

## **Later experiences 1994**

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#### Introduction

This writing will account for the latest experiences of ego-structuring psychotherapy. The text is thus a complement to *How the ego is structured*, not a replacement. The development in the field has as well theoretical as practical aspects and both are described. The experiences are collected by several therapists and supervisors who, furthermore, have discovered a lot more than can be accounted for here. The treatment of psychotics is used as prototype but the findings are applicable to the treatment of perversions and blocked crises. First some basic premises are recalled.

Ego-structuring psychotherapy is exclusively a personality developing method. There is not much care taking in the method because this is not compatible with the strategy. That means that in the treatment of psychotics, the daily care must be carried out by others, for example by a psychiatric unit. Put in another way, the ego-structuring psychotherapy ought to be seen as a later phase total treatment of psychotics. For perversions and blocked crises it can, on the contrary, amount to the total treatment.

Essentially, ego-structuring psychotherapy resembles a testing of a hypothesis. Departing from assumptions regarding the primary fault in psychosis, one can construct a program that, if the hypothesis is correct, would remedy the fault. Now, there are faults or defects that cannot be fixed. They are simply primary lacks in an organisation and you can try and compensate the consequences of the defect but it is only possible to wholly abolish the defect by some kind of transplantation, with all the obstacles inherent therein. Whether the defect that psychoanalysis regards as the cause of psychosis can be mended or not, is a question with no definite answer yet, but the ego-structuring psychotherapy might convey some degree of a solution.

The hypothesis about psychosis lying behind ego-structuring psychotherapy is the psychoanalytical comprehension as it is specified in theoretical works of Jacques Lacan. In these works, the structure of the subject and the conditions for its development are specified, not least in relation to psychoanalysis and

psychotherapy. The characteristics in psychosis, perversion, and neurosis are connected to structural facts and rules in language. The specific mechanism responsible for psychosis is called *exclusion*, meaning to refuse any concern with the matter, in this case the Name of the Father,  $S_2$ . In psychosis such a refusal leads to a defective linguistic structuring of the subject since the Name of the Father is the factor that guarantees the structural rules of language for the individual person. From that follows that you cannot, in an ordinary understanding, talk to a psychotic, the personal pronouns are not automatically arranged in the manner we are used to, and the language of the psychotic is a naming language in which the words coincide with the objects - they become concrete - and the inherent activity in language generates muddle and hallucinations and not associations. At the best, the psychotic is localized in the place of the object in the structure and becomes a victim of the more or less benevolent measures of the surroundings.

The working hypothesis of ego-structuring psychotherapy can be formulated in the following way: If the cardinal fault in psychosis is exclusion of the Name of the Father, one ought to strive to get this Name of the Father to come into force and if one succeed, then the psychotic ought to show signs of this, signs in form of new symptoms which reflect the passage through the castrations complex which is the consequence of the Name of the Father. These symptoms, or rather signs of structure, will be accounted for later. In this context, though, it is suitable to mention that the nature of hypothesis testing leads to modification and exacting of the therapy in cadence with the growing experience, and it is necessary to point to the fact that personally motivated variations of the technique, variations which do not follow experience and logical deductions from it, inevitably leads to deterioration of the effect and the end result, or even to real risks on behalf of the patient.

The underlying hypothesis gives rational reasons for the use of the method, the whole spectrum of conditions that do not belong to the neuroses. That is perversions, but also incomplete process in a crisis where a chronic disablement or suffering is the result. It has by now been tested in clinical trials that show that the course in the treatment is the same as with the psychoses, but less time consuming. This mostly depends on the fact that the initial phase, the narcissistic, is shorter than with psychosis.

On a method such as the ego-structuring psychotherapy one can make two demands, firstly it must be based on a consistent theory that makes it comprehensible and possible to scrutinize by others, secondly it must, if it is

correctly implemented, give the same results when used by others in a different setting. If these demands are not met with, one can suspect the theory or the explanation of the method to be incomplete, and that the first implementation contains active aspects that are not accounted for. This is often the case when gifted therapists succeed with therapies others seldom can manage. Sometimes these therapists are too little interested in theory to give an exhaustive description and explanation of the procedure, and the dissipation of the method stay restricted to co-workers with whom they are in direct contact. In the test of a method is, therefore, contained a trial to graft it in another institution and executed by others. After a proper education, will say.

In a sociological dimension one can discern that a new method, if it is efficacious, stirs up both enthusiasm and disdain in the entourage. It is inherent in the development of a new method that the existing ones are questioned and this can be especially disturbing in an area where the professional self esteem is weak. At the same time, a new and effective method will, in a difficult field, tend to be described in too positive terms. Both attitudes will surely be moderated through scientific evaluations.

#### THE WORLD OF THE PSYCHOTIC

The psychotic man lives in quite another world than does the man who treats him. But since the psychotic looks like any other human being, one intuitively thinks that his world and conditions are the same as for others. Most psychotherapies and treatments therefore approach all patients in the same way. It is only to children, elderly people, and immigrants that special considerations are taken. The world of the psychotic is assumed alike the own world and the divergent are the psychotic symptoms. It is argued that reality is the same for all of us. But world and reality is not the same thing. Reality is what natural sciences investigate. Experiments are designed to eliminate the human (subjective) factors, knowing that the environment we call world is a subjective construction. World means phenomenological world, an appearance of something in which we lack insight. World is a selection and a distortion but we do not know of what, only that selection and distortion are special for each human being and in principle dependent of her/his degree of structuring. We have no spontaneous insight in another mans world. The only way to get a glimpse of the world of another person is through dialogue. If, after years with the same colleges, one day you happen to meet one in quite another context, you

might discover that you never knew this fellow-worker. Not even empathy gives access to another mans world but it surely helps the dialogue.

The world belongs to the imaginary and is as such a fragile construction. It goes apart in crises but can also resist extensive privations. The world undergoes deep alterations when we fall asleep and rise on its feet when we wake up. As imaginary the world comprises two different areas, one for the senses and one for the intellect. The senses mediate the immediate and the intellect the non-contemporary and distant. That the future belongs to the imaginary is no surprise, but that the same is valid for the past might demand an explanation. History in the form of general history, world history, the history of the sailing-ships and similar historical fields are all imaginary, that is why they attract us and books are written about them. In contrast to these, the particular persons history seldom is attractive for him/her and it is not limited and will not likely be material of a selling book if the person is not a celebrity. Besides, according to psychoanalysis, the personal history is both censored and falsified. That is why it seldom works as the premise it ought to be for the continuation of life. The psychotherapy for neuroses has as task to remedy this.

The world of the psychotic lacks past and future and the contemporary is different to what we are used to. That depends on a malfunction in the structuring of the imaginary by the symbolic since the Name of the Father has not come into force on account of its exclusion. Instead, there will be a continuity between the reel and the imaginary. The future is no temptation and the past no comparison or consolation for the contemporary life. The psychotic lacks past since the past demands a more advanced structure of the subject, and without such a structure no history can be written. The contemporary for the psychotic is two-dimensional, without possibilities, be it tempting or frightening, it is no place for planning, for building, or for living. Other people do not appear as instances for opinions, they are but pale shadows. This becomes apparent when the psychotic leaves the mental hospital for a life in a flat, which he cannot use as platform for an active existence together with other people. The psychotic will arrange the situation in accordance with his world and the surroundings will react negatively on it, alarm the authorities, and get him back to psychiatry. The refrigerator shows no sign of planning, the flat is untidy since no visitor is expected. Money goes as fast as it comes. Newspapers accumulate, clothes are inappropriate and un-mended.

## NARCISSISM

Narcissism is a term for the relation between the ego and its objects, which the ego stamps with a completion of its own form. Thus the narcissism is a product of the ego and it works as a force in a way that is dependent on the structure of the ego. The great difference between the world of neurotics and psychotics is thus dependent on the fact that the ego and the narcissism are so different for them. The narcissism of the psychotic is primary, if even that, and that of the neurotic is secondary. The primary narcissism is a passive adaptation to the interest of another, where the ego takes form in accordance to the others picturing through the imitative currying favour. Primary narcissism is namely >autoerotic= and is boosted by the interest of the other. From that follows the fact that the psychotic can only be an object for one other person at a time. There exists, so to speak, no stocking capacity for different identifications. Another consequence is that the psychotic structured person agrees with the one he last met. One feels that it is impossible to make a deal with a psychotic. The agreement you think you make is erased for the psychotic when he meets another person who tells him to do or to remember something. That does not mean that the psychotic is treacherous but that he lacks a structural possibility of organizing and registration of parallel undertakings. When more than one person is engaged in the treatment of a psychotic, the situation becomes confused and the dominating experience of the attendants is that nothing works really well.

Secondary narcissism is, on the other hand, characterised by the linguistic structure governing the subject. The inherent lack and its filling will dominate the strive for imitation. Idolizing is replaced by idealizing. The linguistic structuring will also make time effective and, therefore, the ideal can belong to another time than the subject and it can be missed and mourned. To idealize implies principally an endless interest for the idealized other, while such an interest does not exist in primary narcissism.

Often the psychotic has not even assumed the position of primary narcissism, it has to be worked out in the beginning of the treatment. In that case it leads to an idolizing of the therapist. This is not the same as being in love it has, nevertheless, a formative influence on the bodily image of the psychotic through identification with the gestalt that is the object of the interest of the therapist. In the changeover to the secondary narcissism, beyond the alteration from imitation to completion, there is added a reversing of the positions of the ego and its object. From now on, the patient imaginarily identifies with his own

picture and idealizes from this position the other as harbouring his essential ego. From this fact one can evaluate Syrus= saying: *Aliena nobis, nostras plus aliis placent* (Others like our best, we their). The relation between the ego and its object has been reversed, and it happens when the linguistic structure of the human being is effectuated. Such a dialectic process can only be conceptualised as governed by language, which is the only known primary dialectic structure. The word Adialectic@ in this context is meant in its original meaning, that is the peculiarity that if you will find out the meaning of a word, you have to read the next, or on the human level: Tell me whom you know and I shall tell you who you are.

These moments in the narcissism reflect the steps in the linguistic development of the subject and are important bearings in the ego-structuring therapy.

#### THE STRUCTURE OF THE PSYCHOSIS

The psychosis is not without structure but its structure is simple and fragile. The psychotic identifies with  $S_1$  (the first non-verbal signifier, the desire of the mother). The signification of this identification is a self-contained and non-historic way of being. This should really mean a complacent existence free of events. That it is not so depends on the unconscious, which speaks to us all, even to the psychotic. The psychotic symptoms are, with exception of autism, a reaction on the attacks from the unconscious. Not least will the care of the psychotic drag him into the power field of the unconscious with its nursing and good intentions. This implies that at the point of decision of psychotherapy with the psychotic, you are interfering in a complicated and a hardly mastered situation. It is, therefore, important to scrupulous organise the therapy and the interactions with the patient. Besides factors in the organisation, which will be dealt with later, the structure of the psychotic interferes with both the planning of the therapy and the way the meetings are directed, and not least the way how to talk.

The lacking linguistic structure in psychosis thus leads to considerably practical consequences on different levels. As a therapist you are first confronted with the difficulty that the personal pronouns do not work as *shifters* in the talk. The functions of shifters are in ordinary talks assumed, *I* talk to *you* about *him*, *her*,

*this, or that.* Talks remain structured in accordance with these positions, even when the roles of the participants change place now and then.

Shifters are one of four different types of connections within the system of language between which Roman Jakobson distinguishes. Besides that it is possible to see two main functions in language. That is code and message. Connections within the code can be proper names, which are code on the code. This inherent function in the code has the consequence that proper names are not translated between different languages, only the spelling is varied. This was a big help for Champollion in solving the riddle of the hieroglyphs code in early 18- hundred. Cleopatra is called Cleopatra in every language, so proper names could be identified on the Rosettastone. It is a stone with a text written in both hieroglyphs and Greek letters. The stone was found by an officer in the Napoleon army in the town of Rosetta in Egypt.

The foremost function of a proper name is to replace the object. The word John is used when the person John is not present, as reference or when calling in him, or when the speaker wants to ignore him though he is present. On the other hand, if one happens to forget the proper name, then the object will force its way through. A tune the title of which is forgotten will not go away. If you, helped or not, recall the title then it disappears.

Connections within messages are quotations and you cannot quote a present person. Quotation requires that the author can be kept away by means of the proper name. If then the Name of the Father, the Father of all names, is excluded you cannot quote. Instead of the act of quotation you become the meaning of the quotation. The quotation degenerates to an order.

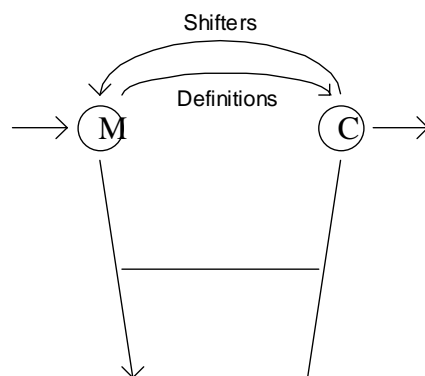
In the mothers talk to the child, the law will manifest itself as prohibitions, you are NOT allowed to ....@ Prohibitions are quotations, and the law is essentially merely citations without any author. If someone is mistaken as its author, this person will be an imaginary authority. To the child it is the imaginary father who incarnates the authority and the Name of the Father. If there does not exist quotations in the mothers talk to the child, it means that the mothers intentions will dominate and thereby a situation is by hand, which can lead to an exclusion of the Name of the Father and a shortcoming mental development of the child.

The connection between code and message is made up of shifters, which localize the message in relation to the code and the participants. These connections are also called functions of deixis, from the Greek word for Apointing to @. Lastly messages about the code are the same as definitions. A

dog is a domesticated animal that ..., that means autonomic statements about the code. All these functions inside language are identical with the structure of the subject. They are summarized in the graph of Lacan, a graph that in its first development was given the following appearance.

This graph is pictured here to show the more concrete links between recent linguistics and Lacan's reformulating of the psychoanalytical subject. The graph arranges a circulation where the signifiers are connected with the place of the code (C). The name of this place is soon changed by Lacan to O (the Other with a big O), the treasure of the signifiers.

M = message, C = code



To understand the basic problem of psychosis, you have to get hold of the link between  $S_1$  and  $S_2$ , the problem that Freud associated with the primal repression. The actual formula is a lot more complicated, which on one hand is a difficulty in reading it, while it on the other hand is a central matter in rational psychotherapy with psychotics. Parts of the following comments are taken from *Essais sur la topologie lacanienne* by Marc Darmon (1990), S. 333 ff.

In agreement with the doctrine of quantities, Lacan formulates the link between the signifiers. He uses the concept 'the ordered pair'. The quantity of c, the only elements of which are a and b, is written  $\{a,b\}$ , and if a differs b then the quantity c is a pair. If two quantities a,b are given, then the quantity  $\{\{a\},\{a,b\}\}$  is an ordered pair. In the ordered pair, one of the quantities is put in relation to the relations between the first and the second quantity. An example of ordered pairs is pairs of letters, even if it concerns the same letter, because the context is different when the positions are. A not-ordered pair can for example be a couple of birds.

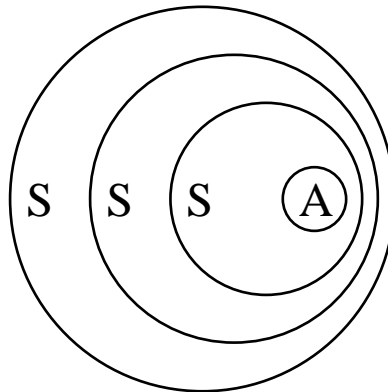
Since the signifier as such is nothing but a difference against another signifier, the ordered pair becomes interesting because you can see the relation, the difference, as a signifier. With Lacan's manners of notation one ought to replace, in the relation between signifier and signifier, O with that which at this instance



really is, namely with the signifier for the quantity which is made up by the connection between S and A.

$$S \rightarrow O \text{ becomes } S \rightarrow (S \rightarrow O)$$

Where  $O$  again can be replaced by the relation that  $O$  subsumes. This never ending movement can be made clear by circles containing other circles.



The circle containing A (Other) is instantaneously excavated of a new circle, and there is no end to this process, there is no absolute A. This untouchable character of A marks the place of the primal repression, and the object  $a$  emanates from this never ending structure as its very cause, that is the eternal leftover.

In his seminar *D'un autre à l'Autre*, Lacan presents an exact mathematical formulation of the relation  $S_1 \rightarrow S_2$ , between the signifier *one* and *knowing*.

To get a hold of the problem help can be supplied by the paradox of Russel: must the quantity of all quantities, which do not contain themselves, contain or must it not contain itself? If it does not, it is not complete. If it does, it is in conflict with its own definition since it, in that case, will contain a quantity containing itself. In the theory of quantities, the relation  $x \notin x$  does not correspond to any quantity. Step by step, Lacan shows the absurdity of the theorem of the Russelerian paradox in his aim to define the very essence of the signifier, exactly in the area that is repudiated by the theory of quantities.

Does the Other exist, that is a quantity of signifiers, in such a way that they all refer to another signifier? In other words, can the subject be subsumed so that it remains included in that quantity? Is it conceivable that it should be possible to unit these two partial quantities (*signifiers* and *another signifier*) in one quantity?

Suppose O, the other with a big O, contains the signifiers  $S_\alpha, S_\beta, S_\gamma$ , all representing the subject of another signifier. These comply with the condition not to be a partial element of themselves since they always refer to another signifier called  $S_2$ . Is then this  $S_2$  an element of itself? If it is, it does not agree with the definition of a signifier. Could this  $S_2$ , which is not an element of itself, be a part of O? O, which ought to comprise all quantities not containing themselves, ought to comprise  $S_2$ , but if  $S_2$  constitutes a part of O, then it is contained in itself, which was to be rejected.

Expressed in the terms of Russels paradox: O is the signifier of the quantity of signifiers who do not refer to themselves, but to another signifier  $S_2$ , - will O then also comprise  $S_2$ ?  $S_2$  stays in at position outside.

*"This means exactly, Lacan says, that in the last resort, the subject cannot be universally defined, that there does not exist any statement, not even in form of this, that the signifier is not in it self an element, that the definition of the signifier should be a sufficient definition of the subject". "Moreover does this not only indicate that the subject is not at all contained in the area of the Other, but also that what should be a point where it could indicate itself as a subject is a point that must be said to be 'outside' the Other, outside the universe of discours" (D'un autre à l'Autre.)*

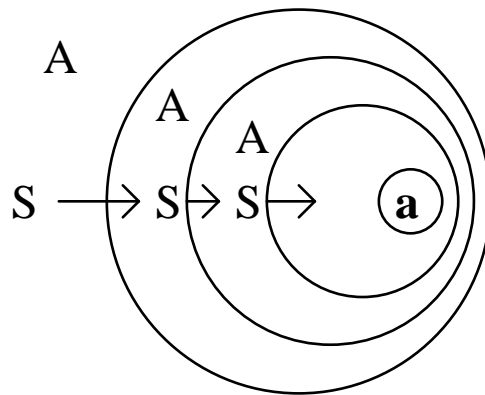
Here is an example of what Lacan later will call the *>ex-sistens* of the subject', that is the place, at the same time outside and inside, which allows the subject in the name of AI@ to get back the message coming from the Other in an inverted form, a message which announces itself from the Other as an imperative AThou@. Further in this seminar, Lacan uses some conceptions from the theory of quantities to introduce what he calls *>plus-one=*. It is about the inscription of the uniting trait (*trait unaire*), that is of 1 in the area of the Other, conceived as a quantity, determines part quantities, partly the part quantity 1, partly an empty part quantity. It also deals with the function of the ordered pair. The number of parts in a quantity always exceeds the number of elements in a quantity. If there is a quantity with one element, it must always be taken into

account the part that is made up by the empty element. Thus, the two signifiers  $S_1$  and  $S_2$  can be reduced to one and the same *one*, on condition that it is pointed out, that this *one* inscribed in the Other makes the hole of the empty element emerge, that which Lacan names the *one-more*. The hole is in itself the place for a new inscription of 1, which at once is followed by a new element; in fact, the empty element stays all the time the same and this *one-more* is just the *other* needed by the Other to become this *one-more*, that the Other in its essence really is.

Lacan underlines that the intervention of the first 1 of  $S_1$  as the representation of the subject does not lead to a presentation of the subject until at the level of  $S_2$ , the other 1. This same structure can repeat endlessly, which constitutes the instance object *a*. From the precedent, the structure can be deduced of what Lacan in the seminar *Encore* calls a swarm of  $S_1$ .

$$S_1(S_1(S_1(S_1 \rightarrow S_2)))$$

From where does  $S_1$  come? As it is presented in the formula: a signifier  $S_1$  represents a subject for another signifier  $S_2$ , then  $S_1$  is a signifier appointed the master signifier and the relation  $S_1 \rightarrow S_2$  is in a way a modular relation, which generally is valid for the function of the signifier. In fact it is in the repetition of 1, in this case from  $S_2$ , it becomes possible to deduce the existence of 1,  $S_1$ , that is retroactively. The repetition of  $S_2$  introduces the necessity of a third signifier. The fact that there is no limit to the knowledge in  $S_2$  that this  $S_2$  always slides outside a circumscript place is by Lacan written as  $S(A)$ , which in turn has a connection to the whole of the primary repression.



This is illustrated by the picture of circles within each other.

It was explained how these circles multiply endlessly because within each circle, another circle is born, which transforms the area that was intern to a new extern. This repetition is organized around a border that is the whole of the primary repression, and this whole is the very place for object *a*.

As written before, the inner circle can be equated with the outermost one, and the structure of a cross-cap emerges. In the seminar *D'un autre à l'Autre*, Lacan suggests further possibilities for this union of the inner circle with the outer or for the organisation of this border that is united with itself. He even points out that these topological structures, four as they are, the sphere, the torus, the cross-cap and the bottle of Klein, in fact can be identified in the connections of the subject with the Other in the real.

It has to be underlined that this operation of transformation enacts a link between the hole of the primary repression and the first inscription of the initial  $S_1$ . The primary repression is deduced of the necessity of a first confirmation (bejahung) that is instituted by the first  $S_1$  before any subject whatsoever; without  $S_2$  this  $S_1$  has no meaning. It is pure nonsense. Nevertheless, is it out of the inscription of  $S_1$  the chain of signifiers is born: thus it is essential to keep apart what  $S_1$  is after this instituting step when it is a part of the module  $S_1 \rightarrow S_2$ , and on the other hand the primary  $S_1$  tied to the first effective operation of inscription.

An allegory might summarize it all. At first are stars ( $S_1$ , a non-verbal signifier), then  $S_2$  arrives (the Name of the Father) and makes a constellation

of these stars to the Capricorn for example.  $S_2$  is the first verbal signifier, but it has no signified (no  $s_2$ ) so its signification is unknown. It only appears in the continuation ( $S_n, S_{n+1}...$ ). Astrology works with such an exegesis and its ultimate point is power, wealth, happiness, and success (object  $a$ ). Afterwards, it is difficult to imagine what  $S_1$  could have been before the connection with  $S_2$ , it is difficult to look at the stars without ordering them into constellations. One could say that  $S_2$  coins the stars and thru this they are underlain a system of rules. For the psychotic this influence of  $S_2$  on  $S_1$  is missing. The ego-structuring psychotherapy arranges this influence and lets the personal history become the resulting signified as is the case for structured people.

What  $S_1$  was before all that, what the preverbal could be, about that one can only speculate.

If the language of the psychotic is not yet arranged into a structure and the dimension of the metaphor has not been constituted, then the verbal hallucinations, like at Schreber, are divided in code and message without the connection of a  $S_2$ . In the hallucinated *Grundsprache* of Schreber, all elements of shifters were imbedded which in turn forced Schreber to complete the message, with his body as well as his thinking. At the compulsory neurotic one can have a glimpse of these elements of the code, coming from an extrrestrial spectator that induces in him a ritual that he cannot change into words.  $S_2$  - the Name of the Father - has a decisive function for the signifiers taking on their effect as signifiers. This effect installs a hole, a difference, which in turn generates object  $a$ . Thereby, the dyadic pair changes on to an ordered couple. And this is the last step the psychotic and the therapist go through in ego-structuring psychotherapy.

Yet a theoretical development takes place. From the ordered couple in 1974 to *Sinthome* and the *borroméan rings* 1975. In the seminar of the 18th November, 1975, in *Joyce avec Lacan*, Navarin Éditeur, 1987, Lacan says the following (regarding the fault in psychosis):

The sack one imagines in the theory of quantities founded by Cantor manifests, demonstrates, if indeed a demonstration has to demonstrate the imaginary that is implicated; this sack deserves to be noted with the ambiguity in 1 and 0, which is the only adequate base of what delimits the empty quantity which is so important in this theory. That is why we write it  $S_1$ . It is

not one but it indicates, in its capacity of not being able to contain anything, an empty sack.

An empty sack remains, nevertheless, a sack, though a sack you cannot imagine without using the existence and consistency belonging to the body, as a sack that is skin. This existence and consistency has to be comprehended as real, because the real is to comprise these, from that comes the word *Begriff* which means just that.

Here the imaginary shows its homogeneity with the real. This homogeneity is due only to the binarity, 1 or 0, of the number, that is, it only supports the 2 through the fact that 1 is not 0, that 1 exists in relation to 0 but does not, for that sake, have any consistence. On account of that the theory of Cantor must emanate from the couple but apart from that, the quantity is something third. Between the first quantity and that which is the other there is no link.

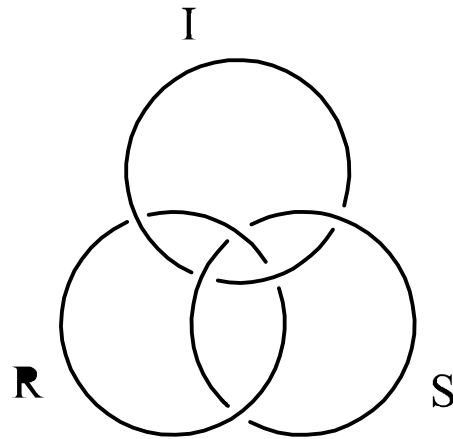
That is why its symbol has repercussion on the imaginary, the symbol marked with a 2. Through the indication that it is a couple, the division of whichever subject is introduced by its factual statement.

.....

The stupefying is that man very well knows that the symbol is merely a broken piece, and has been so in all times, but he has not, through the times, seen that this fact led to a unit of and a reciprocity between the signifier and the signified - and as a consequence that the original signified does not mean anything, that it is only a sign of the division between two signifiers and is, on account of that fact, not arbitrary in relation to the choice between these two.

There is no *umpire* to say it in the English language Joyce writes, aiming at the empire, the body as empire, which as anything else carries the mark after the judgement of Good. Here 1 affirms its release from 2. Only through an imaginary progress could it be 3, which demands the will of somebody to persuade the one to affect the other without being tied up to any of them.

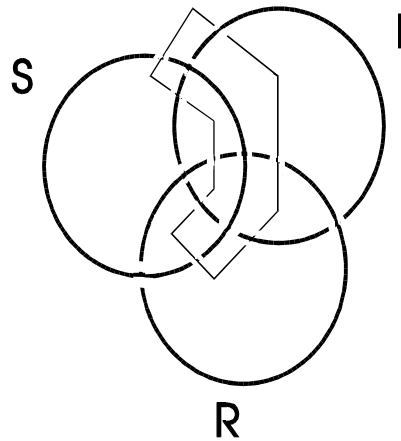
To explicit put the condition that if you out of tree rings make a chain in such a way that a break in one, whichever, releases one of the other two, it is necessary to notice that the chain was inscribed in the arms of the Borromées. The knot that on this account is called borroméan was already there without anybody inspired to extract the consequences.



It would be wrong to see this knot as a norm of the connection between the three functions, which only exist through mutual effect in the being that through this thinks it is a man. It is not the fact that the symbolic, the imaginary, and the real have been broken, which defines the perversion, but the fact that they from the beginning are separated.

It is, therefore, necessary to assume a fourfold borroméan link. The fourth link, in this case the *sinthome*. It is also therefore the Father as perversion only means *version vers le père*, and when all is said and done, the Father is a symptom, or a *sinthome*, if you like. The existence of the symptom is implicated by the very position, that which assumes this mysterious linking together of the imaginary, the symbolic, and the real.

If you anywhere in my previous figures find something that schematises the connection between the imaginary, the symbolic, and the real, as separated, then you already have the possibility to link them - with what? With the *sinthome*. You have to get this: it is to pin down this big S, it means that which consolidates the consistence of the symbolic, holds it in a way that can be drawn like this:



End of the citation from *Joyce avec Lacan*.

Besides a short repetition of the preceding, Lacan says that *Sinthome* replaces the function of the Name of the Father in perversion and psychosis. In psychotherapy with psychotics, the striving then must be to induce a persisting symptom that can stabilise the structure. Many psychotics do this by themselves through nursing a certain paranoid idea as an axiom.

In ego-structuring psychotherapy, the personal history is made *Sinthome*. The advantage is that thereby the hole, 0, the lack, is introduced as function. The personal history is, when it comes into force, a castration, and the sign is the sadness the patients experience in a certain phase of the therapy. The mechanism in this case is the patients identification with the main character of the history, when the voice of the storyteller coincidences with the voice of the patient, and what really happened, or how it really was, can no longer get different interpretations. The link between what really happened and the actual existence of the patient becomes a discourse that introduces a distance between body and historical material and makes deductions possible. It is through this identification you can get the Name of the Father (or its



supplement) come into force and make a subjective dimension of truth effective and by that the connection  $S_1 \text{ } \bar{\text{S}}_2$  is established. When that happens, knowing becomes effective, not least as that part you do not know. Questions emerge and even associations. This is called signs of structure and will be exemplified later.

To summarise:

On account of the rejection of the Name of the Father,  $S_2$ , there is no separation of the signifiers, so they tend to mingle, often in pairs as holophrases. There is simply no *bahnung* of associations. Without the primary repression by  $S_2(A)$  (through which  $S_2$  becomes a general reference as metaphor), the three dimensions of the real, the symbolic, and the imaginary are not established. Instead there is a continuity between the real and the imaginary. The conditional linguistic construction does not work which totally frustrates thinking and planning. The psychotic subject remains locked to  $S_1$ , defined as the enjoyment of the Other (*jouissance*, libido). The Father quantor, which is the exception affirming the rule  $\exists x \bar{\Phi} x$  is annulled, instead rules  $\bar{\exists} x \Phi x$  as the very annulling. That is why the affinity to a feminine position emerges in psychotics, as exemplified by Schreber.

$\bar{\exists} x \Phi x$  is for the psychotic very much alike  $\bar{\forall} x \Phi x$ .

The holophrase leaves no place for a signifier beyond the pair, thus not for what should mean a lack in the signifier (phallos). That is explained by the defective influence of  $S_2$  on  $S_1$  and thereby division and lack is unknown of. A psychotherapy with the ambition of structuring patients not neurotic structured ought to have a strategy for mending that.

## THE STRUCTURE OF THE TALKING

If you talk to a psychotic in the same way as you talk to other people, then you place yourself on the spot from where Schreber received *grundsprache*. And that is unrelated to theory. From such a position you can bring about the most amazing symptoms and behaviours in your psychotic colloquial partner, but as a start of a developmental psychotherapy it must be considered inappropriate. It is much more giving to entice the primary narcissism and thereby an idolisation which gives a stable starting point from where the

Name of the Father can come into force. The talks must be held without polarising in first and second person. A dialogue is not what is wanted, but a common noting of things. The grammatical form of this is called *preterium*. It is a form of objectiv telling, where the proceedings mind their own business without interference from a subject. Preterium is the form used for describing the nature in literature. Some readers just jump them because nothing happens. But they are calm - or dull if you prefer - since they are not interrupted by busy comments from the author. In these parts of the text one can dwell in onlooking, which in its nature is an identification with the vision of the author. Like watching nature programs on TV with no sound or text.

In such a style of talking, one avoids asking questions, giving orders, and worry about the patient. Likewise one has to leave out ambitions, therapeutic or others, one might have at the moment. The situation is more like having a trainee at ones work. You comment what you do and why, show the rooms and the instruments, the weather and other concrete details in the momentarily shared environments. No consensus is sought after and there is no exchange of views or feelings. If in this fictive example you in a break took your trainee with you to the cafeteria, then the talk probably would tend to develop everything you ought to avoid in the session with a psychotic. You would begin to ask where the trainee came from, how it was elsewhere, and her/his professional plans. Eventually you would begin to argue for or against a certain organisation, boss, or method.

An unpolarised manner does not mean a passive manner. You must have a certain radiation and be the driving force. In an existential structure the patient is located on the place of the object and cannot take any initiative. The radiation one should adopt can be equated with the radiation of Santa Claus. It is a figure that knows what the children want but does not invite any debate in spite of the rhetoric question whether they have been nice. The focus of interest is in fact 'descriptions of nature', that is the patients actual surroundings, it be of ward, a therapeutic community, or a flat. One must have a warm interest in all irrelevant details to the extent that the result is a clear visual conception of it.

It is said that the psychotic identifies with *a*. That is the desire of the mother. But this is actually to go too far since *a* is a product of the linguistic structuring and only emerges afterwards. The psychotic identifies with the primary  $S_1$  and so should even the therapist do to the extent that the two make not an ordered couple but a pair, a pair of similarity, be what it will. The

treatment then strives to induce a difference between them so that an ordered couple can come up.

Discourse of the university :  $\frac{S_2}{S_1} \rightarrow \frac{a}{\mathcal{S}}$

The discourse used is the discourse of the university. That is, through thematising the patient in the world of the therapist, the patient is adopted as an unknown entity ( $a$ ) that has to fit into known functions, and this is done with a pre-knowledge in the therapist about the world's construction. The argument for using a discourse and not, for example, non-verbal methods, is that the historic world is totally dependent on the four discourses: that of the master, of the university, of the hysteric (science), and the psychoanalytic discourse. These can be conceived as the base of concurrent interpretations of the historic material. Normally, each discourse presumes a question that ultimately is about existence, but for the psychotic there is no question. Under the proceeding of the therapy there will, on the place of the production  $s$ , emerge a subject that will manifest itself through subjective functions, among others through questions. The discourse of the university only marks the starting point for the therapist, and the knowledge of the university is applied, not on the patient but on the irrelevant details around the patient with her/him as the implicit user. The fact is that the details are put together in accordance with the sense of the conception of logic and coherence of the therapist with the powerful intention of acceding to a full overview and thereby control. Since the patient is not structured in a dialogical way, primarily no discourse will take place, but an effect of  $S_2$  on the so called holophrase of the psychotic, this being a pair of signifiers degenerated to a doubled symbol. Small children also use holophrases as ma-ma, pa-pa, and so forth. These fulfil a function of total meaning. The best pal-relation embodies such an identical pair on which that in third position works, foremost through introducing differences in form of contrasts (pictures) and negation in form of complementary relations (history) as the main relations in language. In the historic world, the traditional world, that which is built on tradition, is questioned, and especially are its fetishes questioned. This cannot be done without a certain melancholia that marks the loss of value in contrast to the depression of the traditional world, which is an expression of diminishing of value in the ego. This change in mood in the working phase is correlated with the beginning of a new view on history as a story with the patient as main character. The upcoming melancholia must in the ego-structuring psychotherapy be transformed into sorrow, the melancholic symptom, in

which the ego identifies with the lost object, is seen as a result of a too energetic work in the phase. In the initial narcissistic phase on the other hand the traditional world is elaborated, and its main fetish must be the therapist, who later has to delegate value from himself to the patient and ultimately be hurt in his own ego of a depressive loss of value.

The special style of talking one must apply means that the patient is received as if it were a visit of a trainee. The localities are presented, their site, and anything else in the nearest visual environment, but the therapist does not mention himself. The therapy is presented as a fact, already decided on elsewhere. The utterances are unpolarised: "We meet Monday and Thursday, ten to ten thirty and talk about the environment and at a later time how it was earlier". From the beginning the radiation of the therapist is Santa Claus-like, and although there are two persons in the room, the therapist behaves as if there was only one mental apparatus, that of the therapist. The interest in environmental details can easily lead to questions, but it is much less disturbing for the patient that the therapist admits his ignorance: "I do not know what it looks like at ward 112". And when the idolisation has begun, the patient will contribute with details that can evolve into an imaginary guided tour around the ward. As long as the patient is uninterested in the project, the therapist has to hold a monologue with the patient as a passive part. Later in this text, some suggestions to usable topics will be made, but the most important thing is in fact that you meet. Solely to meet and be together in this unpolarised atmosphere leads to idolisation. A psychotic is not used to be together with a not psychotic person who supplies unbinding company. So it is important to abstain from worrying about the silence of the patient, or the lack of reactions. That does not mean that the patient is far away. On the contrary, he is too near the mental apparatus of the therapist and sooner or later signs of idolisation will show up, then it will be possible to try and be guided in the surroundings of the patient.

## ORGANISATION

If an ego-structuring psychotherapy is initiated without decent control over the patient's other contacts, it might well be a failure. The cause is that the patient already is bonded up in a best pal-relation with an idolised power person. It can be a parent, a nurse, a psychiatrist, or a social worker. If the therapy is a part of a rational treating program, it is much easier to optimise the conditions. The most optimal situation is at hand if the surroundings of the patient are a therapeutic community with an ideology in accordance with ego-structuring therapy. How to get away with a therapy along with the disturbing factors in the treatment of psychotics in traditional psychiatry is an unsolved problem. Probably, it would require that the said psychiatry was familiar with the theory behind the therapy, so the solution becomes utopian.

A returning hindrance for the fulfilling of an otherwise favourable treatment program is that the patient remains in a best pal-relation with her/his mother (in rare cases another person). The development of an idolisation of the therapist will then be blocked. The cause is often that the mother is without a therapist of her own, or the fact that her therapist does not effectively apply ego-structuring technique but polarise, and of that reason the mother will not move her interest from the daughter/son onto her therapist.

An effective way to initiate the treatment can be as follows. When a new case emerges, the beginning should be a family phase, consisting of 2 - 4 visits by the future therapists in the home of the patient and the mother. They will lead informative and pedagogic talks about the planned treatment. From the very beginning, the therapist is paired with the future patient/client and leads the talk in a we-style with the other likewise established pair.

In this way an identification has begun and the treatment is introduced, thereby the risk of a conflict between the mother and the therapist over the patient is minimised.

Two or three such meetings will stabilise the situation and the two pairs can continue at separate places and with secrets on the part of the therapists.

The following example shows how it might go.

**Jan-Erik** starts his therapy in December and develops under the first four sessions a clear idolisation. At the same time he becomes more flexible bodily and more talkative. Then he stays away under the pretext that he missed his coat. The following sessions give the picture of a near relation to a mother

who fixes his food, his clothes, and his laundry, while he has duties outdoors around the house. After two months of therapy, Jan-Erik informs the ward that he will not continue his therapy. He also comes by himself to the psychotherapeutic unit to tell the same. When he does he is tense, restless, and the bodily flexibility has gone. Later it is known that the mother has become psychotic.

In the example there was no established therapeutic contact with the mother of the patient who herself was of a psychotic structure. Such a lack in planning often leads to disconnection of the therapy. The patient is locked in a conflict of loyalty, and the therapist who cannot use power in a polarised way loses. The mother should need a therapy of her own if she is supposed to lessen her responsibilities for a son who has, so far, been unable to organise his life on his own.

#### THE OUTER FRAME

Psychotherapy is another kind of activity than psychiatry and social work. The scientific view on the human being is different and so is the need of help resources. The instruments of psychotherapy are being-together and the spoken word. These instruments are objects of a scrutinising reflection and ongoing examination. The actual technique in the ego-structuring psychotherapy is governed by a strict planned process with rules determined by the structure of the patients and therefore scarcely objects of negotiations. Only through keeping the rules, it is reasonable to expect that such an indirect manipulation of a central linguistic factor can make it come into force and at the end get it localised at the place where it belongs, that is in the history of the patient. Besides, it is in a strict application, weaknesses in the theory and the technique can be exposed, which in turn can initiate a revision of both.

The outer frame is meant to ease up the undertaking. The therapy must take place in its own localities so that both the therapist and the patient have to move from their usual environments. Only then one gets effective help to alter ones thinking and concentrate on the actual task. At the new place, the therapist must be in disposal of the same room so that the patient can be given the same time and place the actual two days a week in question. The length of the sessions is set by the therapist. Usually it is 20-30 minutes, depending on the persistence of the individual therapist. Most of the time, it is he who has the responsibility for initiative and ideas, and many therapists cannot manage

to maintain the inspiration throughout 45 minutes. Likewise, there are no observations proving that more minutes give better results. On the other hand, it is plausible that a lower limit exists, yet unknown where.

The patient and the therapist are placed side by side three foot apart. They look in the same direction and not at each other but they can perceive each other in periphery vision. The point is that the therapist thereby is not tempted to look directly at the patient. The eyes are powerful control organs with which we dominate our surroundings. The look also tempts to polarising through focusing on the person instead of the linguistic reality. The therapist is not supposed to talk to the patient but in the position of the third person embroider a scenery. Through that the two participants will share a view and be part of an intellectual symbiosis and, thus, subjected to the same conditions when they engage in the situation.

The patient must sit nearest the door. Psychotics are sensitive to limitations of autonomy. They are most at ease when they can leave if someone should begin to speak to them in a polarised way. A table can sometimes be useful when instruction materials must be placed on it, for example a calendar when vacations are planned and when the termination is delegated. Besides that, all material should be seen as a hindrance for the spoken word as the capital therapeutic instrument. No clock is allowed in the room and from the working phase onwards, the therapist should bear no watch. To the frame factors also belongs that no therapy is started just before a longer interruption and if, nevertheless, it happens, do take into account that the therapy starts almost from the beginning after the interruption. It is, therefore, recommended to plan for an undisturbed narcissistic phase, which demands at least three months for psychosis and as a rule one month for perversions and blocked crises. Applying that makes the complicated procedure with a therapeutic stand in under the interruption unnecessary and instead it becomes possible to use the situation to delegate to the patient to decide the date of the last session before and the first session after vacancies and the like.

Last but not least, the place of the therapy in the total treatment program should be known as well as who prescribed the therapy, the psychiatrist in charge of the patient, and the case manager responsible of practical and legal matters in the program.



## TRAINING

Training in ego-structuring psychotherapy has so far been carried out systematically at two levels, partly as a short training in ego-structuring attitude, partly as a training of therapists of psychotics.

The training in the attitude aims at giving the staff at the wards, therapeutic communities, and out-patient clinics an understanding of the mental situation of the psychotic and the ability to initiate and to extricate from a so called best pal-relation with a psychotic. This training goes on for two semesters and is divided in a theoretic part and a part with supervision in groups. The time extent amounts to four hours every fortnight. At the first semester, the theory is taught to the group (about six persons) as a whole. Preceding studies are not required nor any extensive reading of literature. After that a pause of a couple of months is required for the participants to organise the work with the patients the following semester. They must find a room at their disposal an hour twice a week. This hour is for preparation, the session, and afterwards making notes. The students must also decide which patient to train on. To avoid misunderstanding it must be said that the patients are not only training objects, but they will be better of in every day functioning and get an easier mood through the corporation. For the staff at the ward the sessions cannot be as regularly as wanted on account of the working scheme. Neither is it possible to limit the contact between patients and participants solely to the sessions. In spite of these limitations the training has gone quite well, mainly because this training does not go beyond an early working phase. The said complications are counterbalanced by the fact that the staff at the ward first and most clearly observes the changes. With patients they know well they will experience that it is possible to be together with them separately in a meaningful way and to them the development is obvious.

In the semester with supervision the participants are divided into two groups of three persons who in turn talk about their sessions and discuss the problems. This small group is advisable since it often happens that one of the participants does not manage to arrange a talk with a patient. The reasons for that are many, but it must also be taken into account that the motivation varies. Some may be present as a result of the interest of the ward and less on account their own interest. On the other hand, this leaves more time for the active ones. The supervision of a group of three need not exceed 45 minutes.

As usual, the supervision in this connection is centred on technique. Through identifying aberrations, the therapist is helped to get the most out of her/his efforts. Besides that the supervision shall secure survey and make sure that the therapists terminate the series of sessions before the training is over.

It is during such training that someone can discover an interest of learning more about the therapy and continue in a training program for psychotherapy with psychotics. For the psychiatric unit as a whole, the training can accentuate the psychological base for developing psychosis, which in some cases will lead to a confrontation with the followers of a biological point of view.

The regular training of psychotherapists for the treatment of psychotics has been organized in the following way. It is built on experience but we do not know if it is the optimal design. It runs over three years. The main feature is the individual supervision, which amounts to 80 hours. During those years, the trainee has time to carry through 3-4 ego-structuring therapies with psychotics, more if the patients are structured on a perversion level. The time spent by the therapists is 2 hours therapy sessions twice a week, half an hour supervision, and about one hour for exchange of experiences among the therapists. The last moment is made up of a meeting of therapists once a week to share observations and to support each other. The loss of narcissism inherent in this form of work, particular at the beginning, underlines the need of encouragement at the same time as they can give and get advice and tips. All together with the necessary paperwork it amounts to one day per week.

Naturally, it is desirable with training in psychotherapy prior to this training in ego-structuring psychotherapy. But as important is interest and personal gifts, especially that the trainee is not too easily hurt and that she/he is acquainted with psychotics in the ward.

Three years might seem a long time for a training on this level. Our experience tells us the importance of meeting several different types of patients. Only then one can be sufficiently relaxed towards the task. In the beginning the therapists have to strive to sort out the ambition to learn the method from the ambition to change the patient. The change of the patient shall come from a third position and not from the therapist, but that is easier to learn to say than to effectuate. To learn to speak in preterium and to bear the responsibility for the entire session alone without being tense or sinking into passiveness takes its time. To learn to delegate distinctly and forcefully

and then, at the end, to be left behind as a leftover requires the experience of more than one therapy.

After the training, the therapists possess such a thorough theoretical and practical understanding of the method that they can guide and advise other staff members in the area. In most clinics the non-neurotic structured patients are a difficult problem of handling and the psychosis therapists can, in many situations, ease up treatments.

### NARCISSISTIC PHASE

**Anders** was born in a foreign country and was adopted by a Swedish couple. He has no memories from his native origin. Before he came to the therapeutic community, he had been treated for suicide impulses. The psychiatric diagnosis was a borderline personality and his mood alternated between a manic and a depressive level.

When the therapy starts, Anders is careless about his looks and disinterested so the therapist has to be the active part. When no inspiring topic can be found, it is silent and dull in the room. Anders shows most interest when the talk is about the weather, the schedule for the week, and the architecture of the therapeutic community, which the two of them draw together. After two months, Anders is still dull and must be animated by the interest of the therapist. When three months have passed, it is noted that from time to time Anders is more talkative and engaged. It emerges that he reads books and takes an interest in his roots. He arrives by himself and in time, sits down in the waiting room, looks at the therapist, and seeks eye contact.

Thus, during 15 to 20 sessions, the therapist has quite lonely had to be the active part in the talks, and that without asking questions or else addressing the patient. The following list summarizes the attitude in the narcissistic phase:

Meet twice a week at the same place and at the same time, 20-30 minutes each time.

If the patient wonders why, tell him it is already decided elsewhere.

Lead a monologue regarding the nearest contemporary surroundings.

Do not ask questions. Admit instead that you do not know this or that.

Decide on topics before the session.

Talk in an unpolarized way.

Do not answer questions, but agree on wonderings.

Do not gainsay the patient.

Avoid ambitions; do not try to catch up with anything.

The important thing is that you meet.

Note the signs of idolization.

To facilitate this it is advisable to spend a few minutes before the session to decide what to be interested in when meeting the patient. To that end it is a help consulting a list over possible topics. These are, of course, the same for all patients. When the decision is taken, then you have the topic as a latent motive in your mind. What you have as a latent motive institutes a point of reference, as a purpose, during the session and, thereby, as a general reference. This way it gets the same function as  $S_2$ . The predetermined area of interest gives  $S_1$ , which is the position of the patient, a meaning. This is

tempting for the patient, for it is true that for the patient there has, all the time, been an environment but not in a meaningful way with parts relating to each other. It is, however, a condition that the interest is intended for what exists for the senses and does not belong neither to the past nor the future, which does not at all concern the patient.

The purpose of the narcissistic phase is precisely to bring about a preliminary connection between  $S_1$  and  $S_2$ , one that can form a base for the next step. The sign that this is the case is the very idolisation. When the idolisation has grown strong, a certain part must be delegated to the patient. The task to be delegated is the timing of the session in such a way that the patient takes responsibility for ending the session. There are several advantages in this. Firstly, part of the power is handed back to the patient and by that part of the responsibility, which as such cannot be delegated. When it falls on the patient to terminate the session, he will also get the last word. The last word has retroactive effect on the whole session, namely to fixate its signification. This too is a function of  $S_2$ , only a more downright one. In this context it can be said that this moment demands some disciplin of the therapist. We are so used to hold initiative and control that it is not a simple matter to abstain from small talks and conclusions when the patient shall leave. If the therapist deals correctly with the end of the session, he will feel uncertain and abandoned by the leaving of the patient.

A delegation is polarisation. It is the only exception from the rule: not to polarise. To move power you must both have and use power. The first step is to make sure that the idolisation is sufficiently developed so that you can delegate without loosing all power. Next the delegation must be done in such a way that the therapist is really experiencing as loss of power. When it comes to the point, there are not a lot of formulations to choose from. One is: *I want you, from this day onwards, to keep track on when the session is over.* The message must be totally clear, no hesitation or vacillation as: *It would be nice if you could keep track of the end of the session.*

After three months, **Anna** was still a bit sluggish and showed no signs of structure. However, there was compared with the first month a clear idolisation, and the therapist was recommended by the supervisor to delegate the time control to Anna. The next session, it became evident that Anna understood the delegation as a wish from the therapist that she should be on time for the session, which she began to be. On the other hand, the therapist still had to remind her of the end of the session.

Though a clear delegation is given at the right moment in the therapy, one can, nevertheless, not be sure that the patient can manage the task the first times. Therefore, it is wise to have a wide margin to next patient in order not to be stressed by the forgetfulness of the patient. And most of all, one must not take back the delegation by keeping track of the time oneself. It can be necessary for the therapist to remove his wristwatch before the session to counteract the temptation to look oneself. If the therapist feels that the elapsed time exceeds the stipulated 30 minutes, there is always the possibility of asking the patient what time it is. In that case, a question is put forward but it is something that only the patient knows and it trips her initiative and decision whatever the time is.

Which time is the right in the narcissistic phase is something that comes with experience. But there are guiding signs. Here follows a list over signs for idolisation, a list compiled by therapists at a conference in January 1994.

## SIGNS OF IDOLISATION

### *Early:*

Arrives of his own accord and sits down in the waiting room.

Smiles at the sight of the therapist.

Looks at the therapist and seeks eye contact.

"Goodbye gesture" when leaving.

Arranges clothes and hair before the session.

### *Neither early or late:*

Responsive to changes in the room.

Agrees about everything.

Uses therapeutic phrases when leaving.

### *Late:*

Chooses the same clothes or/and colours as the therapist.

Critical to previous places and contacts.

Shows interest in what the therapist is interested in.

### *Too late:*

Asks for advice or is physically ingratiating.

If responsibility is delegated too early, the result can be as follows: **Hans-Göran** is a nineteen year old male, who arrived at the therapeutic community from a psychiatric unit where he had paid several visits to the acute ward and even been treated in a rehabilitation section. The diagnosis was a psychotic depression . At the beginning of the psychotherapeutic treatment he was calm, well kept, and easy, but lacked initiative. He was told that at first they should

have a look at his surroundings and later on see how it was earlier in his life; all this should be seen as a part of the treatment prescribed by the therapeutic community. Nothing else was known for the therapist. After in a fortnight, the same as four sessions, having gone through his room in the therapeutic community, his flat in his hometown, and other sceneries in his immediate surroundings and his timetable for the week, the therapist finds that idolisation is at hand. Hans-Göran is more relaxed and rather merry. Though he has no watch, he is encouraged to bring one the next time when he is supposed to keep track of the end of the session. Surprisingly, he does not show up the next time. The therapist phones the community, which sends off Hans-Göran to the session. Instead of taking responsibility for part of the therapy and show it by arriving on time, he fails to come. Presumably, the idolisation was so weak that after the delegation there was so little left for the therapist that his attraction got too weak to haul the patient to the therapy. Hans-Göran was a nice young man whom one easily liked, and the therapist did not note which signs of idolisation really was at hand.

To be too long about the delegation, that is extending the narcissistic phase beyond the necessary, augments the risk of the patient dropping out. This is due to the fact that even a therapist used to a non-polarising attitude, nevertheless levels a certain part of charisma towards the patient, concluding in both aggressive and erotic measures from the other. Thus, it is no advantage "for safety's sake" to prolong the narcissistic phase. The best is, presumably, to carefully note the signs of idolisation and discuss it in the supervision.

At the beginning, **Gerd** is an outpatient living with an immigrant whom she recently married. After a month of therapy there is, unmistakably, a clear idolisation but the delegation only takes place after another three months in which span of time, Gerd manages to divorce, fail to come, alternately demand - and get - longer sessions.

Coincident with the delegation of the time monitoring, the therapy has entered the working phase (could also be called the ecphratic phase). The power inherent in the idolisation, and which is partly handed back through the delegation, is solely meant to get the patient to cooperate in the task, from this moment on, to deal with the patient's personal history. Thereby, the contemporary is left and what exists for the senses, in favour of sceneries that only exist in the thought. That is to something that does not exist as a meaningful context for the psychotic. History does not matter to him and that



means that he can feel that the therapist has lost interest in him when the interest insistently is on school, schoolmates' livings and other irrelevant details. In the transition to the working phase it may be useful to use a mixed interest; that is both in the present and the past. If the therapist, in spite of careful notes of signs idolisation, still has doubts of the right time for a delegation, the interest tentatively can be focussed on the past. If the patient cooperates the time is right, if he sinks into passivity it might be too early. Likewise, there may arise a need of focusing on the contemporary if, for some reason, the patient gets worse in an alarming way. By dealing with details in the surroundings, the patient can be filled with narcissism with soothing effect.

### THE WORKING PHASE

As in the narcissistic phase, one sticks to irrelevant details. People, feelings, and relations are avoided. Talking about these matters calls for intersubjectivity and a good metaphorical capacity in the patient. The psychotic is surely subjected to relations, he is influenced by other people who stir up a lot of affects in him, but he cannot talk about it until the later phase of the therapy when a linguistic structure is developed. To engage into such matters is to assume a capacity, which is precisely what the therapy shall provide him with. Refraining from talking about people gives, in addition, the possibility of observing that the patient in the end of the working phase spontaneously begins to comment on persons in his vicinity, expressing opinions of them. This is to be counted as signs of structure.

In this phase too it is recommended before the session to think of one or two topics to have at hand. Only fantasy sets a limit. But even fantasy can need a pacemaker. A colleague made the following list of possible topics:

## LIST

### OF TOPICS USABLE IN THE WORKING PHASE

1. Parental home, later own home      geography, type of living, planning, who sleeps where, and so forth, neighbourhood, neighbours, area
2. Day nursery, Sunday school      where, who picks up, hands over
3. School      geography, distance, way to school, follower, school subjects (boring or fun), breaks, canteen, PT, swim, music, homework, compositions, parties, excursions, breaking-up
4. Pals      school, leisure, living, loss of
5. Colony      when, where, management, initiatives
6. Confirmation      teaching, colony, church, minister
7. Interests      plays, sports, music, clubs, first bicycle, companions
8. Illnesses      recurring, hospital, family arrangements
9. Parents      together or separate, professions, working site, interests
10. Brothers and sisters      together or separate, professions, working site, interests.
11. Grandparents      professions, working site, interests, living, grave, ornamentation of grave
12. Duties at home      domestic work, garden work, daily run of things in the morning and evening
13. Anniversaries, weekends, holidays      how to celebrate or spend, traditions
14. Name      origin, nickname, others with the same name

*Guðrun Östlund  
Palle Villemoes*

This list can also be used at the end of the phase to control that nothing major has been missed in the history. In the beginning, we thought that we only had to deal with the history until the patient was structured and, thereafter, only the conclusion remained. It should become apparent, however, that leaving holes in the history augmented the risk of relapses.

Olov began his therapy two years ago. He was, at that time, inpatient on a ward for schizophrenia. The therapy went according to the plan and alongside with his improvement, the care was de-escalated. After a year, Olov was dismissed and moved to his home area and, consequently, there was a break in the therapy. Two months later he was acutely committed with anxiety, feeling of emptiness, and depression. Nevertheless, it allowed the therapy to start over again and now the lacunas left were dealt with and a regular conclusion was worked through. One year later, Olov is still well and at home.

In the work with the historic sceneries, the procedure is the same as in the narcissistic phase. The area and the features in focus of the interest must be elucidated in detail so that the therapist can visualize the situation in his mind. As a documentary film or the side scene in a play. When the therapist can visualize the scene, the patient can too and it becomes effective. When details are put together into a scenery, it will give the main character a feeling of presence. The history becomes active in arrears. It can be compared to dreams. The dream pictures are new to us. It is only the day residues that are familiar, but used as elements in the dream they generate quite another meaning. It is the dream as scenery as a whole, which conveys the mood that sometimes is the only thing we remember after awakening. The saying then goes that there is a thought behind the dream, the latent dream thought, and its message has been heard without being understood. In the same way, the interest of the therapist of getting a picture of the patient's historical sceneries becomes a working ulterior motive through inserting the patient in a context.

When Olov in the previous example prematurely went to his home area, it probably led to a confrontation with parts of his history not yet told and, thereby, also not symbolized. Later it was learned that he had had a tense relation to his mother, and when the therapy was resumed even this topic could be talked through. It was not a matter of working through, the account itself is the sufficient integration.

In neurosis, traumatic events can be repressed and when they return to memory the affects come too, and the meaning of the events together with their overdetermination need working through. Not so in the non-neurotic structures where the account per se is the trauma. When the event occurred, it might have been a strain or not but it left no continuous, integrated memory and the psychotic lacks capacity of repression. That is why there is no crisis process for them. Their lives may have been shaking and stir up many feelings in the therapist, but the lack crisis reactions. Traumata pass by unnoticed or trips psychotic reactions or acting. Only in connection with the working phase when the context of the events and their consequences become comprehensible for the patient, the reaction will emerge. This is the reason why the working phase will be trying for the patient and the pace must be adjusted so that the strain remains tolerable. On the other hand, the therapy should not be to indifferent so that no history emerges and the patient does not assume the roll as main character in the account the history must become if it shall be effective as *sinthome* (the spelling *sinthome* has several reasons. It is a more ancient spelling of symptom and it alludes in its parts to the use made by Lacan going through James Joyce's authorship in the séminaire Joyce avec Lacan 1975.)<sup>1</sup> and lead to castration. By a moderate pace and intensity in dealing with the history, a certain sadness and gravity will emerge in the patient in this phase. Sorrow is the main symptom of castration.

In the example at the beginning of the narcissistic phase, Anders, eight months after the start of therapy and halfway through the working phase were noted the following signs: Anders is subdued, does not feel well, is thinking about death. Also about Christmas at grandmother's. In night he dreams childhood memories. He sighs and is woeful.

In the next example, Hans-Göran, it is noted that after a month he is less merry. Certain sadness was observed to and fro during the rest of the therapy.

In some cases, the castrating effects of the history is obvious as with this twenty-five years old woman, who after ten months of therapy said that she

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<sup>1</sup> The spelling *sinthome* has several reasons. It is a more ancient spelling of symptom, and it alludes in its parts to the use made by Lacan going through James Joyce's authorship in the séminaire *Joyce avec Lacan 1975*.

missed her lost years, was disappointed with her parents, with the therapeutic community, and with a friend.

Being too eager in one's interest in the patient's history and especially if one is urgent to quickly fill in wholes considered important, there can be released an acting of sadness in stead.

A twenty-two year old man, Johan, who had had mental difficulties since he was fourteen, appeared alert and coherent in the working phase. He had felt abandoned by his dad and this was by the therapist considered important as a crucial element in the genesis of the troubles. In a session, the talk is focused on the family, on the grandparents, and the patient proves some interest in genealogical research, is reflecting and talks coherently. Says he is disappointed with his father. In the weekend following the session he makes a suicide attempt with pills and returns to the therapeutic community from the intensive care. Now he is alert and cheerful. He states that the intoxication was an impulse but also a turning point. He had started to reflect on religious matters at the same time.

In this case, the impulse can have been a hallucinatory break through of the Name of the Father when the therapist's interest in the father in the adolescence too abruptly pulled the patient over the edge of a historical opening.

Dealing with the history, it is advisable to pay attention to holes. They are monitored by the patient's aversion against focusing a certain area of the past. Either the patient does not remember or gets taciturn, and the interest of the therapist does not inspire any more. If so, the topic must be left for another time. Later, when the patient has been more structured and the associations are linked together and one memory gets hold of the next, even thoughts about the missing parts will arise.

Anders had no memories from his native country and when, after six months, it was mentioned he got incoherent and after than agitated. Talked about the idiot and uttered sentences from the Bible. Two years later, he spontaneously told about the country and played with fantasies how it would have been if he had stayed there.

In the middle of the working phase the patients usually become more active in the sessions. When thoughts are linked together even many memories emerge

spontaneously. They get an own interest in inquiring their background. More and more people appear in their world with varying personalities. The task for the therapist is now more to dose the work. The pace is guided through a balance between dealing with the contemporary and the past. If the patient is uneasy at his arrival, the session can begin with the contemporary and thereby fill him with narcissism. Historical sceneries must always occupy the later part of the session. For reasons of efficacy it is important that the patient gets the last word (or gesture) when his history is dealt with. In that case, the patient takes it with him when leaving and it is then in the history the identity shall be rooted. So beginning with the history and ending with the contemporary would be in vain.

There is another task for the therapist, namely to note the signs of structure. The structure now being effective is that of the secondary narcissism. The patient becomes dialectic and presents a new depth in his personality. The change is striking, especially to staff used to look after psychotics. This new dimension in the patient has an inspirational effect on the therapist. When the signs of structure show up, the therapist simply must inform a fellow therapist of the new situation. Even the notes are changing. From being shorthand-like they become a narrative epiphany text. This change is documented and discussed by Peter Jansson in a paper 1993.

Here follows a summary of the signs of structure from the same conference as the previously mentioned signs of idolization.

Early:

More lithe movements	(the parts of the body refer to each other)
Inspires the therapist	(effect of the Name of the Father in the patients words)
Reflects over facts	(truth function of the Name of the Father)
Associations	(signifier in the own speech generates new signified)

Middle:

Modulation of speech	(sound is used as semantic amplification)
Discovers the world around	(initial dialectics in the ego)
Empathic capacity	(a stable ego which allows identification without disappearing itself)
Populates the memories	(fellow men becoming knots of opinions)
Self-reflecting thoughtful serious and wondering	(symbolic identification, $X \notin X$ )
Signs of castration tears, Sorrow guilt and nostalgia	(stable dimension of loss)
Dialectic	(safe sign of linguistic structuring)
Tells episodes	(historical facts include their own exposition)
Deals with the therapy between the sessions	(capable of holding an inner dialogue)

Late:

Ponders over the future	(the future governs the present by limitations)
Makes priorities	(a result of the above)
Adjust estimations	(a less rigid appraising of others)
Humorous	(can play with the metaphorical dimension)

Some of these signs need comments. That the body shows lithe movements is caused by the fact that a bodily template is now functioning. The fully developed mirror phase provides the patient with an imaginary other, and a working grammar activates the drives and their bodily dynamics. An illustrative observation from a therapy is the fact that a patient during a period stretched himself at the end of the session as an acknowledgement of the bodily element of the loss in separation.

That one train of thought drags in the other is in itself a sign that language has got a metaphorical function. What happens is simply a silent: Speaking of x makes me think of y. It is an automatically running function; therefore it also entails that the patient busies himself with the therapy between the sessions.

The patient discovers the world around him, checks the therapist before opening his mouth, and keeps track of cancellations. All these are expressions of the dialectic turn around taking place. When the patient identifies with his mirror other, he will start to look for his essential existence in the world around him and in others. At this stage, the history also begins to be populated.

Several of the following signs of structure belong to castration (the seriousness) and the manifestations of the subject (the asking attitude). An important marker of structure is the pondering over the future. Only when the imaginary order gets stabilised by the symbolic through its coming into force, expectations of the future can emerge, often in a negative form as fear of the return of the mental problems. The mentioned paper by Peter Jansson showed clearly how the future became a frequent topic at the end of the working phase.



## THE CONCLUSIVE PHASE

When sure signs of structure exist, foremost dialectics and subjective functions, and when there are no holes left in the historic survey, the conclusion can be initiated. Since this phase extends over two to three months, smaller historic omissions can be tolerated, there will be time to deal with them. Likewise, it is a good idea now to repeat parts dealt with at the beginning of the working phase because the now associative patient will give more details and populate the sceneries. But beyond that the therapist should know that the conclusive phase belongs to the patient, both regarding initiative and content in the sessions.

The transition from working phase to the conclusive phase is marked by the patient's decision of the day for the last session. This decision is delegated to the patient in the same way as earlier delegations. It is essential for the result that the termination of the therapy is correctly carried out and in the delegation the frame is contained in the form of possible margins. It can have the following form:

*Such a therapy cannot go on forever, so now I urge you to decide the date of the last session. Both look at a calendar for the next months. Chose a date between the fourteenth of September and the tenth of November. You can think it over until next time. The choice of the patient must be accepted without comments. It is essential that the date chosen by the patient is the last word in this matter.*

It is important that this moment is strictly and unequivocally carried out. If not you may run into acting out.

After one year of therapy, **Johan** is obviously reflecting and temporal structured. In his account of high school several girls with names emerged. He has contacted a pal and plans on going back to his former employment. In the middle of September, the conclusion was delegated and the last session shall be the 29<sup>th</sup> October. The next note goes: Did not show up. The following session he arrives and looks nostalgically back on his childhood area and a dream of the happy home. He is out swimming with his dad and has been eating with his grandmother. Next session: Failed to come. The therapist is now confused. To phone or not to phone. Johan did not come on the 29<sup>th</sup> October either. The day after the therapist found a note on his door asking

him to call Johan. In the phone, Johan tells him that his tires were unsuitable in the winter weather and that he now had got new ones and intended to arrive on the 5<sup>th</sup> of November and finish the therapy, and so he does.

The acting out by the patient can be discrete and it can be looked upon as initiative and pass without notice. At the beginning of September, **Hans-Göran** was assessed to be near conclusion and it was delegated to him to choose a last session between week No. 41 and 45. He chooses the 23rd of October, which is in the midst of the interval. Says at the same time that from now on he only will come on Wednesdays considering his schoolwork. This dilution of sessions was not planned and not desirable for the therapist either, but to counter the patients wish would be a worse solution because of the marking of power in a period when initiative and autonomy shall be optimised for the patient at the same time as the therapist abdicates from his professional guiding of the process.

The initiative and the identity which heads for autonomy, the patient will get from his history, which even will give him authority. The power potential of the therapist is, however, still impressive and if this potential is used, the authority of the therapist will prevail. If one has in mind that authority and its power are expressions of the Name of the Father,  $S_2$ , it is understandable that the only place where it, in this phase, ought not to be localised is to another person if it shall build an inherent connection with  $S_1$  in the patients mind. The termination of the therapy with Hans-Göran went according to the plan. The notes refer the session in this way:

"On his arrival, he starts by establishing that this is the last session and it is difficult to start the talking. I said that the work is done, the work they wanted us to do, or more correctly he has done most of the work.

He tells me that he feels more safe and stable. His mood is more even. It is easier to talk to strangers, mostly they are just like him. Obviously, he is summarising. I say that he has now seen that if one makes an effort, it often pays off.

Then he told about meditation and how good he was at concentration these days, earlier the thoughts run astray. He now can concentrate on breathing for several minutes and then associations come which he can follow - one thought breeds the other (my suggestion of description, which he eagerly confirms).

Normal reasoning with delight of discovery and including the listener.

Checks at last his watch, raises, and leaves. Stops as usual a second in the doorway and waves goodbye.

Sorrow, loss, and mental amputation for me for a couple of hours afterwards, then a certain pride in a well-done job."

In spite of this seemingly correct conclusion, there must, nevertheless, have stayed a small amount of authority on the side of the therapist, for after three months the following happens: The head of the therapeutic community phones about another matter and adds at the end: Hans-Göran wonders if he can have an appointment, he wants to ask something. The therapist succumbs to his curiosity and determines a time a few days ahead. This in no way planned visit is described in the following way:

"Arrives in time. I meet him in my office instead of the room where the therapy took place to indicate that this meeting is of another kind. Hans-Göran is more smartly dressed with a richly coloured shirt. He has a new hairdo and moves in a more relaxed manner. When we are seated, he shows me some papers. On one, I recognise a coloured and graphic representation of his history, which he made during the therapy. The others are with text. One he pushes towards me and I read it. The handwriting is easy to read and the grammar correct.

What he wants to discuss is that he is afraid of strangers. He feels uneasy going alone to his course, where he often meets with strangers. If he is with his pals and their friends, unknown to him, enter the room, he becomes silent and inhibited. If he starts a conversation it goes badly. In a full bus he can experience the same discomfort.

People have been bestowed with a new meaning. As an explanation, Hans-Göran has different proposals. Each explanation he finds leaves him with a sense of missing the real reason. Unnecessarily pedagogically, I explain to him that material missing in history returns in other people, though we do not know what it is. Hans-Göran wonders what comes first, thoughts or feelings. Thoughts, I said, would be my guess. But then there sometimes must be thoughts beyond recognition, he says. There might be undercurrents of thoughts.

School goes well. It is fun to learn things. Mathematics is not his cup of tea, the difficult parts he jumps and goes to the next problem. He has not yet made a choice of vocation.

If I find an explanation, shall I come and tell you, he asks at last. Yes, please, I respond.

The anxiety when confronted with strangers, which Hans-Göran tells about, testifies that the desire of the Other, object *a*, has been localised to other people and is a sign of structure as good as any. At the end of the talks, the initiative and the last word remained with Hans-Göran, as the therapist only made an affirmative remark.

If the conclusion does not manage to get  $S_2$  localised to the patient in the end, the finish can be traumatic.

**Per** went through the phases, but there were long breaks because, from time to time, Per stayed in his home town sixty miles away and could not come to the therapist. During a period, the contact was by phone but it was untenable in the long run. Consequently, the therapist decided to accomplish a conclusion by phone.

But one of the next times he did, in fact, show up. He brings with him a flower, probably an impulsive buy. Is structured and self-reflecting. Will terminate but the therapist insisted on the decision that there should be some more telephone calls. These should be used to give him the last word. Per seeks eye contact, he reflects on the sessions, which he has felt as trying. A couple of days later, he is impatient and the therapist never got any calls from him. This termination did not fixate the Name of the Father in Per. The therapist decides to visit him in order to lay the foundation for a proper finish. In the ward, Per is sad but easy to talk to. He will not continue the therapy and this time their parting is more correct and after a few days Per is dismissed to his home.

It can be discussed if the one-sided decision of the therapist concerning the telephone sessions did not bring back the authority to the therapist and that the patient, on that account, missed the last word and, therefore, lacked a uniting link when he went home after that session.

## SPECIAL PROBLEMS

*Is this patient really not structured?*

Doubt can persist even after controlling with the criteria in *How the ego is structured*. Experience shows that if a wrong assessment is made, the patient is, mostly, considered even better structured than what is actually the case. When the technique of neurosis treatment does not work, one is forced to reappraise the initial situation. Misunderstandings in the other direction, that a neurosis is seen as a perversion or a locked crisis reaction, are so rare that it is difficult to remember any example.

A neurotic looks for psychotherapy to cope with him self, to understand him self better, or to sort out why relationships always go wrong. Already at the first interview, the neurotic will mention his childhood. For the neurotic the initial formalia are a hindrance in which he kindly participates, although a bit absent-minded, and it is noticeable that what was in the patient's mind on his way to the therapy, was how to expose himself. The patient, who is not structured on a neurotic level, is sent to therapy by others, often through several links. Somatic complaints are mixed with mental both by the patient and by others. Not only is the picture blurred, but what brings him is diffuse, there is no urge as is the case with the neurotic to get to the point.

If, after that, you are still in doubt, go for the ego-structuring technique.

*My patient says nothing and seems not to develop idolisation.*

It is a very trying situation with a hard toll on the therapist's patience and pleasure in work. It is tempting to invent something, to add some extras to get the therapy going, since it is hard to find new areas in the contemporary when nothing engages the patient. The essential is to calm down and examine the technique. The most usual cause is that the therapist has ambitions on behalf of the patient and is eager to make a fine therapy. These two aspects point to the fact that the therapist has monopolized most of the narcissism of the couple and adopted a certain polarising attitude. Better to think as follows: We make no progress,

maybe we shall take some steps backwards to see if we can find a more passable way in another direction. It is all right to repeat the scenery, which was treated first. At the same time, it is advisable to read one's own description of the patient from the first session and note that a certain change in fact has taken place. The patient may arrive in time, even a few minutes before, show a vestige of a smile at the sight of the therapist, and sit a little more relaxed in his chair.

If still not satisfied there is something you can do. Show an interest in the patient's clothes. Not by commenting the look and style, but the washing instructions, how easy it is to iron and the like. Then the interest comes nearer to the person of the patient, which intensifies the narcissistic charge. At the same time, one must carefully avoid to become personal and to polarise. Another trick is to state something wrong which forces the patient to make a correction. This is a simple way to get a word from him, but a little more difficult to pursue. You can say: You come from *Ytterlännäs*. It is a declaration and not a polarisation. The patient, who really is from Kramfors, corrects the therapist. If the patient does not, it is severe autism or deafness. In the case of severe autism it is not possible to use the ordinary session. In stead short walks together can be made, commenting the birds, the weather, and other things seen, until some response can be discerned and when there are signs of idolisation, the therapist can use the power to lead back to the session as usual. It can be delegated to the patient to determine the date for this change.

If, at the end, you are forced to realise that nothing helps, it is no defeat to give up. Nobody can manage everything in this world. The therapy then ends through delegation of the last session. If the patient does not choose, the therapist takes over and says: We will take the 23rd of October. The not deaf patient hears everything and the silence is rather a sign of over identification by the patient with his mouthpiece than a too great distance. At the following sessions, the therapist diminishes his initiative as usual and leaves more and more of the guiding to the patient, though without being silent.

*The patient came the first time, but not since.*

If the patient does not show up within five minutes after the beginning of the session, phone the therapeutic community/the ward and tell them so that they can send the patient off.

*To this the ward answers that the patient will not go to his therapy.*

This is a problem of the organisation. The ward has not understood the premises - that it is the motivation of the persons around the patient that impels the treatment. Maybe the ward has understood, but lacks motivation. This situation is beyond the therapist's range. Should the therapist insist on carrying out the therapy, the patient is hooked in a tug-of-war and the conditions for the therapy are very bad. There really is nothing to do but accept that the therapy was started on wrong premises and these must be cleared out first.

*The patient behaves inadequately, lies down on the floor, and smiles gratuitously.*

The therapy has been placed too early in the treatment programme and the situation is too unusual and frightening for the patient. But it is not totally impossible. You have to leave the room and take walks together, twenty minutes the same way and distance the first sessions. All psychotics can walk side by side with someone, but not all can sit in a room together with a stranger. During the walk, you comment on what you see, animals, plants, the weather. The ward brings the patient, but the walk can end at the ward. When idolisation begins, it is easy to gradually go back to the session room. This is often the way to start therapies with chronic cases.

*When I delegated the time to the patient, it appeared that he had no watch.*

It does not matter. The patient can feel when the time has gone and if he does not so spontaneously, the issue can be brought in by: What time can it be? It is a question like the one you could direct to a patient who had a watch. After some sessions, the patient brings with him a watch of some kind. The essential is that you do not lend him a watch or use your own. In that case the delegation is taken back. It is not a solution to postpone the coming into force of the delegation until the next time so that the patient can get hold of one. A latent delegation is no delegation at all for the non-structured patient.

*It was delegated to the patient to keep track of the time and he had a watch but it did not work. He unconcernedly continues forever and at last I have to ask.*

The delegation did not work. It can depend on weakness in the wording as: It would be an idea... or: In this type of therapy the patient .... Such prudence only works with neurotic structured people. A delegation to non-structured must be simple, direct, and clear, polarised between an ego and a you. So redo the delegation.

*My patient will absolutely not talk about school.*

The area is traumatic. Let it pass until the later part of the working phase. Often the patient then touches the topic himself. If not, handle it gently before you delegate the end of the therapy.

*Formally the patient checks the time, but the work is phlegmatic and without delight. No sure signs of structure are seen after four months of working phase.*

This is not normal. Probably, you are drained of narcissism by some pall with responsibility for the patient. Does he live at home?



*We have dealt with everything, but I cannot get the patient to choose a final date. She says that she will never leave.*

Probably the patient is too structured now and likes you. It is also possible that she has succeeded in putting the historical work aside in favour of her actual life. Lower your initiative, go back to the history work, and let the patient choose the areas. After a couple of weeks, the determination of the ultimate date can be delegated with a better result.

*Yesterday was the last session with my patient. I felt neither loss nor sorrow.*

The distribution of the narcissism went wrong at the end. Do not be surprised if the condition of the patient is unstable. If the patient does not take with him both the therapy and the merit for the work done, both these stays with you and that is why you do not experience a loss at the separation. In that case,  $S_1$  and  $S_2$  are localised in separate places. A durable supplement to the Name of the Father has not been instituted and, therefore, the structure is instable. If you, perhaps indirectly, get into contact with the patient again, the termination must be redone. It can take three months, but it is well worth the effort. If you feel unsure about your technique, demand supervision.

## SIMPLE THEORY LESSON FOR THOSE UNFAMILIAR WITH IT

Man is born outside language, but in order to be a speaking being, he must enter it.

The child is mentioned and intended in the parents speech and this speech has ramifications among relatives and in the surroundings. That means primarily that others know what the child is, while itself do not have the faintest idea. This meaning attitude to the child is most concentrated to the mother, who for the child is the most meaning. For the child the mother thus is meaning, but it is impossible to say WHAT the mother means. The mother is a non-verbal signifier and is called  $S_1$ .

It is through the mother, the child can enter language, for the mother talks with the others, and when they are not there, she refers to them, especially the father. What the mother intends, the child do not know, only that there is something beyond the mother, involved in speech and with a great importance to both mother and child. This instance in third position is called  $S_2$  and this is a verbal, spoken, signifier, but what it means is unknown. This  $S_2$  is the symbolic father, the Name of the Father. Only later is it associated with the father and makes of him an incarnated authority. Foremost the Name of the Father is met with as a citation in the mothers talk to the child, as that which counts, what goes and what does not. To be brief, a law.

So it is through the mother  $S_1$  is set in connection with  $S_2$ , and this is a decisive step into language for the child. Is this connection not established, one will see an 'early disturbance' While  $S_1$  is a meaning one can not know,  $S_2$  is known, but its significance lacks.  $S_2$  simply takes over the significance of the mother, and what thereby is lost is the first signifier  $S_1$ . It resembles the situation when Orpheo should bring back Eurydice from the realm of death. He was not allowed to turn around to decide that it really was her, so when he was on his way back from Hades there was something significant behind him, but he was not sure what it was, and if he turned around to see if it was Eurydice, she had disappeared. The name erases the object, the proper. In this way language introduces a dimension of loss in the development of man.

*What is a signifier?*

The signifier is the structural element of language. Its function is to refer to another signifier, so it only works in connection with the other signifiers. If it sounds too theoretic, think of the following situation: You leave your place to fetch something in another room, halfway there you are struck by something else, and forgets about your first errand. What happened is that you met with a signifier you did not know that you noticed, and thereby began to think of something else.

The signifier as such means nothing, that is why you can use anything as a reminder of something you have to remember. An old example is a knot on something.

The signifier can be compared to letters though it rather is a phoneme, that is a still smaller component. But like letters it means nothing as such, only in combination with other letters a signification will emerge (signified).

The signifiers, which are of a limited number, imply lawful rules for combinations. As for the letters there are combinations which are not allowed. Likewise are some combinations of men improper, shown for example in the known prohibition of incest.

Originator to modern linguistics is Ferdinand de Saussure. He uses chess as a explanatory analogy, where the men was compared to signifiers. Every man has a distinct function. This function only works when the man is in play in a play of chess. In between the knight can find use in a toy farm. In each phase in the play the men direct each others value and possible moves. The entity of the possible moves is the soul of chess. It is a treasure of possibilities and rules. This treasure is called O (big O), as in Other. This Other is a general reference in the same way as when we in arguing end by saing: You can ask anybody. Anybody in another position, who trusts his senses without special considerations, represent the Other.

A chessman which do not play its part, obey other rules than a chessman which takes part in a game of chess. The same for the human. If he takes part as a talking being in a social connection, the big O is valid for all his doings, but if he is not linguistically structured other rules are valid. This is true for psychotics and so called borderline personalities, who follows other rules than

those people most have to obey. This provokes us, but it is a phenomena of structure, and not a sign of defiance or provocation.

The question now is: what makes a chessman enter the play? or what can keep it outside. Mans way into the language is called development psychology, and if it do not follow through, the result is a so called early disturbance in the personality development. The consequence is that the usual rules are not valid, and one can not rely on talking with them in the usual way. They are not inserted among other people as chessmen among other chessmen in a game of chess. Rules for combination and substitution do not work and thereby logical semantics is out of function. That means that symbolic identification is out of question. If there in a game of chess lacks a white knight, it can be replaced by a button, provided this button can not be confused with any other chessman it will work perfectly. 'Knight' is the written representation of the signifier to which the button must identify symbolical , and thereby the rules for the chessman 'Knight' come into force, which together with the laws inherent in the context of the other chessmen from now on determine all the manifestations of the buttons existence. In the same way man can serve as bus conductor, husband, secretary of state or nurse independent of appearance, as long as it can be distinguished.

The linguistically structured man is usually engaged in number of symbolic connections under a day. They do not collide, though they have different rules. It is rather comic if one duty is transposed to the next, if a bus conductor on his way home with his car stops at each bus stop. A flexible change between symbolic functions (duties) demand a linguistic structure and therefor lacks for non-structured.

What decides if a chessman enters a game of chess, or if a child shall enter a social context? Well, a person in power, who him self is in this context, tows the child into a predestined place. In the case of the child is this place a subordinate one, and it belongs to one team (or sex), and thereby a lot of relations are determined and coded in the big O. The person in power represents automatically a law which comprise the proper symbolic position regarding the child, that is foremost the triad mother, farther and child. It is the exixtence of a father that is effective, like the existence of an opponent actualise the positions of the chessmen. This father or opponent even do not need to be present, as long as the mother/the chess player identifies symbolic as described. It is therefor said that it is the father purely symbolic that is effective, the symbolic father, that is his linguistic representation - the Name

of the Father. The person who later appears, act in the Name of the Father. That is his authority, his legal right. When he is not there he nevertheless acts symbolic, in citations and references to the actual order in the mothers speech to the child. This is the castration complex. The child is "taken down and arranged in predetermined rules and limited possibilities of combinations, and it can no longer as Pippi Longstockings arrange the world after its own likening. Is that not implied in the mothers dealing with the child, there is a risk for a stalling of the child's linguistic development. The child is not oedipalised, but remains an object for the mother and later for others, who are engaged. A subject do not arise. The psychotic identifies with  $S_1$ , that is the startingpoint. The therapist must imitate  $S_2$ , at least initially, and then get this factor to come in force, also in the long run. It is the essential in psychotherapy with psychotics. That means that the psychotic through the castration complex shall become a talking subject.

Before  $S_2$  has come into function the talks are totally different to what we are used to, foremost because the personal pronouns are not arranged in relation to each other. The personal pronouns are not just grammatical curiosities, but the predestined places for the interaction between men which is called talk and dealings. It is not possible to talk to or socialise with psychotics in the same way as with human in general. This is one of the consequences of the defect linguistic structuring.

Another consequence is that for the psychotic everything goes on in present time. The past tense and future are missing. When  $S_2$  comes into force for the structured human being the  $S_1$  disappears in the real order of the past and instead emerge hopes on the future, to find something again, now in the form of object  $a$ . The historic truth for man thus is a loss. This loss, though, will not be experienced before the history constitutes the historic distance by what is called the historic material, a material which lays hidden in the contemporary, attainable through reminders (or clues the other way). As a play of chess, going on for some time, in its position testifies of some lost possibilities, and therefor obligates the player to ponder over the few left for him, will history as it grows deprive its main character all the possibilities known as unrealistic. This process takes place in a purely linguistic course, because only there can history establish itself.

History works with historical facts, which consist of what happened and the exposition of the event. It is only the latter that is accessible, what really

happened stays outside. The exposition has a linguistic structure, verbal or in the form of symptom.

For man little of the history is made up of documents, most is symptoms. That does not mean that an exposition of the symptom can lead to what really happened earlier, foremost it means that man himself is the only one who can be the voice of history. A recurring sign for this in psychotics is the interest they take in genealogy emerging in the working phase.

No other can with a claim on truth be spokesman for man's personal history. On the other hand everyone can be it concerning the history of clothing.

The foregoing is rather easily accepted as valid for a neurotic structured person, but for the psychotic more the other way around, when the history grows, he is forced to be its spokesman at the same time as it counts for him. That is why signs of loss emerge under the working phase.

History must become an authority in the meaning that it is always right, in fact it becomes O. At the end of the therapy, the therapist is not allowed to be such an authority, it should make the patient forever dependent on the therapist's judgement and exposition of happenings in everyday life.

Thus the end of the therapy has to make of the therapy itself a historical fact. To establish this the therapy as going on has to become something in the past, something finished. Since a historical fact comprises both the event and its exposition, it is essential that the therapy gets exposed, and of the rightful instance. This is the reason why it is important that the patient stipulates the last session and gets the last word at the end of the session. The one with the last word is the one who interprets the event.

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