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FOR A POLICIE OF THE SYMPTON

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ABSTRACT

The yearning for conciliation of distress is one of the main features of an appointed clinical practice nowadays. To consider the Psychoanalysis creative possibilities facing immediate solutions the industry of psychopharmacology offers today equals to consider the ways for subjectivism and inclusion, counteracting the person's exclusion and alienation related to his sympton. This text primarily aims at rescuing the symptomatic experience to make another existencial policy viable, another way of the person's presence in the world.

One of the main boundaries marked by Freud in psychoanalytical field was the constant relation between clinical theory and practice. It was through relations established between him and his hysterical patients that the primary foundations of his large theory were built. Taking this basic premise as a reference and using the fragments of a clinical case, an attempt to regain some main aspects of the Freudian thought will be realized in this text, in order to consider the place and the importance of psychoanalysis facing the reductional excesses that devastate contemporaneousness.

Two years ago, when first requested by a patient, this analyst could observe that she presented a scene of acute distress and anxiety. Diagnosed as a case of panic syndrome, she had been medicated by a psychiatrist. In our first meeting, M. reports that she has felt these symptons for some time and that the tragedy occurred on the September 11th was the last drop for an absolute lack of control to take her over.

Along the analytical process, she reports, among other facts, that her mother had died as she was a child in an airplane tragical accident. She claims not to have recollections of what she has felt when that was told to her and just

to remember very few facts of her childhood. According to her, it is as if there was an effacement of her memory.

The first months of analysis are totally filled with the narratives of current events. The closing of this discursive cycle brings about a certain conciliation of her anguishes and she gradually discontinues the medicines she was still taking. However, she brings up constantly a haunting feeling: she believes she is going to die suddenly and that held dear life will be taken from her. This impression is frequently brought to the psychoanalytical sessions, always followed by truthful tears, heeded by the psychoanalyst. When asked about how this impression appears to her, M. answers that she thinks “she will be taken unaware at any time”. About three months ago she came to a session with an expression of horror telling that something absolutely terrible had occurred to her. That morning she was surprised by the attempt of suicide of a very close person. Crushed by the fright and the nearness of the deadly gesture, she wept copiously for “having been taken by surprise”. Since this fact, M. is “on guard”. She claims not to understand how someone crosses the boundaries separating life from death so easily. “A step will suffice”, she states. Crisis of fright succeed and from this point on the analyst observes that the suppression of an imaginary distance sets the patient very close to her horror.

Paul Virilio quotes René Char, defining this issue fortunately well: “to supress separation kills”. What engages the attention of the psychoanalysts in Virilio’s statement is that the rupture of *continuum* may establish a kind of unbearable speed (in this case, the speed of psyche) by creating a dangerous proximity between poles that were never contiguous before. “The loss of an apparent delimitation of surfaces and the immediate encounter of interfaces makes a sensitive space become suddenly excessively transparent. It works as if this sudden disregulation of aspects (in which location and identification lose progressively their meanings) should cause a tear opening the veil that preserved the person from his own horror – as the distinctions between depth and shape, position and disposition in space and time. Thus, he finds himself facing something that memory had mildly erased. And the repression work fails, letting the before precisely defined limits too inaccurate.

Using another speech, but meaning the same, Freud has developed the concept of defence, which lead to a theoretical outline of the psychic apparatus

and to a study on the genesis and the development of hysteria. Freud has postulated that the isolation of a psychic impression related to an event occurred under traumatic conditions could produce an excitement that – when accumulated by strangulation – becomes responsible for the arisal of hysterical symptons as it interferes in conscience. When formulating the concept of defence, Freud had not yet given the status of unconscious (developed in "The Interpretation of Dreams") to this group of isolated representations because he was interested into the loss of continuity and not into a radical division. Freud emphasized the existence of an obstacle between conscience and these isolated representations which set against their penetration into conscience for being extremely conflicting in relation to the ones already established in there.

Resuming the case, M.'s suffering is observed to be increasing during the following sessions. She hardly sleeps. The paranoid picture magnifies and the crisis intensifies. Days and nights are pervaded by a permanent sensation that something will happen to her. She relates how she is thrilled with her own variation of humour, changing quickly from a normal state to a state of extreme distress.

Although this fusion/confusion may open a way to the introduction of other variables or of a supposed analytical diversity (from the effects of the psychic course) to the analyst, this is also an extremely sensitive moment of the process as it may become unbearable to the patient. The panic crisis start to intensify and the side effects – such as tachycardy and insomnia – generate a dangerous scene, making M. terribly weary. During the awaked nights, she thinks her heart will cease to beat at any time. The insomnia itself creates an almost unbearable situation, since it is too hard for her to go to work in the next day. Approved by the analyst, she decides to take part of the medication again, in order to make her sleep.

Soon after, an interesting fact marks expressively the analytical process: in a session, M. talks about her fright of seeing open windows, because they remind her of how easy it is for someone to cross from an ambit to another. The analyst points out that this possibility seems to be also very close to her.

As the narrative has extended excessively and the unfoldings of M.'s psychoanalytical sessions are still current, an ethical and aesthetic detour will be made for the considerations raised by this case. This clinical moment brings

up a dimension of the diversity produced by the discourse/course which allows the analyst to realize certain close estimates, making other trails and associative flows viable. At this moment, the expressive distance separating psychoanalysis from other clinical procedures or interferences is bound, because it is through the gradual approximation of the individual to his psychic universe – and not through the radical elimination of the sympton – that other meanings can be assigned.

Consequently, we come to the core of this work, in relation to the role and the reach of psychoanalysis under certain circumstances and on situations like the one mentioned above. It is not just about comparing psychoanalysis to other theorical conceptions, but considering clinical practice and the merit of its tools used to some kinds of pain and distress and also considering the way it can contribute to understand and lessen them nowadays. Besides, it is not about discussing nor disqualifying the efficiency of psychopharmacology, since they are often necessary along the analytical process. It is, however, about analyzing what other means or devices are available for psychoanalysis besides these chemical agents. If psychiatry seems to aim basically at stabilizing the clinical scene through the identification of symptons and at releasing the patient as these symptons are controlled, seen through the eyes of psychoanalysis these aims would be merely a point of departure. Again, Char’s quotation is convenient: to suppress the separation of the patient from his comprehension of the sympton also destroys the possibilities vital for the analytical process. According to Freud, the sympton is not a disease, but a way for a person to express himself, a way of being-in-the-world. It is just an evidence of a mystery to be disclosed or of a meaning to be given. Freud used to say that the neurotic symptons have a concealed deep meaning and that the more individual the means of these symptons are, the more disclosing of an intimacy they can be. Thus, he provides the analysts a set of indications pointing out that the symptons exist to be examined and not eliminated, and that totalization established after the use of psychopharmacology removes every possibility of distinctness that the sympton sometimes propitiates. Although it is not our intention to generalize, we know that many physicians acting in mental health area nowadays use standard diagnosis of DSM last edition as criteria. Classification of symptons in “panic”, “depression” etc. serves

to a characteristical urgency of current days and pacifies pending anguishes. If the sympton are pursuing voices, there will be for sure a substance to immediately silent the sounds. If the problem is depression, lithium will solve the problem, preventing the person from plunging into a deeper abyss. Existential emptiness also can be bypassed with Prozac and similar drugs. Nevertheless, how can depression or emptiness be personified? In a time of exceeding reductionisms to explain anything and unpious labels, what can we extract from the Freudian lessons? In a time full of specialities and objectivities, what gains psychoanalysis can provide to someone who searches for help? We may consider that, opposed to specialities, psychoanalysis can offer “spatiality”. We must make use of Heidegger’s terms, where “to space” is opening and liberation of places. In spaces, according to him, a happening is uttered and concealed at the same time. To space makes inhabitting possible, which is related to the creativity and ludic plans. Considering the clinical situation demonstrated in this text as a reference, the sudden loss of localization is not negative: it is a fundamental condition for the patient to unveil what is concealed and haunting her and also for her to create other psychic places.

As mentioned in the beginning, psychoanalysis started with a look towards hysteria and it was through its irreverent symptons that a whole theory was built. If Freud was at first captured by the entangled web of essentially medical concepts, it was through the knowledge provided by the symptons of his patients that he took a decisive step leading psychoanalysis from a superficial psychotherapeutic procedure to a theory of the depths. Through a strange paradox, we may affirm that hysteria, which is also a concept, has released what concepts have imprisoned until then. Nowadays, however, we find ourselves in clinical times, where evolution of science seems to partially nullify gains hysteria has brought up to the understanding of human distress, since science also paradoxically releases and imprisons the person. It releases when it frees the person from anguishing sensations and it imprisons when it eliminates the possibility of “duration” (which is the agent that allows the understanding of the sympton). Today, more than never, a name is quickly given to pacify a sympton and little is allowed to nominate. One of the sharpest symptons of these totalitarian times (disguised as modern times) is a kind of closure which suffocates and strangles the word with a framing into categories

that do not allow circularity and creativity of ideas. That reminds us of Victorian times (in which Freud lived), a great producer of hysterical symptons. The conversions were strategical ways out of the oppression of those days. In a particular connection we may wonder if the increasing states of panics and phobias present in clinics today would not be also hysterical forms of survival in the presence of the new oppressive form that contemporary policies have established. The new parameters of identity constitution create extremely asphyxiating temporalities leaving few escapes besides the one which the sympton presents. It is the sympton which brings air and openness to the place where everything is pure closing. This may be its greatest positivity.

To consider the sympton as a possibility to create a space where something new can be raised is to give it a revolutionary character, therefore political, within the narrow perspectives modernity installs. This is one of the interesting aspects of psychoanalysis nowadays: its capacity of rescuing a kind of hystericization and a type of irreverence facing the clinical pragmaticism that devastates us today. Perhaps we can consider this as the main difference psychoanalysis can make and also its possibility of spacing, as clinical theory and practice, in the present restrictive context surrounding us.

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