Pleasure and reality, instinct and culture, madness and reason, self and other—the dichotomies that had structured debates about criminals and about deviance in general before the Great War—were being redefined in new terms. The debate about schizophrenia in interwar France offers yet another window on the dissolution of the boundaries between the normal and the pathological, and helps us better to understand precisely where Lacan located the other self and why he located it where he did. I first discuss the way in which the kinds of questions articulated in the previous two chapters were replicated in the theoretical terms used to redefine schizophrenia: Where and how to draw boundaries between full-fledged schizophrenics and functional ones? How to determine who was a schizophrenic and on what grounds? Second, I analyze how those terms became the basis for what one critic has termed the most original product of French psychoanalysis: the concept of scotomization.¹ And finally, I address how scotomization structured a new concept of the unconscious as an absolute other in French psychoanalysis and in Lacan’s work specifically.

Schizophrenia

In the first years of the twentieth century the founding of two journals in France signaled the beginning of what could easily be

¹Bercherie, pp. 55, 67n.
called a new era in French psychiatry. In 1904 the psychiatrist Pierre Janet launched the *Journal de Psychologie* with Georges Dumas. Both had propounded a fundamental identity of normal and pathological psychic mechanisms and posited a quantitative (functional) difference between them. In 1906 G. Ballet, J. Dejérine, A. Antheaume, and Henri Claude began publishing *L'Encéphale*, whose purpose was to end the isolation of mental pathology and thus to link it more intimately with neurology and psychology. They emphasized a "return to the clinic" to reinforce the image of the alienist as a scientist rather than a medical administrator, the role most psychiatrists played throughout the nineteenth century.²

The founding of these journals thus marked an important theoretical and professional transition in French psychiatry which culminated in the interwar years. In an open letter to the minister of public health in 1924, the psychiatrist Henri Baruk remarked approvingly that within the last few years French psychiatry had attempted to resurrect its own great clinical tradition. He claimed that psychiatrists were motivated by the desire to find stable ground between a "sterile" nosological system, which degeneracy theory had made of the study of heredity, and "philosophical" psychiatry, in which psychiatric analyses had come to resemble those of ethics or of sociology.³ Baruk spoke on behalf of the psychiatric reform movement, pleading for the establishment of open services and stressing the importance of long-term observation of psychopathic behavior in facilitating the development of preventive medicine. In keeping with the league's language, he suggested that such strategies would remedicalize the psychogenesis of mental illness while moving away from the problematic nosological classification systems characteristic of nineteenth-century medicine.

This turn back to the clinic represented an attempt to clarify definitions of mental illness. For example, whereas psychiatrists had long questioned any simple dichotomy between the demented

²The term *alienist* was coined to describe the role of the doctor who directed asylums until the early twentieth century. The term reflects the increasing professionalization of psychiatry during the nineteenth century. The alienist was not simply a consultant to the lay administrator (as had been the case through the early nineteenth century) but the director of the establishment. This situation did not change until psychiatrists extended their sphere of influence beyond the asylum.

and the sane, it was not until 1923 that dementia became obsolete as an acceptable psychiatric diagnosis; J. Rogues de Fursac made long-standing medical opinion official when he eliminated it from his *Manuel de psychiatrie*.\(^4\) After 1923 other terms were developed for patients who appeared demented but were not—Chaslin’s *folie discordante*, for example. No one, however, had persuasively accounted for the apparent discrepancy between a patient’s intellect and his or her assumed mental deficiency.\(^5\)

Dementia had long been conceived as a constitutional predisposition inherent in highly intelligent individuals, but Bénédict-Auguste Morel’s insistence in 1860 that dementia praecox was rooted in a hereditary predisposition had proven far too general. He had not really explained the reasons why mental functions diminished and why that diminution was not always progressive. German-speaking psychiatrists were responsible for addressing the theoretical problems inherent in the model of degeneration. In 1893 Emil Kraeplin used the term *dementia* again but conceived it as one part of a degenerative process whose subcategories (dementia praecox, catatonia, and dementia paranoides) replaced the separate diagnostic categories of hebephrenia, catatonia, and paranoia. Sander Gilman describes how Kraeplin shifted the focus of his analysis away from “deterioration . . . to the phenomenology of the disease,” to a study of the patient’s language and artistic products.\(^6\) Nevertheless, not until the early twentieth century did a new emphasis on the psychogenetic roots of mental illness lead to a definitive move away from nineteenth-century categories. The Swiss psychiatrist Eugen Bleuler’s work, with its emphasis on psychopathology and its attempt to differentiate between different forms of dementia within a broad clinical framework, provided the most fruitful, if problematic, means of dealing with the issue at hand.

Bleuler had coined the term *schizophrenia* in 1911 as an alternative to Kraeplin’s categories of dementia.\(^7\) According to Bleuler,


\(^7\)Bleuler’s book was titled: *Dementia Praecox; or, The Group of Schizophrenias*. 
schizophrenia defined different stages of mental illness depending on the degree to which a subject lost or maintained contact with reality. He noted that the causes of schizophrenia were unknown, though probably related to the physiology of the brain, but he focused primarily on symptoms rather than etiology. Bleuler claimed that the loss of contact with reality was the consequence of a fundamental dissociation that manifested itself in the patient's language. His attention to language marked Freud's influence, as did his definition of normality in experiential (i.e., as an attitude toward reality) rather than empirical terms.\(^8\)

Bleuler provided a resolution to a difficult problem in nineteenth-century psychiatry, one that the concept of dementia illustrated. To accommodate the diversity of individual genealogies and symptoms, nosological categories had to be increasingly differentiated, making it difficult to establish any connection between individual symptoms and illnesses of a more general order. By introducing the notion of a psychopathological structure defined according to a broad criterion—the loss of contact with reality—Bleuler grouped apparently unrelated organic symptoms under a unified structure of which these symptoms were but various manifestations.

Although articles about Bleuler appeared in French as early as 1912, it was primarily through the devoted efforts of Eugène Minkowski that his work was diffused in France. Minkowski, a Polish refugee who had been Bleuler's student in Zurich, published a series of articles as well as a book about schizophrenia in 1927. Minkowski's most important article, "Impressions psychiatrique d'un séjour à Zurich," summarized Bleuler's revision of Kraepelin's categories and inspired a host of responses and criticisms.\(^9\) Most French psychiatrists during the 1920s perceived a structural problem in Bleuler's conception of schizophrenia opposite to the one he had criticized in his predecessors. That is, the criterion he used was so extensive that virtually any form of behavior could be classified as schizophrenic regardless of its clinical symptoms.\(^10\) Such was

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the common ground of the various interpretations of Bleuler's work in France.

Bleuler's use of such an extensive criterion derived from his refusal to concern himself with the etiology of schizophrenia. Bleuler believed that its causes were probably organic and that psychic factors (e.g., personality structure) gave the symptoms their form. It was the symptoms he wanted to describe in a new way. Instead of trying to distinguish between endogenous and exogenous forms of schizophrenia, Bleuler discerned primary and secondary symptoms related to the dissonance between the patient and the world.

French psychiatrists were divided over how to interpret his work, and their discussion focused above all on the question Bleuler had avoided: the question of etiology. Henri Ey, an important representative of dynamic psychiatry, and Minkowski, who articulated a phenomenological version of psychopathology, both insisted in different ways that Bleuler believed in an organic etiology and that the loss of contact with reality was essentially the superstructure of a constitutional deficiency. Henri Claude, Adrien Borel, and Gilbert Robin argued that schizophrenic dissonance also had psychic causes that were frequently ignored. They maintained that those causes could be identified only through an analysis of the individual's constitution understood as a set of psychological as well as organic predispositions. Despite the importance of Ey's and Minkowski's ideas, Claude, Borel, and Robin's collective critique of Bleuler was the real point of departure for a psychoanalytic recasting of the psychiatric discussion about schizophrenia.

Claude's school was part of the Evolution Psychiatrique group, the first psychoanalytic current in France, whose journal of the same name appeared in 1925. In contrast to the group around the Revue Française de Psychanalyse, they were not Freidians (though there was some overlap between the two groups), but they sought, according to Paul Bercherie, "to use Bleuler's work in an attempt to reconcile Janet and Freud via a French reading of psychoanalysis...."
and by applying it to the field of psychiatry."11 Claude, Borel, and Robin's collective critique of Bleuler was formulated in a series of articles published in various psychiatric journals between 1924 and 1926. They contended that Bleuler, by making schizophrenia the mental illness par excellence, had neglected the individual in the "totality of his elements." The biggest reproach one could make to the master was that "he had incorporated diverse illnesses into a vast synthesis, and in so doing sacrificed a precise delimitation of the mental disease in favor of the delineation of broad structures."12 He had distinguished only four types: paranoia, catatonia, hebephrenia, and simple schizophrenia. This last category proved the most problematic, precisely because it represented cases in which the boundary between normality and pathology was blurry at best.

Kraeplin and Bleuler's designation of simple schizophrenia was, they believed, only a reformulation of Ulysse Trélat's folie lucide, a term he used to denote those individuals who were mentally ill but appeared normal. Within this category, Trélat had classified "erotomaniacs," kleptomaniacs, suicidal, jealous, and untrustworthy patients. Bleuler retained this classification, integrating it into the framework of schizophrenia itself. Claude, Borel, and Robin objected to this rounding up of every sort of social misfit into one category, and were especially critical of their subsumption under the even larger category of schizophrenia, where they were lumped with much more serious diseases. Equally problematic, in their view, was Bleuler's incorporation of illnesses diagnosed as demential under the rubric of schizophrenia. They argued that schizophrenia and dementia were not necessarily related.13

Claude, Borel, and Robin replaced the notion of simple schizophrenia with that of a schizoid constitution, a set of psychological tendencies that marked an inclination toward schizophrenic behavior, which could be divided into simple and latent forms.14 According to Claude, schizophrenia was not an attitude toward reality, as Bleuler had claimed. Instead it was a habitual and clinically discernible psychological state, a constitution that had

11 Bercherie, p. 67n.
14 Ibid., p. 343.
developed in relation to sociopsychological circumstances specific to a given individual but linked to a set of clinically verifiable symptoms common, in varying degrees, to all schizophrenics.\textsuperscript{15}

To accommodate individual peculiarities, then, Claude, Borel, and Robin defined three successive stages of constitutional development: a schizoid constitution, schizomania, and schizophrenia. The schizoid constitution merely marked a tendency toward full-fledged schizophrenia but was in no way incompatible with normal life. Schizomania signaled a habitual tendency toward dissociation. Schizophrenia represented the final stage of a development that could be arrested permanently at any stage, a development, in other words, not fatally progressive.\textsuperscript{16} This conception remained within the framework of Bleuler’s thinking, in which schizophrenia was a matter of degrees of estrangement rather than of an absolute rupture with reality, but it specified more clearly the very different and complex forms of dissociation that actually existed.

Those forms of dissociation could be identified by different symptoms, which Claude, Borel, and Robin sought to systematize. Most of their work was devoted to articulating the symptomatology of the schizoid constitution, which manifested no diminished mental capacity, but a passive and indifferent attitude to the world, and a consciousness of the illness combined with a feeling of powerlessness before it. The three psychiatrists surmised that these symptoms originated in infancy and emerged gradually after some kind of emotional trauma.\textsuperscript{17} They were thus primarily interested in evaluating the etiology of schizophrenia in patients who manifested no signs of intellectual deficiency but who were diagnosed as schizophrenic because of their difficulty in getting on

\textsuperscript{15}It should be noted that “constitutionalism” usually referred to a physical rather than a mental predisposition to mental illness, so their use of the term in this way was confusing. Henri Ey tried to clarify the concept, which he claimed had become unclear because of the move away from degeneracy as an acceptable diagnosis and the “confused” efforts of Claude, Borel, and Robin to separate the psychic and organic components of schizophrenia in a more conceptually sophisticated way than had Bleuler. Ey argued that Claude et al. were not wrong but had misunderstood Bleuler’s claim that schizophrenia was primarily a loss of contact with reality. See Henri Ey, “Position actuelles des problèmes de la démence précoce et des états schizophréniques,” \textit{EP} no. 3 (1934), 3–25; and Paul Guiraud and Henri Ey, “Remarques critiques sur la schizophrénie de Bleuler,” \textit{AMP} 84 (1926), 364.


in the world. Borel and Robin in particular gave priority to the psychological meaning of symptoms by explaining dissociation in terms of a psychological need to compensate for what the patient perceived as an empty, hopeless, existence. In so doing, they were influenced by the surrealist celebration of dreams and their relation to aesthetic creativity. Borel himself was the psychoanalyst of many writers and artists, including Georges Bataille, Michel Leiris, and Raymond Queneau.

Most of the patients they examined manifested identical symptoms. Borel and Robin called them dreamers of a particular order. They were to a pathological degree indifferent to their immediate surroundings but also gifted with extraordinary imaginative power and very high intelligence. Their indifference distinguished them from other cases of psychotic delirium in which the subject’s hallucinations became an objective reality externalized and interpreted. In contrast, dreamers such as “Marie B.” were aware of their dissociation: “I said I was the Queen of Spain. Deep down I knew it wasn’t really true. I was like a child who plays with her doll and who knows very well that her doll isn’t alive, but who wants to persuade herself otherwise.”

Borel and Robin acknowledged the importance of Freud’s theory of the unconscious, and they cited Freud along with the surrealists as one of their most important inspirations. Their interpretation of Freud was nevertheless filtered through French readings of his work. This filtering was especially evident in their reference to various forms of compensation, for example, Marie B.’s rêveries morbides (morbid daydreams), which they used to explain cases of schizophrenia with no apparent organic causes. Compensation described the way in which dreamers, who appeared normal but whose perceptions blurred the boundaries between reality and hallucination, filled up the empty places in their lives with either fantasies or creative work. Borel and Robin borrowed the term from Freud’s French interpreters, who both reformulated and rejected the Freudian concept. Whereas Freud had defined compensation as sublimation, as a form of repression, the French psychiatrist M. Montassut argued that it was a voluntary evasion in which the patient created an imaginary world where his or her wishes could

be fulfilled. Montassut thus made no distinction between compensation and sublimation, and conceived the work of art as a "fecund form of compensation." Along with the psychiatrist Maurice Mignard, he argued that his understanding of compensation, unlike Freud's, was nonsexual because many forms of neuroses and psychoses designated compensatory involved no sexual components. His argument was thus based on a widespread and erroneous perception of Freudian theory as a form of pansexualism, and furthermore, it left ambiguous to what extent compensation described a conscious or unconscious process.

By reformulating schizophrenia as a specific set of constitutional tendencies, Claude and his fellow psychiatrists hoped to avoid what they perceived as the pitfalls of Bleuler's overly synthetic schema. Yet because they relied on an essentially functionalist structure of compensation to explain the origins of abnormal behavior in many cases, that reformulation raised another problem concerning the etiology of schizophrenia. First, by claiming that the dissociation that described schizophrenia was symptomatic of constitutional tendencies, they believed they were refining Bleuler's concept. Borel and Robin summarized:

The initial trouble is less the daydream than the loss of contact with the environment. It is not because he dreams that the schizoid loses contact. It is because he loses contact with the environment that daydreaming comes to replace an empty reality, frequently in embellished form. As for the rest, it is necessary to recognize that in the present state of our knowledge, this maladaptation to the real is an objective fact [as opposed to an attitude, as Bleuler had conceived it] that most often appears to us as constitutional, inherent in the individual.

But they do not account for these constitutional tendencies or their specificity.

Because compensation was conceived not as a form of repression but rather as an evasion of reality, it could explain schizophrenic

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behavior only as rational or irrational choices while begging the question of what provoked the choices in the first place. It was therefore not clear how different forms of compensation functioned *unconsciously* (and thus how or why the schizophrenic lost contact with the environment). Thus, Marie B. wanted to be the queen of Spain, but Borel and Robin could not explain what lack or deprivation her desire was compensating for. In other words, they could not explain by which mechanism the memories of infancy were transposed into morbid symptoms. Borel, Claude, and Robin were thus led to a theoretical impasse in which the origins of schizophrenia could be explained only by reference to its symptoms. This tautological account of schizophrenic behavior was linked to the absence of a concept of repression which could explain why that behavior took the form that it did or which could account more clearly for the relationship between dissociation and the subject’s personality. In response to this inadequacy, French psychoanalysts formulated a new concept of psychic development, what they viewed as an original explanation of psychosis and an important innovation of Freud’s concept of repression.

**Scotomization**

Edouard Pichon and René Laforgue synthesized the various discussions about schizophrenia under the rubric of psychoanalysis by redefining it as “schizonoia,” as a psychogenic process that described a primarily unconscious conflict. Pichon used the concept of “scotomization”—a term he borrowed from ophthalmology—to explain the psychic mechanism that produced schizonoia, a refusal, essentially, to be weaned, to accept moral responsibility.24

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23Borel had interpreted a dream of Marie’s, in which flowers she wanted to pick withered the moment she extended her hand to pick them, as symbolizing her unfulfilled existence. Her lack drove her further and further into herself and yet at the same time helped her realize her “secret desires”; “It seems that there must exist ... a will to be ill ... the psychosis having been a compensation of an existence judged incomplete and having realized in an oblique manner the secret desires of the patient.” Henri Claude, Adrien Borel, and Gilbert Robin, “A propos d’une bouffée délirante à contenu symbolique: Essai d’explication biologique et psychologique d’un désir,” *AMP* 81 (1923), 227.

The term *scotomization* was originally derived from the Greek word for darkness or obscurity. After 1885 *scotoma* came to refer to a lacuna in the field of vision due to insensitivity at certain points on the retina.

Scotomization was one of the most original contributions of French psychoanalysis to official psychoanalytic theory before the Second World War. It was important because it was opposed to the Freudian notion of repression. Its proponents argued that through scotomization a desire to prolong infantile fusion with the mother was transposed into compensatory fantasies that masked and sustained that fusion into adulthood. The term received some notoriety when it became the object of a lengthy correspondence between Freud and René Laforgue, and Freud himself mentioned the concept in his work on anxiety and inhibitions. Laforgue, an Alsatian fluent in German, published two articles on the subject in the *Internationale Zeitschrift für ärztliche Psychoanalyse* in 1926, and through the efforts of René Allendy and Laforgue, scotomization was mentioned in *L'Esprit Nouveau*, an avant-garde journal sympathetic to psychoanalysis. As late as 1951 the analyst Michel Cénac referred uncritically to scotomization in a lecture he gave on psychoanalysis and legal issues. The links between French psychiatric and psychoanalytic concepts of schizophrenia were complex and varied. Here I want to focus on how the theoretical development of scotomization was structured by the psychiatric discussion of schizophrenia in one important respect: Scotomization was in part an elaboration in psychoanalytic terms of the structure of compensation which Montassut had formulated as an alternative to Freud's view. This

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27 Of course, this entire current of psychoanalytic thought elaborated a complex reading of Freud through French filters which culminated in Lacan's work. It is not my purpose to give a full account of all these developments. See Bercherie, pp. 54–56.
structure was incorporated into the new term. Since in France the concept signified not the return of the repressed but a refusal to repress, the Freudian notion of repression did not entrench itself in France, where it could be assimilated only with difficulty into the intellectual patrimony. Consequently, scotomization seemed a perfectly reasonable and even necessary innovation within French psychoanalytic circles, where it redefined in "psychoanalytic" terms the orthodox understanding of repression as Freud had conceived it. Freud himself, however, greeted the notion with incomprehension, and Elisabeth Roudinesco has even termed the correspondence about scotomization between Freud and Laforgue a "dialogue of the deaf." 28

Because French psychiatrists had provided no solid explanatory structure by which to judge exactly how and why mental illness "compensated" for a reality manqué and because psychoanalysts rejected the concept of repression as Freud had defined it (which provided such a structure), they were not able to explain schizophrenia in orthodox Freudian terms or to outline precisely how scotomization described an unconscious process. Instead, they conceived scotomization—and thus psychosis in general—as a subversion of moral responsibility conditioned by the absence of a proper moral development, the notion, we recall, against which Lacan first argued in 1938.

In an article that appeared in L'Évolution Psychiatrique in 1925, Henri Codet and Laforgue incorporated diverse forms of schizophrenic behavior within schizonoia by assigning them a single, though complex causality. Chaslin's discordance, Bleuler's schizophrenia, and Claude's schizomania were all forms of discrepancy between what an individual consciously wanted and what he or she really, unconsciously, desired. Common to all forms of schizonoia was the tendency to create a refuge from reality, described by Bleuler as a desire to be ill, by Montassut as compensation, and by Claude, Borel, and Robin as morbid daydreams. Laforgue and Codet argued that schizonoiac symptoms all represented the same effort to recreate the womb, to substitute some form of autism for the absent mother. 29 The drive to seek this refuge was the consequence

of an inadequately developed oblativité, the capacity to sacrifice one's needs and desires to social necessities, analogous to Freud's reality principle. Those patients who were incapable of making such a sacrifice scotomized social demands. Laforgue differentiated scotomization from Freud's concept of repression. "Contrary to what happens in normal repression," he wrote, "the mind in spite of outward appearances is really simply trying to evade a situation in which it has to endure frustration and which it apprehends as a castration." In other words, when an individual scotomizes a desire he or she only apparently represses it. 30

This rather paradoxical concept, in which a desire is only apparently repressed, described a process in which every obstacle to recreating fusion with the mother was removed from the subject's field of vision. The inner retreat of a dreamer represented not so much indifference to the world as an unconscious refusal to make the sacrifices demanded by adult social life.

Laforgue, Pichon, and other analysts wrote about several clinical cases exemplifying scotomization. One essay, which appeared in a collection titled Le Rêve et la psychanalyse in 1926, concerned Madame X, a woman paralyzed by the fear of hurting other people. A modern day Penelope, she obsessively undid any work she had accomplished for fear it had been infused with "bad thoughts," and she feared speaking lest she utter something contradictory, less than complimentary, or false. Pichon and Laforgue suggested that Madame X actually wanted to owe nothing to others, and while this desire was consciously impeded, it was unconsciously realized. Thus, she jealously guarded her independence, especially in regard to her husband, whom she treated "like a piece of furniture." In fact, she refused all authority, and "in the end she believed she was above everything and perfect. . . . She cannot admit that anything escapes her; she has to know everything, she has to control everything; she scotomizes her husband, her teachers, and even God the Father." 31

Apparently, as a child Madame X had terribly resented the birth of her younger brother and her parents indulged rather than disciplined her resentment. His birth coincided with her increasing

30 Quoted in Macey, p. 35. See also René Laforgue, "Schizophrénie et schizonoïa," RFP 1 (1927), 13.
sexual desire for her father, even though she was still completely dependent on her mother; consequently, her brother became a rival for her mother's love when the infant should have been rivaling her mother for the love of her father. In order to satisfy her desires, Madame X developed a "masculine" personality, viewing her father with increasing hostility, unable to submit to him and what he represented by way of wisdom and authority. This rejection or refusal to submit became more untenable as she entered adulthood, married, and was expected to assume the obligations of her social role. As Laforgue and Pichon saw it, the camouflage of obsessive altruism functioned as a compensation, or habillage, that masked her real desires; it functioned as a distortion that, paradoxically, permitted her true desires to be realized.

Madame X manifested the main characteristic of scotomization as identified by French psychoanalysts. She remained "fixed," as it were, at an anal-sadistic stage of development, replacing her mother with a compensatory narcissism that symbolized the inversion of her desires from the exterior, the social world represented by the father, to the interior, the mother's womb. Her fixation on her mother, coupled with her resentment of her father, was common, they argued, to all schizophrenics, who scotomized authority embodied in language, education, and stages of psychological development entailing a break with the mother and an entry into the "maturity" symbolized by paternal authority.32

In another case cited in the same collection, a man resists any form of cultural appropriation, particularly language: "His language is also evidence of his psychic state. It tries to produce in a minimum of time a maximum number of words: he also often swallows half his phrases. They become unintelligible, and the result of this economy is that he is obliged to repeat what he already said."33 This compensatory mechanism, this linguistic economizing that necessarily wastes words, veils a real refusal to accord others the kind of recognition implicit in speech. In this way scotomization functions as a mechanism to realize a desire that is apparently repressed, instead of as a form of repression. Freudian repression requires an original sighting, as it were, of the thing repressed to set the repressive mechanism in motion (what

32Ibid., pp. 201–2.
33Ibid., p. 188.
Freud called primal repression, but scotomization represents an original blindness, so that what is being scotomized is not something once seen but something always already masked. “This compensation,” wrote Allendy and Laforgue, “differs from sublimation in the sense that . . . it confines itself to masking the primitive tendency without transforming it.”34 Since scotomization masks but does not transform—displace, project, and so forth—unconscious desire, that desire is literally satisfied because it is apparently repressed (Madame X’s altruism allowed her to indulge herself), so that the very condition for its satisfaction is its apparent repression.

When the subject scotomizes, he or she only mimics repression; the subject’s apparent submission to the law of the father is thus always only the appearance of submission, and desire seems to subvert the normalizing effects of culture. But because unconscious desire and cultural norms cannot be differentiated (Madame X’s desire to subvert the law is expressed as lawfulness), unconscious desire has no reference, no origin, except the cultural norms with which it has become continuous. The unconscious is thus at once continuous with and “beyond” culture because it cannot be conceived except in terms of what it is not: because its drives are always already expressed as cultural norms and, in this case, primarily patriarchal ones. The unconscious, then, is not something that can be discovered under layers of repression; it is, quite literally, a blind spot.

**Lacan: Psychosis**

Scotomization thus shifted the traditional psychoanalytic attempt to understand the content of the unconscious (i.e., to work out the complex links between the primary process and the etiology of sexuality) in a new direction. If scotomization, in Freud’s view, led psychoanalysts to an epistemological dead end, it furnished Lacan, in the context of a return to Freud, with a new way of understanding psychosis.

Lacan, as we have seen, criticized the inadequacies of Pichon’s use of morality as a criterion to distinguish between normal and

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pathological development in his 1938 article on the family. There, however, he did not address scotomization directly, though it was the conceptual mechanism Pichon had employed. Despite his criticisms, Lacan did continue to borrow several of Pichon's conceptual innovations, particularly his distinction between the moi and the je, or between an imaginary self and a "subject of the unconscious," absent in Freud and an impossible distinction to make in German.\(^{35}\) When Lacan reformulated Freud's own concept of psychosis much later, he turned once again to Pichon.

Pichon, a linguist, began a long effort to find linguistic equivalents for psychoanalytic concepts as early as 1925, when he published an article in *L'Évolution Psychiatrique* titled "Grammaire en tant que mode de l'exploration de l'inconscient." By 1928 he had published a multivolume French grammar with his uncle Jacques Damourette, as well as a few other articles about psychoanalysis and language. Pichon's inspiration was chauvinistic; he believed in the correlation between linguistic and racial (and, as we have already seen, male) superiority and was, as noted earlier, an Action Française supporter. Yet his fascist tendencies did not mitigate the originality of his venture. In the 1928 grammar he linked scotomization with "foreclosure," a grammatical concept of negation: "Language, for those who know how to decode it, is a marvelous mirror of the depths of the unconscious. To regret is to desire that something in the past... had never existed. The French language uses the foreclusive to express this wish to scotomize, and in so doing, translates a normal phenomenon" found in an exaggerated form in "mental pathology."\(^{36}\)

As Pichon defined it, foreclosure designated the second part of negation in French; in that language negation is represented by two words, neither of which can negate by itself. The first is *ne*; the second is one of many possible negative forms such as *rien* (nothing), *aucun* (none), *jamais* (never), and so on. If the *ne* represented


what Pichon called the *discordentiel*, the second word represented the exclusion of certain things from the speaker's reality. It is this second term he named the foreclusive, and it was the negation implicit in the foreclusive that translated the "blinness" or refusal characterized by scotomization into language.

Pichon died in 1940, some fifteen years before Lacan's seminars on psychosis at the Ecole Normale Supérieure in 1955–1956.\(^37\) By then the xenophobia and anti-Semitism that had tarnished the reception of psychoanalysis in France had been discredited, and Freud's ideas had gained a new prestige. Internal rifts within the Société Psychanalytique de Paris had led to the defection of Lacan and Daniel Lagache and the formation of a new Société Française de Psychanalyse, which sought affiliation with the International Psychoanalytic Association.\(^38\) Lacan did not break away from the SFP until 1964, when he founded the Ecole Française de Psychanalyse, later to become the Ecole Freudienne de Paris.

Lacan had gained notoriety as a theoretician of the first order. By 1953, when he gave the Rome Discourse that was to give birth to a distinctly Lacanian analysis, he had succeeded in linking the different concepts with which he had worked in his revision of the Oedipus complex, the culmination of his work on the mirror stage and family complexes. In the 1953 conference in Rome he officially introduced Saussurian linguistics into the study of the unconscious, and the categories of the imaginary, the symbolic, and the real (among others) into psychoanalytic terminology. When he turned to an analysis of psychosis in 1955 he employed these concepts, referring to Pichon only obliquely, in an admiring and yet critical reference to *Des mots à la pensée*\(^39\).

In 1954, Lacan had already claimed that foreclosure represented what Freud termed *Verwerfung* (rejection or, more literally, "casting out"). In the Wolf Man case, Freud had made a distinction between *Verneinung* and *Verwerfung* which marked the difference between neurosis and psychosis. Neurosis represented the recovery of something already inserted within the symbolic realm, whereas psychosis described the absence of primary repression. By *Verwer-


fung, Lacan argued, Freud had meant a “symbolic abolition.” Lacan argued, Freud had meant a “symbolic abolition.”\textsuperscript{40} This symbolic abolition abolished the nom du père (name of the father), the architect of the entire symbolic order. What could not be symbolized returned in what he labeled the Real (not to be confused with reality), a prefigurative plentitude that can be conceived only through the mediation of symbolization. Hence he later referred to the real as the realm of the impossible.\textsuperscript{41} Lacan worked out his own conception of Verwerfung, reconceived as foreclosure, in his reading of the Wolf Man case and the paranoid Daniel Paul Schreber's memoirs, both about which Freud had originally written.

Lacan argued that the Wolf Man lived his fear of castration as “real” (not as symbolized) because he had never adequately situated castration in the symbolic network in which identity was constituted. We recall that for both Freud and Lacan, it is the fear of castration (i.e., the castration complex), symbolic of the father's prohibition of the mother, that causes the boy to renounce his mother and identify with his father. In so doing, it facilitates the normal resolution to the oedipal complex through which the boy's sexual identity is defined. Yet the Wolf Man never passed through this essential stage of development. As a child, he had witnessed a primal scene but had “foreclosed” its meaning, thereby rejecting castration as a signifier for the mother's absent phallus. Since castration had not been “fixed,” or attached to a single meaning, it could take on a variety of signified forms. The boy thus never passed through the developmental stage necessary to sexual maturity, because he had not symbolized castration, he did not identify with his father but remained problematically attached to his mother. Furthermore, since castration was never symbolized, this rejection (of castration as signifier) was “lived” through psychotic hallucinations; at age five, the Wolf man believed he had cut off his finger, only to realize, after the initial sighting, that his finger was indeed intact, the hallucination being an oblique “return” of the rejected sighting of castration.

By introducing the concept of foreclosure, Lacan explained in

\textsuperscript{40} Lacan, \textit{Ecrits}, p. 388. Parts of the seminars were reprinted in \textit{Ecrits}.

linguistic terms the mechanism by which the psychotic was led to
the imaginary recasting of signifiers represented by hallucinations.
In so doing, he moved from Pichon's grammar to a theory of the
signifier, and from the blind spot that defends against anxiety to a
more elaborate casting out of the mother's "castration" from the
symbolic order. Lacan suggested that the hallucination was not just
a projection but also symbolized a disruption of the whole process
of signification. In this case, meaning "slipped" between the
(mother's absent) phallus and castration, whose relationship was
not fixed but was nevertheless anchored by reference to an event
experienced but foreclosed. Lacan conceived psychotic hallucina-
tion as an impossible symbolism, as a set of signifiers with no
stable referents. The hallucination represented the perpetual dis-
cord between meanings and the concepts attached to them. It was
full of germs of meaning that had not yet been organized, arranged,
and interpreted, and so it expressed the psychotic's suspended rela-
tionship with language and culture—with the symbolic order.

Lacan used the paranoid Schreber's howl to describe the psychot-
ic's suspended relationship to the symbolic. Schreber's need to
howl came upon him suddenly, and he had to exercise a great deal
of control to avoid howling in public. Lacan interpreted the howl
as, on one level, a "call for help" (which Schreber addressed to
God), but he saw it more profoundly as an image of transparency
between words and meaning, as an "asignification" that contained
all possible signifiers, so that we can interpret it as a voice that tells
without telling, a way of remembering that must always forget
because its memories have never been symbolized.42 It is in this
sense that the psychotic is what Lacan termed a *trou symbolique*, a
symbolic hole, that is at the same time full of signification.

Because it is at once full of signification and yet nonsymbolic or
presymbolic, Lacan continued, psychosis paradoxically offers an
"open testimony" of the unconscious. In other words, psychosis
represents the unconscious made transparent, whereas neurosis
manifests a series of symbolic codes that have to be deciphered.
 Whereas the neurotic "occupies language," the psychotic "is oc-
cupied, possessed" by it. Because foreclosure is a symbolic aboli-
tion, it reveals the unconscious as it is lived, like psychosomatic

symptoms, through the body. Insofar as the psychotic is what Lacan calls a "martyr" of the unconscious, however, insofar as he or she sacrifices psychic stability to the proliferation of meanings, psychosis is unreadable. The lack of symbolic anchorage for the hallucination renders it incomprehensible at the same time that it allows it to be manifested, to be known.43

It is with this paradox in mind that Lacan remarked that "the psychotic phenomenon represents the real emergence of a signification that seems unimportant and cannot be anchored, since it has never entered the symbolic system, but it can, in certain conditions, threaten the entire edifice of symbolization."44 If the psychotic threatens that edifice, it is because she or he bears witness to the symbolic character of what we take to be reality. The psychotic "knows" something we cannot. When Schreber foreclosed castration, he rejected, like the Wolf Man, the father's prohibition of the mother, or what Lacan called the nom du père, the law that constitutes knowledge. Psychosis is "the foreclosure of the Name of the Father in the place of the Other . . . the failure of the paternal metaphor, that . . . designate[s] the defect that gives psychosis its essential condition, and the structure that separates it from neurosis."45

"Schreber lacks," said Lacan, "according to all appearances, this fundamental signifier, namely, to be a father. This is why it was necessary that he commit an error . . . that he go so far as to think he comported himself as a woman."46 In Schreber's case, "to be a father" was a suspended signifier. This is why his psychotic crises concerned questions of sexual identity. It is precisely the absence of this signifier that places Schreber outside social (and sexual) order. Hence his confusion about whether or not fathers can procreate (his confusion about the so-called natural components of sexual identity) points to the way in which the introjection of the nom du père "creates" reality: "All symbolization is there to affirm that a creature does not engender another creature. . . . In the symbolic, nothing explains creation."47 Psychosis asks the unaskable—

43 Ibid., pp. 149, 284.
44 Ibid., p. 99.
where do symbols come from? what does it mean to be a father?—implying that the father is an idea invested with cultural and linguistic meaning rather than a reality that just "means."

Since psychosis is defined by the absence of this original signifier, the psychotic becomes a rift in the symbolic order, a rift that designates the symbol as symbol, not as truth. Because psychosis represents a nonsymbolic state, it implies that identity is never original but the product of a symbolic order into which the psychotic has not been initiated. At the same time, because the psychotic's "knowledge" is nonsymbolic, it cannot be known.

The psychotic is thus a metaphor for what is impossible, unknowable, and yet most true about the self: what Lacan calls the other par excellence—the real. As Shoshana Felman has argued, the Lacanian unconscious cannot be “discovered” under layers of repression. “Reading” the unconscious is a “practical procedure, partially blind to what it does but which proves to be efficient. The theoretical construction of the unconscious is what, after the fact, is constructed to account for the efficiency of the practice. But the practice, the partially unconscious analytic reading practice, precedes the theory.”

In other words, for Lacan, the unconscious is constructed through the very process of trying to understand what it is and how it works, through the process of accounting for why “readings” make sense. It is always already normalized or symbolized. At the same time, it is also the blind spot of reading, the force that directs the reading and yet is itself impossible to read except in the terms we have constructed to read it. Therefore, the transferential relationship with the Lacanian analyst does not lead to a "cure," which would suggest the possibility of eliminating blind spots. It leads instead to a recognition of the unacknowledged desire in the analysand's demands, to the recognition, that is, of the analysand's own blind spot.

But if the unconscious is accessible only when repressed, if the recognition of the blind spot must itself always be partially blind, how would the analyst know if he or she got it right? How would the analyst know that the recognition was not a misrecognition? Wouldn't the blind spot be at the heart, as it were, of the symbolic itself, wouldn’t it render any normative concept of

health impossible, including that guaranteed by the linguistic introjection of the paternal prohibition? Borch-Jacobsen has aptly summed up the problem: "In fact, if the absolutely last revelation of being, of desire, and of the subject takes place in erroneous speech, what distinguishes it from that other ‘error’: the alienated and ‘miscognizing’ speech of the imaginary ego? In other words, what distinguishes repression, as the revealing-absenting of desire in speech, from resistance, as the presenting-avoiding of desire in that same speech?" How, he goes on, "to separate ... two types of speech—one of which, now baptized ‘symbolic,’ is supposed to be more true than the other, which is reputedly ‘imaginary.’"49

I want to argue that what Lacan called the real or the impossible represents the conflation of the unconscious and cultural (now linguistic) norms, a conflation already implicit in the concept of scotomization. Lacan followed other French analysts in conceiving the unconscious as always already continuous with and beyond the symbolic and hence always, in some respect, foreclosed (the real can never, ever, be "seen," even as it is apprehended).50 By transforming scotomization into foreclosure, Lacan conceived the blind spot that disrupts the symbolic as continuous with the symbolic itself.51 He thus used the logic of scotomization transformed into foreclosure to prove the unconscious was structured like a language whose “real” or “true” meaning is always other—located beyond any place we can “see.”

The deviant—whether the psychotic, the criminal, the "liberated" woman—thus symbolizes what cannot be known, structures a lack into the heart of knowledge. But no deviant can escape the law of language, which is the law of the father, even as (as is implicit in Lacan’s work) she or he resists it, resists symbolization.

But for Lacan, deviants do point to a place beyond language, beyond culture, which mocks our pretensions to knowledge and mocks in particular those individuals who stake most on its claims—fathers, scientists, professors. In so doing, they give the lie to science. "Psychoanalysis," said Lacan, "is not a science. It doesn’t have the status of a science; it can only wait for it, hope for it. It is a delirium. . . . It is a scientific delirium, but that doesn’t mean that psychoanalysis will ever be a science."52 For Lacan, then, knowledge is doomed to be ever incomplete, the desire for it driven by an eternal quest for an ever irretrievable other: "To this mythical representation of the mystery of love, analytic experience substitutes the search by the subject, not of the sexual complement, but of the part of himself, lost forever, that is constituted by the fact that he is only a sexed lived being, and that he is no longer immortal."53

To go back to the question posed at the end of Chapter 1 and implicitly through this part of the book: If the unconscious—the deviant within—perpetually mocks or undermines those illusrious representations of the law, of "culture," what is the status of expertise, of authority? Or if deviants cannot escape the law of the father, what can possibly be the subversive effect of mockery? First of all, I must concur with feminist critics who stress the extent to which Lacan reinforces the law even though he can hear all the mockery. They argue in different ways that criminals, women, and psychotics can only be emblems of subversion—of truth telling—in a culture in which they already represent otherness. As Alice Jardine notes, Lacan “never moved beyond the male self as absolute metaphor.”54 The "truth" of the self as it is conceived by Lacan thus already represents a cultural construction and appropriation of the other which reinforces the norms he aimed to subvert. The archaic adage he claimed to have pinned to his office wall—"Ne devient pas fou qui veut" [Not everyone has the luck to go mad]55—gives us a sense of the side from which he believed we necessarily speak. After all, to want to go mad like the psychotic, to want to be cut off from the symbolic, is to be already securely anchored on the other side of madness, in the culture Lacan equated with fathers. But it is not sufficient to argue that Lacan’s work

replicates normative definitions of the self, not enough to point out what Lacan himself seemed to believe was inevitable. In other words, if Lacan ultimately reinforced the primacy of authorities and of fathers even while subverting and resisting it, if the (male) self was made no less powerful but simply more discreet, how do we account for the construction of that primacy as well as its cultural specificity? How do we go beyond the insistence that "regulatory fictions" govern Lacan's revision of Freud to demonstrate how and why those fictions are maintained and take the forms they do?

In the past three chapters, I have described the process by which the self was constructed out of otherness, the process, in other words, by which otherness came to define the meaning of the self, in order to focus on this last question. I have traced how Aimée's crime became a metaphor for and shaped the ego; how the "equal but different" (and hence always potentially feminine man) symbolized and shaped the superego; how Madame X's and the psychotic's schizophrenia symbolized and may have structured the real, the id, the impossible. In order to account for the specificity of Lacan's revision of Freud, I have argued that the very rearticulation of the self implicit in these new terms—autopunition, equal but different, and scotomization—was shaped by and itself shaped a new kind of expertise that was reinforced, paradoxically, only through the implicit erosion of its foundations. Whereas psychiatrists and psychoanalysts sought in these new terms to clarify a distinction between self and other, Lacan used them to construct a self that ceased to be referential: one that can be known only once its pleasure has been repressed or symbolized. Thus, while Lacan shared psychiatrists' and psychoanalysts' belief in the otherness of criminals, women, and psychotics, he transformed deviance from a metaphor for what was other into an otherness that was always already symbolized and hence anchored and regulated. That is, the "true" self is at once made into metaphor and deferred, so that its truth is always inaccessible, always bound to be, on some level, a lie.

The "regulatory fictions" that governed Lacan's revision of Freud were thus the product of a historically and culturally specific response to a particular set of questions about the legitimacy of the subject. But Lacan's was not the only model of the nonreferential self to emerge during the interwar and immediate postwar years in
France. To what extent did the processes by which those other selves were defined overlap with the ones I have described? How do we account for the process by which their regulatory fictions were constructed as fictions? And what more can they tell us about why France has been the home of a certain model of self-dissolution?