

From Beforehand to the Preliminaries

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My goal is to uncover the lines of force concerning the place of the psychoanalytic discourse in the institution. I will examine two points: the consultation in mental health centers and the question of psychiatric hospitalization which will be approached through a clinical case study.

Taken rigorously in its specificity, the term «preliminary interviews» applies strictly to the analytic cure. What can be said of the interviews held in a consultation center? Setting out from two definitions — «Preliminary: that which prepares an act or a more important event» and «Beforehand: which happened, was done or was said before other things in a series of linked facts.» The two quotations taken from *Le Petit Robert* perfectly illustrate the nuance I want to point out. In the same dictionary one finds a citation from Chardonne for «beforehand»: «Love demands certain preparations..., a reverie beforehand,» and for «preliminary,» a quote from Victor Hugo: «The preliminaries finished...[he] found himself face to face with the supreme difficulty.» The reverie is indeed on the order of beforehand in the sentiment of love; the preliminaries precede the sex act. From beforehand to preliminary, thus, there's only one step! Sometimes it's a step lightly taken; sometimes it's an unbridgeable gap. From these steps one can write a clinic of the love relation.

However, as opposed to the metaphor of love I've used, we say, «No beforehand without a preliminary.» We say this in the style of Jacques-Alain Miller, who, in his course entitled «From the Symptom to the Phantasm and Back Again,» reminds us that there is «...no clinic without ethic...in psychoanalysis.»² The clinic implies the cure, and analysis aims beyond the cure. I would like to situate a work that comes beforehand to all the preliminaries in the cure. This work is situated by an effect of retroaction that the conditions of the cure have on the time for the cons-

truction of these very same conditions, a time which we call, rightly, beforehand. What can a reference to psychoanalysis bring us in institution? What ethical choice is situated in the beforehand if one knows that one isn't going to interpret it and one refuses to play at suggestion? I propose defining work in an institution as a sort of clearing out, of decanting from beforehand to preliminary. The aim consists in making a request for analysis emerge ultimately and elsewhere. Based on a round table discussion of preliminary interviews that appeared in *Analytica* #34, I will approach two points: the first being comparable to beforehand interviews, the second will distinguish itself radically from the first.

The rupture with other requests for care

The requests addressed to mental health centers resemble medical requests; people don't ask themselves the question «Why isn't it working or why is it no longer working for me?» They think the mental health specialists that we are supposed to be have the solution. The medical request isn't a question because the medical response closes off all possibility of questioning with its remedies — medication or counselling — which will extinguish the symptoms. Jacques-Alain Miller said in one of his courses that preliminary interviews have the function of gauging, of cleansing the effect of the already said. In other words, the subject can, in analysis, say the words which have counted for him.³ This means subjects, who have repeated their story a number of times without ever having been heard, are astonished. It's what constitutes a rupture by making it apparent that for the awaited response there is a question beforehand.

But then the effect of subjective rupture which must be obtained in the preliminary interviews — «this reversal of the positions of the *belle me* as to the reality it accuses,»⁴ where «self-reproaches» appear behind the «reproaches»⁵ — already anticipates the rupture that the signifier will bring to the complaint in the preliminary interviews. It's the effect of the encounter, if it takes place, by which it breaks away from the other requests. There can, or must be a staggering moment which derails the subject. Having come in search of advice, he gets none but leaves perhaps with the possibility of posing the question of his enigma. The subject is then surprised by something that escapes him. He discovers that there are signifiers to which he is subjected. In other words, he discovers the unconscious. It is sometimes double or nothing: either the subject comes back because he was surprised or he leaves deceived because he didn't get the comforting response.

The encounter that we evoke here is that of the *tuchf* which is «beyond the *automaton*, the return, the coming-back, the insistence of the signs, by which we see ourselves governed by the pleasure principle»⁶ This encounter is presentified on occasion by the consultant in his non-

response or skewed response, but it is no less simply an encounter with the rift in the signifier as such. Lucky or unlucky, always missed, this encounter, however, will happen only if the subject grasps it.

The transference

Here the comparison that we made between beforehand in institution and preliminary in analysis comes to a stop. In effect, the transference, such as it was elaborated by Lacan starting with the subject-supposed-to-know, is not present in preliminary interviews. This doesn't hinder the love aspect of the transference from participating in the preliminary interviews, as it participates also in all forms of psychotherapy, including hypnosis. But I would say that the subject addressing a request to a mental health center, addresses it to a subject-knowing rather than a subject-supposed-to-know, thus opposing the two as beforehand to the preliminaries. The knowing-subject in question is an undivided subject, unlike the subject-supposed-to-know. The passage from beforehand to preliminary necessitates at the very least that the one who to whom the request is addressed knows how to forget what he knows. In his article «C.S.T.,» Jacques-Alain Miller introduces the expression «secondary interviews» rather than preliminary. It certainly isn't a question here of inverting the three times of the cure as indicated by Lacan in «The Direction of the Treatment...» — that of the «rectification of the subject's relation to the real, to the development of the transference and to the interpretation.»⁷ Miller sets out from indications on the subject-supposed-to-know in the «Proposition du 9 octobre 1967,» where Lacan develops the *matheme* for the transference. If a subject only seeks to be alleviated of his symptoms, he doesn't go to an analyst. In order for him to request an analysis, there must be suffering and a question. In this case, there is a plea to knowledge which is linked to the hypothesis of the unconscious, the Freudian unconscious. The formations of the unconscious — slips of the tongue, omissions, dreams and symptoms — mean something. It's an hypothesis because, after all, one can chose not to believe in it. Consequently, from the start the analysand must suppose that a knowledge escapes him, which he, in turn, imputes to the Other. It's from this supposition that the transference is put in gear. The «subject- supposed-to-know is, for us, the pivot from which everything there is to the transference is articulated.»⁸ The subject- supposed-to-know comes in as third between the analyst and the analysand and isn't the person of the analyst. What the analysand doesn't know, «is what he *supposes* to his unconscious and 'transfers' by means of this supposition to his analyst.»⁹

«At the beginning of the psychoanalysis is the transference, [...] not the request for analysis.»¹⁰ The transference is anterior to the request and thus, before addressing the analyst, the subject has already made a pre-interpretation of his symptoms. In other words, his thoughts, his behavior or even his entire life are branded with the mark of non-sense.

This non-sense, which is the precipitation of the symptom, has for consequence the plea for a supposed knowledge. Jacques-Alain Miller specifies that the request for analysis of which he speaks is that of someone informed of the analytic practice, which is not equivalent to a request for relaxation, for example. It is an address without questioning to someone who knows or who knows how and who is going to give an answer.

The beforehand interviews concern making the pre-transference emerge, which is to say the transference anterior to the request which transforms this request into a question, what Michel Silvestre calls «transforming the suffering into a question.»¹¹ In the first period of the beforehand, the subject comes with a massive, opaque complaint (S1). The signifying rupture introduced by the silence of the analyst or his skewed response makes the analysand elaborate the complaint as a question in the signifying gap (S1—>S2). Here the pre-transference emerges and the beforehand stops. The subject can now make the request for analysis in which the complaint as question becomes the complaint as question of the subject $\frac{S1}{\mathcal{S}} \longrightarrow S2$ which precipitates the analyzable symptom and constitutes the time of preliminary work in the cure, before the transference develops into its double-sided version and the interpretation hasn't restituted the function of the object that fixes this signifying gap $S1 \longrightarrow \frac{S2}{a}$

In the case of psychosis

Until now we have spoken of the beforehand in the framework of the consultation without taking into account the diagnosis. If the function of these preliminary interviews is to operate the reversal of the complaint into analyzable symptom, they also serve, and before all else, to locate the structure of the subject. If Lacan entitled his writing on psychosis «On a question preliminary to any possible treatment of psychosis,» it was to insist on the fact that before pretending to cure psychosis, there has to be an understanding about what determines it, in other words what makes it a different structure than neurosis.

What do preliminary interviews have to do with supposing that one has located the elements necessary to pose a diagnosis of psychosis? The advice on this subject is divergent. Some say that one can take psychotics in analysis, others say the one can interview them, even give them psychotherapies, but not analysis. Freud spoke of a preliminary trial, even a probe, for which the goal was to avoid any error in diagnosis and to not pursue the treatment in the case that the patient is not neurotic.¹² It is certain that the analytic technique doesn't apply, as such, to psychosis. «Psychoanalysis treats by means of the subject supposed to know, yet the

subject supposed to know drives the psychotic crazy.»¹³ Lacan said no less on the subject than that in psychosis the unconscious is indeed present, but it doesn't function.

The psychotic hasn't a knowledge to elaborate because his knowledge is already constituted. He doesn't request a subject- supposed-to-know, but rather a witness. Returning to our precedent question: what can one propose to a psychotic subject outside the cure? A clinical case study of a person hospitalized for the first time will serve as clarification.

The Triggering Off

This is about a woman of foreign origin whose mother died fifteen years ago and who has an older brother and sister. When she arrived in Belgium twenty years ago, she had an episode which remained completely enigmatic for her: she literally quit walking. She has memories of a stroll during which, suddenly, her legs «gave out.» Her parents had to support her to bring her home and she couldn't walk for two months. This had a personal signification which she put aside, saying that she hadn't understood the medical explanations since she didn't understand French. Ten years later she had an appendectomy, her legs swelled up and she once again couldn't walk. After her recovery, she decided to work and put an ad in a newspaper in which they cut-off part of her name, an event to which she didn't seem to attach any importance at the time. Nevertheless, during the current delusion, the men who menace her are those who had amputated her name.

She had cared for her father until his death last July. Before dying, he asked her to not sell the house, to keep it in memory of him. Her brother and sister wanted to sell this house, which they did three months after the father's death. In May, the liquidation of the father's goods took place. «Judicial liquidation» is the legal term utilized in the case of succession when the heirs disagree. «Liquidation» is the verdict pronounced by the notary which, for her, as we shall see, doesn't hark back to any signification. She takes it as such, elaborating a delusion in which she is literally threatened with liquidation.

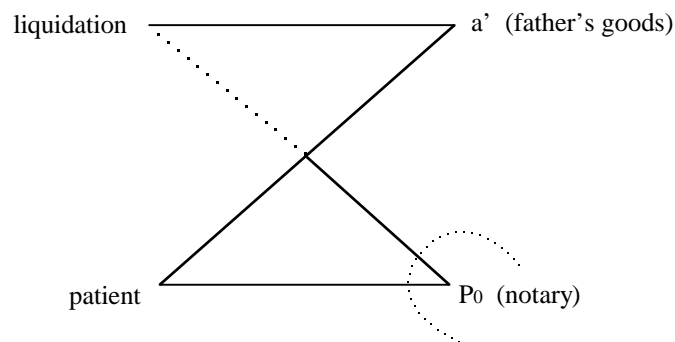
In the following days, she felt very tired and during a solitary stroll, the presence of her father «as if he was there,» speaking to her with the voice of a well-known mimic, suddenly came over her. It was the first time that a voice returned from the real to her. This voice wasn't threatening, but rather reassuring, advising her to rest.

This now is the triggering off, and afterwards the precedent phenomena appear to be a «pre-delusion» organized and centered on the

body, but silent, as when Lacan speaks of pre-psychosis in his discussion of Schreber before his outbreak. The first time she «let herself fall,» the second she didn't get up again. These two phenomena can have an hysteric appearance, and it isn't until after the elaboration of the delusion that one can speak of hypochondriac phenomena rather than hysteric somatization. The third time, that of the triggering off, she is supported by the voice of her father the moment of falling. This soothing voice rapidly is transformed into a threatening voice.

What happened to this woman can be clarified by what Lacan said on the subject of triggering off in his «Question preliminary...:»

For the psychosis to be triggered off, the Name-of-the-father, *verworfen*, foreclosed that is to say, never having attained the place of the Other, must be called into symbolic opposition to the subject [...] But how can the Name-of-the-father be called by the subject to the only place in which it could have reached him and in which it has never been? Simply by a real father, not necessarily by the subject's own father, but by A-father.¹⁴ One always finds in the moment of outbreak a dramatic conjunction in which A-father comes to be «situated in a third position in some relation based on the imaginary dyad $o \rightarrow o'$...»¹⁵ This couple, of which Lacan gives some examples, is not necessarily constituted by two persons. I think that in the present case the imaginary dyad is formed by the person in question and the «goods of the father.» The A-father who comes to be situated in a third position is, here, the notary who pronounces the enigmatic signifier «liquidation.» This signifier harks back to nothing, it falls on her and interrupts the imaginary axis, the promise she made to her father to keep the house.



The elaboration of the delusion

In the weeks to follow, she had the feeling that someone was pulling her history out of her head and belly. She discovered herself to be ventriloquist, her voice coming out of her without any effort of articulation on her part. We note that this is a very pretty effort to explain hallucinatory voices. The voices also spoke to her from machines; they then spoke French. She herself responded in her mother tongue and a third voice interpreted. She quickly construed that these were the bad guys she didn't know, who spoke to her by walkie-talkie. She knew that they were three, and that it had been they who had amputated her name in the newspaper ad ten years ago. They made her have orgasms by machine and wanted her to produce a baby, threatening to kill her husband, her daughter and herself if she refused.

She arrived at the hospital in a frightful state of anxiety, at the limit, she said, of suicide. During one week the voices still persecuted her, but she rapidly started elaborating her delusion. Three weeks later, she said she was bored to be in the hospital because this prevented her from doing her housework. I told her that day that she was still tired, that she had done well to come to the hospital and that she was completely within her rights to rest up a bit. The following interview she said, «the voices are no longer there.» She wanted to go home but was afraid that it would start up again. It was an entirely banal intervention as to its content, but one that proposed to her that she hold at a distance the jouissance. This produced the first appeasement. One might speak here of a certain stabilization. The week before her depart, however, she would say that she still heard voices, but less often and «they aren't mean.» The voices seemed reduced to the enunciation of names that she didn't know and which numbered three.

Her description of the evolution of these voices seems to me remarkable. First, a warning (called in classic psychiatry an intuition of delusion) signified to her that «there is something wrong here,» as another psychotic patient put it. Next, the jouissance invaded her through the threatening voices and the persecutions. Finally, a certain localization of jouissance in the voices was produced when she reduced herself to a simple nomination. The delusion, once triggered-off, remains there, muted until the next outbreak, which is to say until the next encounter with A-father.

Just before her release from the hospital, a psychiatrist who previously followed her case came to visit her and explained that the voices happened in her head, like a dream. After the visit, she reported to me, adding this marvelous summary: «a dream is a dream, and the voices are voices.» Then, how is this in her head? She thought that it was outside and didn't know how it came in.

I will conclude by saying that I had proposed to this woman, who didn't ask for any kind of analysis, to listen and in any case sooth the jouissance by signifying that she had the right to rest up a bit. My work was limited to that. Her delusion was deposited somewhere, she knows that she can come back. Thus, it is a question of putting in order what happened to her, the ordering of the events of her life that she relates at first pell-mell. This debut of putting in order can perhaps one day lead her to elaborate a delusional metaphor which, moreover, could constitute a first period of work in an analytic cure, if she undertakes one. Preliminary work or the entire work of the cure? How does one distinguish the passage from preliminary to the cure proper in psychosis since the transference, as far as its aspect of subject-supposed-to-know, doesn't function? Jo Atti{ wrote that the «psychotic doesn't come to interrogate a subject-supposed-to-know about what he carries in his unconscious. He comes with a constituted knowledge, and, at bottom, he asks for a witness to his certitude.»¹⁶

Can one say that what I would call beforehand for the neurotic would be, for the psychotic, the opening of a place where the delusion can be deposited, the psychotic subject knowing that he can come back there? If for the neurotic subject one must open a signifying gap, for the psychotic subject, one must reestablish the broken links of the signifying chain. What I attempted to do was hold myself the witness of what happened. The construction of a more elaborated delusional metaphor perhaps will take place, spontaneously, within or outside of any analytic cure. This construction then would be considered as the preliminary work or as the principle work, but the aim of the cure will go farther, putting in question the delusional knowledge until perhaps the subject constructs what Lacan called a *suppleance*, a substitute for the Name-of-the-father.

(Footnotes)

- ¹ Le Petit Robert is a standard french dictionary the reputation of which is on a par with Webster's. To maintain the integrity of the text, I have chosen to translate the dictionary entries, which would not correspond exactly enough in an English language dictionary. [trans. note].
- ² Jacques-Alain Miller. «Du symptome au fantasme et retour.» Course given at the University of Paris VIII, 1982 - 1983. Unpublished; (course of Nov. 3, 1982).
- ³ Jacques-Alain Miller. «Ce qui fait insigne.» course given at the University of Paris VIII, 1986-87. Unpublished; (course of Nov. 12, 1986).
- ⁴ Jacques Lacan. «The Direction of the Treatment and the Principles of its Power.» *Ecrits : a Selection*, trans. Alan Sheridan, Norton, 1977; p. 236.
- ⁵ Sigmund Freud. «Fragment of an Analysis of a Case of Hysteria» (1905 [1901]). *SE: VII Hogarth: London, 1961; pp. 35 - 36.*
- ⁶ Jacques Lacan., *The Four Fundamental Concepts of Psychoanalysis*, Ed. Jacques-Alain Miller, trans. Alan Sheridan, Norton, 1978; pp. 53 - 54.
- ⁷ *Ibid.*; p. 237.
- ⁸ Jacques Lacan. «Proposition du 9 octobre 1967 sur le psychanalyse de l'Ecole.» *Scilicet I. Seuil: Paris, 1968; p. 19.*
- ⁹ Danielle et Michel Silvestre. «Le transfert.» Lacan. Bordas: Paris, 1987; p. 132.
- ¹⁰ Jacques-Alain Miller, «C.S.T.» *Ornicar? #29, 1984; p. 144.*
- ¹¹ Michel Silvestre. «La fin de l'analyse.» *Demain la psychanalyse. Navarin: Paris, 1987; p. 272.*
- ¹² Sigmund Freud. «On Beginning the Treatment (Further Recommendations on the Technique of Psychoanalysis)» (1913). *SE: XII. Hogarth: London, 1961; p. 124.*
- ¹³ Colette Soler. «Traitement des psychoses.» Seminar given at the University of Paris VIII, 1982 -83. Unpublished; Seminar of Nov. 10, 1982.
- ¹⁴ Jacques Lacan. «On a question preliminary to any possible treatment of psychosis.» *Ecrits: a Selection. trans. A. Sheridan, Norton, 1977; p. 217.*
- ¹⁵ *Ibid*
- ¹⁶ Jo Attie. «Pierre sans Nom-du-Père.» *Ornicar? #34, 1985; p. 107.*