onto, or formulating a rule to adhere to. Structurally, the answer we have to invent by means of psychoanalytic work at least temporarily fills the gap of foreclosure. In his later work, Lacan calls such a private solution that creates stability in mental life a ‘sinthome’ (see also Vanheule, 2011). ‘Sinthome’ is the more ancient spelling of ‘symptom’ (Lacan, 1975–76), and although Lacan switches between both terms the concept sinthome specifically refers to ways of dealing with jouissance that create stability in mental life. One reason why Lacan switches to the word sinthome is because it has interesting equivocal connotations. ‘Sinthome’ plays on the English word ‘sin’ and on the French ‘saint homme’, which means ‘saintly man’, and refers to the person who does the right thing. In Lacan’s (1975–76, p. 13) interpretation a sinthome unites both dimensions: on the one hand it refers to a person’s ‘sins’ or frailties, and on the other hand it bears witness to a person’s savoir faire in dealing with such frailties.

To conclude, the theoretical part of my paper is now a brief note on transference. In neurosis transference implies that knowledge is attributed to the analyst, which, at the side of the analysant, leads to occupying a specific role, like the role of the one who always feels stupid because of knowing so little, or the role of the one who always ends up lying, and masking aspects of reality. In psychosis, by contrast, transference tends towards what Lacan (1966, p. 4) calls ‘mortifying erotomania’ (see also Leader, 2011). This means that in transference, the patient threatens to end up feeling like a puppet in the hands of the analyst, that is, the object of the other’s jouissance. Indeed, at the level of transference foreclosure is expressed. If the patient fails to make sense of what it is that the analyst actually wants, or aims at, mortifying erotomania might come to the fore. Indeed, just like what is often the case outside treatment situations, the question concerning the intentionality of the other presents in the treatment too. Whereas in neurosis aspects of analytical silence and the not-knowing position of the analyst safeguard the articulation of desire, these often have a reverse effect in psychosis. In psychosis silence can fuel the conclusion that one is the target of the analyst’s jouissance, meaning the object of how he/she, in an unregulated and limitless way, satisfies his/her own drive. If such a conclusion comes to the fore, transference is a mere dual relation, in which the patient is delivered to an obscure and merciless other. Therefore, in clinical work the analyst should aim at installing a triangular situation, which makes clear that the analyst’s interventions are not guided by highly subjective impulses and preferences, but by a guiding rationale.

A CLINICAL CASE

The following case discussion aims at indicating how the abstract Lacanian treatment principles might be translated clinically. The case concerns Marianne, a 46-year-old woman. Considered from a psychiatric point of view, her symptoms fit with the
syndrome of manic-depressive psychosis. She starts consulting me because of deep despair concerning several aspects of her life. I will address two issues she struggled with: the meaning of life after the death of her best friend Elisa, and the question of being a mother in relation to her daughter.

First a note on transference. In neurosis, the psychoanalytic setting is fixed, with free association and a characteristic style of responding by the analyst, in which silence plays an important role. The enigma of the analyst’s presence fuels the analysant in exploring the enigma of her own unconscious. In psychosis, such an enigmatic position is often threatening. It does not stimulate the articulation of the subject, but rather confronts the analysant with the object-like position. Therefore, interventions are needed which convince the analysant that the position of the analyst is not an instance of jouissance, but rather a castrated position, to which the specific analyst the patient is working with is also subjected.

In my work with Marianne, she herself started moulding transference from very early on by imposing restraints to my habitual way of practicing. For example, early on she tells me that she cannot stand gazes she cannot see. For example, in a restaurant she will never sit with her back to other people. She must see what other people are looking at. Usually I let patients enter my office first, and I close the door. Marianne asks me to enter first, so that she can close the door. Another example: usually I start seeing people face to face, while sitting in comfortable chairs. Marianne asks me if we can talk at my desk, since she prefers a table between both of us. I agreed with both proposals since they impose a limit onto how we interact. At the level of speech itself too, Marianne intervenes. After a couple of sessions Marianne asks me to ask more questions since silence fuels her despair. Since then, I took more care in indeed asking questions when silences come to the fore. Silence does not accentuate her subjective division and uncertainty, but makes her identify with the position of the abject object. In a similar vein she asks me to start each session with a specific question, which I usually don’t do. Again I agree. This way of handling transference does not mean that one should comply with each demand of the analysant. The demands Marianne made imposed a limit and rule onto my actions. Therefore I agreed.

From the very first session on, Marianne’s speech is most fluent. Speech runs on wheels, but the subjective effects are extreme. During the first year she regularly sends me e-mails after sessions, in which she indicates that her despair is enormous and that things at home make her mad. In neurosis, speech has truth-effects. Through speech the subject is actualized. This means that speech itself, and the fact that the analysant hears both herself, and occasionally also the analyst intervene, orients the analysant in acknowledging things that are true for her, and to act likewise. Lacan expressed this as follows: ‘the spoken clarification is the mainspring of progress’ (Lacan, 1954–55, p. 255). In psychosis, by contrast, speech as such often does not have such a clarifying, orienting and pacifying effect. Speech rather tends to actualize the very structure of what led to the production of situations of distress and psychotic outbreaks. This does not mean that we should automatically refrain from talking therapy, but rather that through talking therapy, solutions must be found that counter
foreclosure. Psychoanalytic treatment aims at finding limits in relation to the unlim-
ited jouissance coming to the fore when speech addresses psychotic phenomena and/
or topics at the level of which foreclosure is playing; limits that help the analysant to
avoid the position of being the object in the claws of an unpredictable and/or merci-
less other.

During therapy, Marianne found two kinds of limits. First, maddening aspects of
her story grow silent when she is tattooed with self-designed images referring to that
aspect of her story. When the tattoo, to which she connects a condensed story, is on
her body, she stops talking about that issue. Before therapy starts she has one tattoo.
After two years of therapy, four tattoos were added to her body. With the tattoo the
memory is suddenly ‘on hold’. In terms of Lacanian theory, these tattoos function as
holophrases that have a sinthomatic value, and bring consistency in mental life. Sec-
ond, maddening aspects of daily life become more manageable when I provide her
with ideas through which she can reflect on situations at home.

Let me explore a tattoo example first. Marianne and her best friend Elisa meet dur-
ing an evening class in French. The students have to do an exercise in pairs, and they
accidentally end up together. It is the encounter of her life. She never met a person
like Elisa. They understand each other completely, and talk about everything, except
sex. At that moment in time, Marianne is married and has two children. Soon Elisa
joins the household and helps Marianne with the kids. In this period of her life
Marianne gives birth to a third child, and both women take care of the baby. Some
months later Elisa starts dating a man. She joins him on a business trip and both of
them die in a car accident on a snowy road. Since then, Marianne’s world collapses.
She says that Elisa had even asked her if she should stay with her and the kids, but
Marianne said she should go. Upon telling this story Marianne is filled with despair:
nothing makes sense in life and she sees no way out of her misery. Elisa was
Marianne’s double, her ‘doppelgänger’. Upon losing her, she loses herself and invariably concludes that since Marianne’s death she herself is nothing anymore. Before staring therapy, these experiences of despair regularly gave rise to risk-seeking
behaviour along the lines of Elisa’s death, like racing on highways. During therapy
such passage-à-l’actes stop.

This story provides the basis of two tattoos. The first one is a dragon. She says that
it refers to Chinese mythology and symbolizes the connection with the dead. Once
the tattoo is there, Marianne is somewhat pacified. She proudly shows the tattoo and
goes on discussing other topics. In contrast with what happens in therapy with neuro-
sis, speech does not lead to attributing a different place to herself and to Elisa, or to
reconsider their relationship. The tattoo is a sign of their mythical close bond; a sign
that seems to reassure her that maybe, not all concerning Elisa is lost.

Next to that, maddening aspects of daily life become more manageable when I pro-
vide her with ideas through which she can reflect on situations at home. Currently,
Marianne has six children. When she starts consulting me, her only daughter had just
started attending elementary school at the age of six. Before that she didn’t attend
school. Marianne couldn’t stand the idea that her daughter would be away from her,
but now she has to take a distance, which frightens her. At the same time she cannot
adequately take care of her. When her daughter was born, Marianne couldn’t wash the baby, feed the baby or change diapers. She was afraid that touching the child would have a traumatic impact. Marianne does not know how to make sure that her daughter arrives at school in time and therefore stays in bed, as a result of which she feels guilt and starts to blame herself. I wondered aloud if the older sons couldn’t assist. Marianne is surprised with the suggestion, but indeed asks the older sons to take care of their sister in the morning, which goes quite well, thanks to which Marianne can wake up with her children in the morning, and have breakfast with them.

The Lacanian treatment of psychosis starts from the assumption that at the level of the unconscious, some themes cannot be addressed in a steady way. A lawful Name-of-the-Father is missing. Therefore, alternative ways of naming or handling the issues that bear witness to foreclosure need to be invented. In Marianne’s case, foreclosure concerns the question of being a mother in relation to her children. As she meets Elisa, Marianne seems to enter a world of magical connectedness, which turns the question of raising children into something self-evident. How she experienced it before meeting Elisa is unclear. Yet, with Elisa’s death this changes dramatically. Suddenly, nothing is self-evident anymore, and Marianne ends up in a melancholic position. During therapy, Marianne first of all starts rebuilding her own imaginary identity. Tattooing helps her to stop thinking about painful events from the past. What first marked her subjectively is now marked on the body. These tattoos are so-called sinthomatic solutions (Miller, 2001), by means of which Marianne avoids falling into the hole of nonsense that foreclosure opened up in her existence. Next to that, during the consultations she finds ideas around which she can raise her children. Situations at home still provoke distress, but their effect on her is less devastating.

NOTE
1. For broader discussions of Lacan’s conceptualization of psychosis, see Leader (2011) and Vanheule (2011).

REFERENCES


© 2017 BPF and John Wiley & Sons Ltd

STIJN VANHEULE PhD is a clinical psychologist and a professor of psychoanalysis and clinical psychological assessment at Ghent University, Belgium, where he is Chair of the Department of Psychoanalysis. He is also a psychoanalyst in private practice (Member of the New Lacanian School) and the author of numerous journal articles and books, including *The Subject of Psychosis – A Lacanian Perspective* and *Psychiatric Diagnosis Revisited: From DSM to Clinical Case Formulation*. Address for correspondence: [stijn.vanheule@ugent.be]