

# Sigmund Freud's clinical intuition in the field of psychosis

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**Abstract:** Defining Sigmund Freud's clinical intuition in the field of psychosis implies analyzing the consequences of the non-analyzable of this clinical entity, as proposed by the author himself. In this work, we define and discuss the place of the guarantor of the psychoanalytic theory, occupied by the psychotic, and emphasize the assumption of a subject in the psychoses, in terms of "not wanting to know." The impossibility of transference hesitates before Freud's own analysis of the Schreber case. The *Verwerfung* is associated with a particular mode of return, being excluded from the two-way relationship between the mechanism and a clinical structure. Freud's clinical intuition is manifested when he makes delirium or other productions of psychosis an act that bears the mark of an author. This approach allows us to support the importance and timeliness of the Freudian text in the field of psychoses.

**Keywords:** psychosis, subject of the unconscious, transference (Lacan).

## Introduction

In order to define Sigmund Freud's 'clinical intuition in the field of psychosis, we discuss the non-analyzables of this clinical entity, as proposed by the author himself. If intuition is the ability to understand things instantly, with no need for reasoning, Freudian clinical intuition is the author's understanding of the subject in psychosis, beyond his own theoretical formulations. Freud shows himself to be a great clinician, open to the condition of the subject, no matter how enigmatic and irrational this subject may appear. In the case of psychosis, it is no different. We see, paradoxically, that which excludes it from the domain of the analyzable is that what gives it a particular place in the construction of psychoanalytic theory. The place of the guarantor of psychoanalytic theory legitimizes the subject in the very act of exclusion, showing one of its particularities: precisely its strangeness (the subject in schizophrenia is tangent to the social bond).

It is based on this particular place that the assumption of a subject in psychosis is constituted, formalized in terms of "not wanting to know." It is a defensive mode that presupposes a conflict and all the other elements that compose the psychic framework, in which the unconscious is the major protagonist. Freud made advances in the analysis of psychosis, presenting a valuable background for the development of the field. Not by chance, Jacques Lacan, whose foundation is psychosis, proposes a return to Freud, formulating based on him the foreclosure of the signifier of the Name of the Father.

In exploring the richness of the Freudian text, that is, its findings and questions, we observe that the analysis of the Schreber case does not occur without the transference, which is at odds with the non-analyzable items of psychosis, which comes from his formulations concerning the theory of libido. Accordingly, we note that the two-way relationship between the mechanism and the clinical structure is a didactic reduction that impoverishes the reading of the Freudian work. Far from being a mechanist, Freud explores the plasticity of his

concepts. With regard to the *Verwerfung*, there is not a rigorous use of the term in the sense of a defense mechanism, rather it defines a particular way of return: "that which is canceled inside returns from the outside" (Freud, 1911/2003c, p. 66).

We understand, thus, that Freud's clinical intuition in the field of psychosis occurs in different ways throughout his work, culminating in the assumption of a subject. Such an assumption is the foundation of what Freud describes as being attempts of cure or restitution, namely: delirium and the other productions in psychosis. This approach, explained below, will enable support of the importance and timeliness of the Freudian text in the field of psychosis.

## The place of psychosis in Freudian work

In conceiving the autoerotic regression in psychosis, Freud deduced the inefficiency of clinical intervention, as it depends on the transference between analyst and patient. According to Freud (1911/2003c), the subject in psychosis would be outside of the transference logic, conceived in intersubjective terms since the creation of the theory of libido. Although the author – from the development of narcissism, under the influence of Abraham (1907/2004a, 1908/2004b) – advanced in formulating the field of psychoses, associating paranoia as a regression to narcissism and schizophrenia to a regression autoerotism, it cannot be affirmed that the psychotic patient would not be subject to the experience of analysis (Freud, 1923/2003k). These formulations are well known, but we argue that the place of psychosis in Freudian work is not limited to this point of impossibility; on the contrary, it represents an elementary piece in the framework of the field of knowledge of Psychoanalysis, highlighting that clinical intuition surpasses the theory, and should be the compass that guides us.

Initially, we observe that the non-analyzable nature of the psychosis did not keep the analyst from investigating it. In fact, Freud dedicates some texts to the subject, even venturing into the analysis of some clinical cases, resorting to psychosis to develop concepts that are very important

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for Psychoanalysis, such as, for example, defense, primary repression, fixation, narcissism, unconscious, etc.

In *Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)*, Freud (1911/2003c) says that: "It is for the future to decide if the theory contains more delirium than I would like, or delirium, more truth than what others now consider believable" (p. 72). Such a concern affects the author because he finds similarities between his theory of the libido and Schreber's theory (delirium) of the sun's rays. We observe that, while Freud doubted the possibility of psychoanalysis affecting the subject in psychosis, he seems to have no doubt as to the truth that lies there and that is coordinated with the framework of the psychoanalytic field. Thus, we understand that Freud legitimizes the discourse of those who are considered to be insane when he recognizes in their words, in their gestures, in short, in their productions, an "*attempt of restitution, the reconstruction*" (Freud, 1911/2003c, p. 65). But the author does not stop there, he also questions the idea to better know the truth unveiled by the particular production of the psychotic.

Before the accusation that his practice influenced patients, Freud (1911/2003c) argues: "no, wait a minute, the paranoid is not suggestible, and yet says the same thing that us analysts find in neurosis, that yes they are suggestible" (p. 72). Which is also valid in schizophrenia:

As for the associations between the two psychological systems (Cc and Icc), no observer failed to see that in schizophrenia it is expressed as conscious much of what in the neuroses of transference can only be investigated in the *Icc* through psychoanalysis. (Freud, 1915/2003e, p. 194)

According to Freud, the psychoses would not be subject to suggestion, for being outside of the transference logic. According to the author, the analytical experience "is not possible in paranoia because of the regression to autoerotism. The doctor does not find faith, because he does not find love. The patient, similarly to the child, believes only in those he loves" (Nunberg & Federn, 1906-1908/1979, p.) 81-82).

We find that, paradoxically, the same formulation that leaves psychosis aside from the analytic experience, gives it the particular place of a guarantor, actually, of the psychoanalytic theory. Which is to say that psychosis, according to Freud, was not at all disposable for psychoanalysis, on the contrary, it was that which guaranteed its truth. Then, it is in the very foundation of his theory that Freud confers importance to psychosis. The psychotic functions, according to Freud, as a kind of guarantor that the analytical discourse is not a delusion (Zanchettin, 2015).

Whilst being a guarantor of the psychoanalytic theory, the psychotic highlights his place of witness, that is, being subject of a testimony. Such testimony, important for psychoanalysis by the value of truth that Freud gives it, takes a curious autonomy. Thus Freud puts it:

The psychoanalytic investigation of paranoia would be absolutely impossible if the sick did not possess

the peculiarity of showing, although in a disfigured manner, precisely what the other neurotics hide as secret. Since the paranoids cannot be compelled into overcoming their internal resistances, and say only what they want to say, in the case of this condition it is permissible to take the written report or the printed history as a substitute for personal knowledge. (Freud, 1911/2003c, p. 11)

The author, assaulted by the particularities of the subject in psychosis, listens to what the psychotics say and reads what they write. But his way of reading and listening is different. Freud literally takes the subject at his or her word, making them a sort of testimony.

But what does the field of psychosis give back to the field of neurosis? If psychosis gives the testimony of what happens in neurosis, without disregarding this difference between them, what, then, comes to differentiate them? Freud coordinates the non-analyzable of psychosis with an unshakable truth, assuming, thus, a knowledge in psychosis that particularizes the subject. While guarantor of the psychoanalytic theory, the psychotic occupies the place of witness (Zanchettin, 2015). Based on Lacan (1957-1958/2015), we could consider that he is witness to what happens in the Other, to the effects in his body that are the result of this initiative coming from the other. That is why the analyst, in accepting the testimony, emphasizes the condition of the subject of the one who speaks, the subject of a testimony.

In the case of Freud, that which is reached by clinical intuition, the theory does not encompass. It cannot accept fulfil the testimony of the psychotic due to its notion of reality. By considering the reality in terms of psychic reality and material reality, it excludes the radical exteriority of the Other (Freud, 1924/2003m). Here we situate the clinical finding of Lacan (1957-1958/2015), who, by considering that the unconscious is the discourse of the Other, gave rise to the radical exteriority that affects every speaking being, even the psychotic.

When we propose that Freud does not consider the radical exteriority of the Other, we are not claiming that you cannot read in his work traces, signs, of it, on the contrary, on the second topic – based on the text *Beyond the Pleasure Principle* – it is possible to identify a number of constructions that demonstrate the clinical intuition of an Other as a radical exteriority (Freud, 1920/2003j). The field of the unbound, which corresponds to the death drive, for example, defines a radically exterior constitutive interior. The richness of Freud's work lies in its development, in what is announced there, that is, in the clinical intuition that defines it.

With respect to the psychotic occupying the place of guarantor of the psychoanalytic theory, we understand that this operation that it is only completed as Freud gives knowledge to the subject in psychosis. As in the unshakable truth of the psychotic lies the hidden truth of the neurotic. Such assumption of knowledge is coordinated with what is often named, based on Lacan, as inverted transference in psychosis. That is, if the psychotic is trapped in an absolute transference to his Other, the transference is necessarily from

the analyst to the psychotic, with the desire of the analyst being the great operator (Zanchettin, 2015).

Thus, the reflection on the starting points of the various authors is valid. While Freud (1894/2003a) developed his theory based on neuroses, more specifically on hysteria; Lacan (1932/2003a) is based on the psychoses, taking the paranoia as the object of research for his doctoral thesis. Different starting points are, and why not say, different modes of listening to the subject. On the part of Freud (1914/2003d), for example, we have the notion of autoerotism – very important for the development of the concept of transference – which first proposes a that subject locked up in himself, which then opens, sending pseudopods of libido to the exterior (primary and secondary narcissism). And on the part of Lacan (1966/2005), we find the mirror stage, which first proposes the subject from the outside, being constituted from there.

Different starting points, different developments are, however, a single concern, namely: the question of the subject. Both Freud and Lacan make known, in different ways, the subjective position taken by psychosis. We understand that, far from a mechanistic perspective, both authors explore the vicissitudes of the psychic configuration of the subject in psychosis. We are dedicated to formalize such a perspective.

## The subject in psychosis

The status of the subject in psychosis depends on a change of perspective. It is needed to escape the place of deficit, because the subject cannot be defined by his flaws. “Defining psychosis in terms of deficit implies, in fact and in law, holding that *the structure is the structure of neurosis*, and that psychosis is a deficit in relation to the structure of neurosis” (Rodríguez Ponte, 1999, p. 13).

Accordingly, we argue that: the one who proposes to listen in the treatment of psychosis should necessarily assume a subject, otherwise he would no longer have to underline its obliteration (Zanchettin, 2015). Therefore, the challenge presented to us, today, is investigating the particularities of the subject in psychosis, beyond their differences in relation to the subject in neurosis. It is in this sense that we return to the work of Freud, seeking from it, essentially, his clinical intuition in the field of psychosis.

With respect to the nonanalyzable of psychosis, Freud’s reading of the Schreber case in *Psycho-analytic notes...* (1911/2003c), shows fragility, enabling thinking about psychosis in transference. The rigorous analysis of the paranoid delusions of the former president of the Higher Court of Saxony – the doctor of jurisprudence Daniel Paul Schreber –, autobiographical account written and published in 1903, with the title *Denkwürdigkeiten eines Nervenkranken* [Memoirs of My Nervous Illness], showed the vicissitudes of the subject in psychosis in transference. Freud interprets this material placing analytically in the foreground, precisely, the transference between Schreber and the private adviser Dr. Flechsig, his first doctor.

Taking into account that the only way to analyze the discourse of a subject, following the teachings of Freud, is by

considering the transference dimension at stake, the Freudian reading of the Schreber case is a privileged precedent in the formalization of the theoretical and clinical fields of psychosis. Flechsig occupied the place of persecutor in the delirium of his patient, and while it is true that, on many occasions, the persecutor has an assured place in the psychotic structure, this does not absolve the listener from the parapraxis that can lead him directly to that place, from which, of course, he will no longer be able to receive the testimony of the psychotic.

Flechsig, in putting himself in the position of the absolute bearer of knowledge, left no place for the truth of the subject. Flechsig’s position in the treatment is already clearly established from the first interview with his patient. Regarding this, Schreber himself says:

There was a long conversation, in which professor Flechsig, I cannot deny it, deployed an outstanding eloquence that did not fail to produce a profound effect on me. He spoke of the progress that Psychiatry had undergone since my first illness, of the recently-discovered sleeping pills, etc., and gave me hope that all illness . . . – would disappear – through a single long dream. (Schreber, 1903/1999, p. 85)

Before this omnipotent ostentation of knowledge the subject responds with persistent insomnia and a suicide attempt.

The subject’s elision before the absolute knowledge of the Other, incarnated in Flechsig, responds to the position of the one who listens to nothing, because to him the word of the madman makes no sense, there is no truth in his words, since he does not know what he says and does. The alienist interposes a segregative wall between him and the patient, which Allouch calls “the rock of alienation” (1995, p. 601). The “place of the analyst” is completely far from the position of the alienist, as it depends on the knowledge that makes the subject an invention. We must receive the testimony of the subject in psychosis, acknowledging the truth in his words. This is precisely what Freud does in the analysis of the Schreberian text. Thus, Lacan reminds us: “Freud’s skill in this matter is simple but crucial: he presents the subject as such, which means not evaluating the madman in terms of deficit and dissociation of functions” (1966/1988, p. 29).

Such an argument finds its significance in the fact that there is no analyst without transference, that is, there is no way to hold a psychoanalytic treatment of psychosis if we do not recognize the possibility of establishing the transference in it, which necessarily supposes a subject. In this regard, we propose that there are notions of the theory that are transclinical, that is, they cross the differential clinical practice. According to this perspective, the transference is key, because as a driving force of the psychoanalytical practice, it situates the subject in the field of knowledge. The differential clinical practice, established according to the different positions of the subject in relation to knowledge, assumes another orientation, has another mobility; other

with respect to the differential clinical practice founded on the two-way relationship between defense mechanism and clinical structure.

The question for the subject is a constant in Freud, including in psychosis. In the text *The denial* (1925/2003p), Freud has a precision that goes unnoticed by Lacan, even though Hyppolite underlines it. In *Commentaire parlé sur la Verneinung de Freud* [A spoken commentary on Freud's Verneinung] (1966/2003), Hyppolite proposes that Freud, in *The denial* (1925/2003p), develops a sort of “myth of the formation of the outside and of the inside” (Hyppolite, 1966/2003, p. 863). In this regard, emphasizes that between affirmation and denial there is a mismatch on the level: the claim, however equivalent to unification, is a thing of Eros, while denial happens, that is, comes after the *Ausstossung*, of the expulsion, is posterior to it, and the *Ausstossung* depends on what Freud calls “the destruction drive” (1966/2003, p. 865). That is where Hyppolite argues that the process that leads to this: “which has been translated as rejection, without Freud using here the term *Verwerfung*, is emphasized even more strongly, since he puts *Ausstossung* here, which means expulsion” (1966/2003, p. 863). That is, according to the author, the formation of the outside and the inside, in what to him is a Freudian myth that necessarily goes through two processes — affirmation (that of *Bejahung*) and expulsion (that of *Ausstossung*) — and that which receives the mark of the *Bejahung* constitutes an interior whose closure is given by that which is expelled. It is due to this reading that Hyppolite clarifies that even though it was translated into French as rejection, this is not the *Verwerfung*, but something stronger, which is the *Ausstossung*. Therefore, according to Hyppolite, *Verwerfung* and *Ausstossung* are not equivalent (Zanchettin, 2015).

But to Lacan they are equivalent, and it is thus that he reads the issues raised by Hyppolite in *Commentaire parlé sur la Verneinung de Freud* (1966/2003). According to Rodríguez Ponte (1999), Lacan, in assimilating the *Verwerfung* to the *Ausstossung* loses that which in the *Verwerfung* may be of subjective position and happening. The fact that denial is an instance with respect to the *Ausstossung*, allows Hyppolite to “distinguish between the denial that is internal in judgment and the attitude of denial, which is more primitive and whose remnants, he says, Freud describes in the negativism that characterizes certain psychotics” (1966/2003, p. 861). Taking into account the hypothesis of this attitude is essential, as it allows one to situate the “assumption of the subject as discontinuity in the chain, that is, the subject as insufficient determination. If there is a subject, it is because the determination is not sufficient; if the determination were sufficient, we would have puppets” (Rodríguez Ponte, 1999, p. 206). According to the reading made by the author, the subject, in Lacan, is identifiable to (-1), that is, to the missing signifier, because the cause of the subject is not significant. Rodríguez Ponte (1999) points out the difference between cause and determination, considering that determination is of the signifier, while cause, which Lacan will call object *a*, is not of the order of the signifier.

Such reference is valid to the extent that we try to hold that clinical listening in psychosis necessarily supposes a subject, otherwise, we will not be more than alienists. It is the very definition of the subject in relation to the Other that enables the transference, having considered the particularities of each psychic configuration. The subject is in relation with a knowledge of the Other, a source from which all doubt and certainty draw strength.

## The two-way relationship between structure and defense mechanism

According to some scholars of Freud's work, there would be a two-way relationship between structure and defense mechanisms. Defense mechanisms, defined by their function, would act as constituent modes of a clinical structure. According to this perspective, repression (*Verdrängung*) is reserved for neurosis, renegation or denial (*Verleugnung*) to perversion, and rejection, repudiation, or refusal (*Verwerfung*) to psychosis.

We understand that such reading allows to address certain aspects of the Freudian development about the mental constitution of the subject, but it does not suffice to address the clinical and theoretical amplitude of this field. We will try to support such an argument.

First of all, it is an observable fact that repression (*Verdrängung*), in Freud, is in all clinical structures. In fact, the two texts of further development related to the analysis of psychosis, he considers them in terms of repression. We have the analysis of Mrs. P. in *Further Remarks on the Neuro-psychosis of Defense* (1896/1976). And the analysis of the Schreber case in *Psycho-analytic notes...* (1911/2003c), where Freud develops, for the first time, the initial time of repression: the fixation (primary repression) came to precede the secondary repression and the return of the repressed.

With regard to denial (*Verleugnung*), Freud mentions it in the three clinical structures. In addition, in *La reorganización genital infantil* (1923/2003k), *El problema económico del masoquismo* (1924/2003n), and *Algunas consecuencias psíquicas de la diferencia anatómica entre los sexos* (1925/2003o), the author uses the concept to address a normal time of the phallic stage. In this last text, he adds that denial is neither rare nor dangerous in childhood, but in the adult could lead to psychosis. The text where Freud clearly applied denial to perversion is the article about *fetishism* (1927/2003q).

In terms of the rejection, repudiation or disregard (*Verwerfung*) — on which we will focus in particular — the first thing to be underlined is that Freud does not make systematic or rigorous use of the concept in terms of defense mechanisms, which particularizes the reading that Lacan makes (1957-1958/2015) of the *Verwerfung* in terms of foreclosure. Lacan develops the concept of foreclosure mainly based on three Freudian texts, and the term *Verwerfung* is referred to only in two.

In *The Neuro-psychosis of Defense...* (1894/2003a), Freud develops the different outcomes of the irreconcilable

representation, reserving the *Verwerfung* to the field of hallucinatory psychosis. In *De la historia de una neurosis infantil* (1918/2003i), the author works the case of the Wolf Man, where the *Verwerfung* is related to castration. These two texts are joined by a third one, namely, *Psycho-analytic notes...* (1911/2003c), where the word *Verwerfung* does not appear, but Freud refers to a particular mode of return that would differ from repression. With regard to the first two texts, it is important to stress that it is not the same that the mechanism acts on an irreconcilable representation and on castration, which is outside of the representational field. As it is also not the same that the mechanism acts on a representation and on a signifier, since the representation does not imply the signifying chain nor the subject that comes from there.

Then, examining the two-way relationship between mechanism and structure implies also, determining on what the mechanisms act upon, in addition to reflecting on the very status of the mechanisms, in the attempt, always valid, to go beyond mechanism. Therefore, in eliding the subjective position, the transference is dismissed from the place of the motor of the psychoanalytic practice. According to Freud, defense mechanisms are not mere automations, but imply a position of the subject in relation to something, that is, they define distinct modes of “not wanting to know.” In this sense, the expressions that accompany the Freudian formulations should not be forgotten in the field of psychosis, such as: “The subject does not want to know anything about that,” “to me such a thing is intolerable and then,” to the fantasy of the feminine desire “Schreber’s personality showed intense resistance,” etc. (Zanchettin, 2015, p. 238).

The different modes of “not wanting to know,” for example, of the castration, gradually outline what distinguishes the clinical structures. In Freud, where knowledge is of the order of a perception of something, the “not wanting to know” points to the structure of the defense. The notion of defense in Freud is very important, as it inaugurated the subjectivity in the very act of defending oneself against the conflict. The Freudian theory, from the trauma of sexuality, is a theory of the conflict, and the defenses, modes of enabling the subject. While in Lacan, where knowledge is formulated in terms of signifying coordination, this is part of the field of otherness. These differences are crucial when theorizing the transference, since the symptom that enables it is a question of knowledge (Zanchettin, 2015).

Now, with respect to psychosis, what place and function Freud attributes to the *Verwerfung*? If we limit ourselves to the use of the term in the field of psychosis—which implies eliding that which corresponds to the *Urteilsverwerfung*, that is, the judgment of rejection<sup>2</sup>—we restrict the analysis only to three Freudian texts, and in one of them the reference is indirect.

2 The definition of judgment of rejection turns away from the structure of a defense mechanism, since as well proposed Rodríguez Ponte (1999), “defense is part of the conflict, and also keeps it as such. The judgment of rejection resolves and dissolves the conflict, therefore there is no return” (1999, p. 95).

The *Verwerfung* emerges in the Freudian work associated with the phenomenon of hallucination, where what is defined in a particular mode of return, not properly a defense mechanism. In *The Psychoneuroses of Defense...* (1894/2003a), Freud posed the distinct defensive modes before an irreconcilable representation. Among those referred to he situates “a much more vigorous and successful defensive mode, which consists in what the self rejects {*Verwerfung*} the unbearable representation” (p. 59). Unbearable in terms of irreconcilable to the set of representations that constitute the self (Freud still does not have the unified self of narcissism). Before this strange body, the self employs different mechanisms: repression by conversion into hysteria; repression by displacement in the obsessive neurosis; and, in delusional psychosis, the *Verwerfung* by rejection of the unbearable representation along with his affection, where the self “behaves as if the representation had never appeared” (Freud, 1894/2003a, p. 59), the hallucination being that which returns.

After undertaking the analysis of a case of psychosis, Freud emphasized that the content of a hallucinatory psychosis, that is, hallucination, highlights the irreconcilable representation. Having the psychosis as a refuge, he poses that:

The self escapes the unbearable representation, but it intertwines inseparably with a fragment of the objective reality, and while the self carries out this operation, it also escapes, wholly or partly, from the objective reality. The latter is in my opinion the condition under which the very representations are given a hallucinatory vividness, and thus, after a successfully accomplished defense, the person falls into hallucinatory confusion. (Freud, 1894/2003a, p. 60)

Then, instead of separating the representation from the affection, the self rejects both, or rather, the self escapes the unbearable representation, but in doing so it compromises the objective reality, as it is removed from a fragment of it. Such an approach precedes what Freud will formulate in *Neurosis y psicosis* (1924/2003l) and *La pérdida de la realidad en la neurosis y la psicosis* (1924/2003m). In short, in both texts the author privileges the connection with reality over the defensive mechanisms and the libidinal theory. Both neurosis and psychosis are based on frustration. In both cases, there is a break with reality and pursuit of substitutive satisfactions. But in neurosis the relation with reality is preserved, and a sort of parallel reality is created within which one seeks the satisfaction denied by the official reality. On the other hand, in psychosis, the self seeks to impose a fantasy reality to the official reality, and in this attempt loses, at the same time, a part of the shared reality; a space that will be replaced by delirium or other constructions of the subject.

The hallucinatory vividness, in which the unbearable representation is highlighted, shows a particular mode of return, where there is no screen and the sense of reality is more intense than the reality itself. The *perceptum* of a

hallucination is not mild, it is total, and captures the subject. One does not forget a hallucination, its presence is undeniable. According to Rodríguez Ponte (1999), “the radical . . . is not in whether there is an object [in hallucination], but what defines the hallucinatory phenomenon is that the ‘object’ is ‘unforgettable’, I cannot ignore it” (p. 102). In this sense, what returns, that is, the hallucination, is not of the same type of what was rejected, namely the irreconcilable representation. The mechanism of substitution, which makes the symptom a substitutive form, is altered there, differentiating the repression from the mechanism at stake in the *Verwerfung*. In *Neurosis and psychosis* (1924/2003i), Freud defines that psychosis is the product of a disturbance of the connections between the self and the exterior world, and based on that he asks: “what will be the mechanism, analogous to a repression, through which the self gets rid of the exterior world?” (p. 157). If Freud questions a mechanism it is because he still does not have it, what he has managed to define based on his clinical listening is a particular mode of return.

In *The psychoneuroses of Defense...* (1894/2003a) that which returns as hallucination, that is, in reality, is not homogeneous to the order of that which had been rejected: a representation. And what returns will not stop having to do with that representation before which the self has proceeded as if it had never come. It should be noted that it is not the same that it has never come and to proceed as if it had never come. The latest formulation certifies a certain connection between the expelled and that which returns. Thus, the persistent question is: what about the mechanism of substitution in hallucinatory psychosis?

If in the hallucinatory psychosis the self escapes the unbearable representation—which is different from expelling the unbearable representation, as it operates in reverse, that is, expels oneself from this portion of reality—what returns does not substitute, as precisely there is nothing to substitute, there is only “a hole of oneself” that has remained and where that which returns is installed. There, the alteration of the substitutive mechanism in hallucinatory psychosis would be highlighted. In schematic terms this could be proposed as follows: in Freud there is an inside, from which something of the order of the unbearable comes out, which can have different outcomes: one of them is to be rejected, that is, that falls upon the *Verwerfung*, throwing it out due to not being repressed inside. Thus, the unbearable goes outside, and in its place, in the hole that has remained, comes, from the outside, the hallucination (Zanchettin, 2015).

With regard to the text *De la historia de una neurosis infantil* (1918/2003i), where Freud works the case of the Man of the Wolves, we find that in the record he returns to the scheme of the *Verwerfung* in the hallucinatory psychosis, but applies it to another constituent, namely, the castration. At this point, Freud already had the foundations of the Oedipus complex and of the castration complex. Therefore, the *Verwerfung* is defined as a “not wanting to know” on the part of the self, related with the castration.

According to Freud, this subject rejects the castration to the extent that “he did not want to know anything of it

following the sense of repression {effort of expulsion} . . . he had not expressed any judgment about its existence, but it was as if it did not exist” (1918/2003i, p. 78). This approach is very clear to Lacan, in his theorization repression is a mode of knowledge. But to Freud, where knowledge is not a signifying coordination, but more of a perception of something, such a construction points to the structure of a particular defense. As signifying coordination, knowledge leads to the formula: “the rejects of the symbolic reappear in the real” (Lacan, 1955-1956/2002, p. 57). While perception of something, the knowledge questions the judgment of existence. Here, it is important to recall the difference between the judgment of existence in the texts that we are working with and that which Freud develops in the text *The denial* (1925/2003p). In the texts that reference psychosis, the judgment of existence is proposed in relation to the irreconcilable of a representation or of the castration, closely coordinated with the notion of conflict and with all that comes from there, for example, the mechanisms of defense and the distinct modes of return. While in the text *The denial* (1925/2003p), the judgment of existence is related with the satisfactory objects, because of that it is coordinated with the examination of reality.

Specifically, when Freud analyzes the hallucinatory episode in the Wolf Man, after defining that the hallucination of the cut finger constitutes a proof of the existence of castration anxiety, he points out that it is followed by perplexity. In this sense, the hallucination of the cut finger is only related with the significance of the castration, to one that listens to the account from outside, in this case Freud. For the Wolf Man, or better, for one of his currents, there is no possible reading, that is, there is a holding back of the subject before a nonassimilable significance. In this sense, the dimension of the hole, of an empty inside, devoid of subjectivity, assumes greater relevance and definition in the case of the Wolf Man. Lacan, in *Seminar I* (1953-1954/1986), proposes that in the Wolf Man the symbolization of the sense of the genital plane had been *verwerfen*. This reading, in a way, inaugurates and ends his work. Then later, when the author employs knots to think of the mental configuration of the subject, he points out that the real is the Other of the sense, that is, the real forecloses the sense. Then, giving rise to the perplexity affecting the Wolf Man at this time in which nothing can be said, that of the hallucination of the cut finger, we retain the information that there Freud, in his own way, stressed the suspension of sense in that which returns.

Then, with regard to the *Verwerfung*, what we can point out is what returns (which is of the consistency of the hallucination), even though it retains some relationship with the unbearable, it does not mean it is of the same order as that: or is present as absent — in the sense of a representation — or there is a representation of an absence (in the sense of castration).

In *Psycho-analytic notes...* (1911/2003c), Freud works the Schreber case and develops what would be the thesis of the projection. Insofar as the projection transposes the inside to the outside — while in a representational setting —, the circuit is closed excluding the radical discursive exteriority of the Other.

The notion of psychic reality, in Freud, involves a certain dualism, according to which, what is not psychic reality is to be attributed automatically to what is called material reality. The psychic reality, in terms of what is interpretable to Freud, is oriented through the Oedipal core. It is in this sense that Lacan, in *seminar XXII: RSI* (1974-1975/1989), posed that to Freud the psychic reality is the Oedipus complex.

Then, to Freud, all that is somehow related with the Oedipal, but that is situated as coming from the exterior (from material reality), that is, cannot be reintegrated by the subject as their own, it is formalized in terms of projection. That implies the exclusion of the discursive exteriority which, according to Lacan, marks the psychic constitution of every subject. There is no space for the “he said,” as such construction is taken from the projection and interpreted through the Oedipal axis. Such orientation is especially problematic in the clinical listening of psychosis, because there the Other has said, undeniably (Zanchettin, 2015).

However, Freud does not pass unnoticed by this minefield and his clinical intuition surprises us again. Freud (1911/2003c) will say that in the Schreber case: “It was not correct to say that the feeling kept inside [or suppressed, *Unterdrückt*] is projected outward; but we understand well that the canceled [or abolished, *aufgehoben*, here we have the *Aufhebung*] inside returns from the outside” (p. 66). Few and substantial, these words did not go unnoticed by Lacan (1955-1956/2002), who makes them the foundation of his formula: “the rejects of the symbolic reappear in the real” (p. 57). We argue that both concepts differ in their significance, since the conceptual bases of Freud and Lacan are different; however, they share some logical structure.

As we can observe, in the Schreber case Freud does not use the term *Verwerfung*, but from the *Aufhebung* defines a particular mode of solidary return to the previous conceptualizations of Freud, referred to the *Verwerfung*. In order to advance, we need to specify that the use that Freud gives the term *Aufhebung* in the Schreber case differs from that proposed in the text *The denial* (1925/2003p), also in a structural sense. In *The denial* (1925/2003p), the *Aufhebung* defines the possibility of perceiving an unconscious representation, without the repression disappearing. The subject through the symbol of denial can be conscious of the repressed, even if from the metapsychological point of view he is still unconscious. In the Schreber case, *Aufhebung* is related to the definition of a particular mode of return, in this case characterized as a return from the outside. It defines that something remains as canceled, liquidated, abolished, at the same time that it remains inside, then, as a void, a hole, filled with that which returns. In this sense, the term *Aufhebung* defines a sort of inner catastrophe in Schreber, therefore it is not of the order of a denial, we would rather say that there is absence of the function of no, “because it is this function that allows the acceptance of something under the mode of not knowing it” (Rodríguez Ponte, 1999, p. 201).

Then, in Freud there is no systematic development of the notion of *Verwerfung* in terms of a constitutive defense

mechanism. What we find are some references, parts of a puzzle that Lacan (1957-1958/2015) ventured to assemble arriving at the foreclosure of the signifier of the Name of the Father, where the fundamental is still the particular mode of return: namely, “the rejects in the symbolic reappear in the real” (Lacan, 1955-1956/2002, p. 57). Therefore, we hold that both in Freud and in Lacan there is no foreclosure without a particular mode of return.

## From a particular mode of return to the attempt of restitution, of cure

Then, far from a mechanistic conception, Freudian development points to different subjective positions, that is, to different modes of “not wanting to know” before the unbearable. Accordingly, questioning the two-way relationship between defense mechanism and structure is to preserve the richness of Freud’s clinical intuition, an author who did not deprive himself of registering the surprising facts of the clinical practice, beyond his own theoretical formulation. It is in this sense that the author gives rise to psychosis, clarifying from the start, in *Manuscript H*, that the psychotics “love the delirium as they love themselves. There lies the secret” (Freud, 1895/2003b, p. 251). Having situated the existence in the psychosis of the side of his production was what allowed him to also consider that: “What we consider the delirious production is, in reality, the attempt of restoration, the reconstruction” (Freud, 1911/2003c, p. 65).

The importance that Freud assigns to the delirious production, especially in his time, is not something minor. As an attempt of restoration, of reconstruction, the delirium bears the mark of an author in paranoia, which necessarily supposes a subject. Such reading, later extensible to other productions, shows us the breadth of Freud’s clinical intuition, whose contemporaneity is indisputable. The principle that the subject needs a place to house him, a place which is ultimately a construction, that is, his own production, and on which depends his mobility, is a point to retain from Freudian development. Mainly because, as we have proposed, Freud resumes this development and extends it to what is produced, for example, in the “so-called schizophrenia” (Zanchettin, 2017). It is in this sense that in *On Narcissism: An Introduction* (1914/2003d) he proposes that in the group of paraphrenias there is a group of manifestations called “of restitution, which places the libido in the objects in the style of a hysteria (*dementia praecox*, paraphrenia properly saying) or in the style of an obsessive neurosis (paranoia)” (p. 83).

With respect to the “so-called schizophrenia,” in *The unconscious* (1915/2003e), Freud explains that “the inauguration of the representation-word [which by its hypochondriac bias becomes body language] is not part of the act of repression, but is the first of the attempts of restitution or cure that so conspicuously dominate the clinical condition of schizophrenia” (p. 200). Similarly, in *Metapsychological supplement to the theory of dreams* (1917/2003h), he reaffirms

that “the hallucinatory phase of schizophrenia . . . would respond to a new attempt of restitution that seeks to return to the representations-object their libidinous inauguration” (pp. 228-229).

Therefore, Freud advances in defining the field of psychosis, as well as the production that defines and differentiates the subjects. He presents elements that compose a sort of differential clinical practice. Paranoia and schizophrenia belong to this territory; however, the subject makes himself listened to, that is, shows himself, in different ways.

## Final considerations

As we could see, Freud's clinical intuition in the field of psychosis is manifested throughout his work in different ways. The place of being the guarantor of psychoanalytic theory makes the psychotic the subject of a testimony whose truth is irrefutable. The “not wanting to know” shows the subjective position of the one that lies outside the established discourse, but that nevertheless does not lose his status of subject.

The assumption of a subject in psychosis, a hypothesis that decants from Freud's clinical intuition, enables thinking about the transference in the analysis of the Schreber case. In this sense, the *Verwerfung* — displaced from the two-way relationship between mechanism and clinical structure — shows the logic of a particular mode of return, valuable to the Lacanian development of the field of psychosis and of the psychoanalytic theory. We understand that the concept of signifier of the Name of the Father, so important to the Lacanian psychoanalysis, is not without the elaborations on the foreclosure of the signifier of the Name of the Father, an operation forged from the Freudian texts.

We believe that only starting from this framework we can give the proper scope to the Freudian proposals about the attempts of cure or restitution in psychosis. Such production requires the assumption of a subject, a central element in the listening proposed by psychoanalysis. Psychoanalysis was born from an ethic of listening to the subject, where the word is the most precious asset. Freud confers to the production of the psychotic the status of word, and recommends

listening, watching and reading what the subject reveals. Thus he presents it:

They have just heard that I could not take the analysis of that delirious idea beyond the first drafts. Will they assert by association that the analysis of these cases is inadvisable because it brings no results? I think that no, in no way. We have the right, even more than that, the duty, of cultivating the research without seeking immediate useful effect. At the end—we do not know where or when—each particle of knowledge will be transformed into a power, also in a therapeutic power. (Freud, 1917/2003g, p. 234)

Making the production of the subject, that is, his word — in the multiplicity of consistencies that defines it — the most particular of the subject, is to legitimize him as his own author. The delirium in paranoia, the inauguration of the representation-word (body language), and the hallucination in schizophrenia, define, according to Freud attempts of a cure of restitution of the subject in psychosis. The enigma of these productions is imposed in challenging us in a particular way. We must be able to “know what to do with...” that which the psychotic produces in the transference, even if that production seems unusual and pointless. Clinical practice is and always will be full of surprises, there is no way to predict the unconscious, anticipate a movement, nothing is predictable, and whatever seems so is deceiving. Listening to the subject in psychosis responds to this logic and depends on the analyst in the desire which defines him.

Therefore, Freud's intuition is based on the unpredictability of the clinical practice. Open to the unconscious, he invents new ways of listening, of being with the one who speaks. Supported by his intuition Freud moves into uncharted territory, invents psychoanalysis, but not without psychosis, that is, not without the truth of the psychotic, his testimony. Accordingly, we believe that Freud's clinical intuition in the field of psychosis is unquestionable and shows itself to be of extreme value to current developments in the psychoanalytic field.

## A intuição clínica de Sigmund Freud no campo da psicose

**Resumo:** Delimitar a intuição clínica de Sigmund Freud no campo da psicose implica investigar as consequências do não analisável dessa entidade clínica, proposto pelo próprio autor. Neste trabalho é delimitado e discutido o lugar de garante da teoria psicanalítica, ocupado pelo psicótico, e se destaca a suposição de um sujeito na psicose em termos do “não querer saber”. A impossibilidade de transferência oscila diante da análise que o próprio Freud faz do caso Schreber. A *Verwerfung* se articula a um particular modo de retorno, excluindo-se da relação biunívoca entre mecanismo e estrutura clínica. A intuição clínica de Freud se evidencia no instante em que o delírio e as demais produções na psicose assumem a consistência de uma obra que porta a assinatura de um autor. Essa análise nos permite sustentar a importância e atualidade do texto freudiano no campo das psicoses.

**Palavras-chave:** psicose, sujeito do inconsciente, transferência (Lacan).

## L'intuition clinique de Sigmund Freud sur le domaine de la psychose

**Résumé :** Délimiter l'intuition clinique de Sigmund Freud sur le domaine de la psychose, implique analyser les conséquences du non analysable de cette entité clinique, posé par l'auteur lui-même. La place de garant de la théorie psychanalytique, occupée par le psychotique sera délimitée et contestée. La supposition d'un sujet dans les psychoses sera soulignée en termes de « ne pas vouloir savoir ». L'impossibilité de transference tremblera face à l'analyse que Freud lui-même, fait du cas Schreber. La *Verwerfung* se liera à un mode de retour particulier, en s'excluant de la relation biunivoque entre mécanisme et structure clinique. L'intuition clinique de Freud s'affirmera sur le point où elle fait du délire ou des autres productions dans la psychose, une oeuvre qui porte la signature d'un auteur. Ce parcours nous permettra de soutenir l'importance et l'actualité du texte freudien au domaine de la psychose.

**Mots-clés :** psychose, sujet de l'inconscient, transfert (Lacan).

## La intuición clínica de Sigmund Freud en el campo de la psicosis

**Resumen:** Delimitar la intuición clínica de Sigmund Freud en el campo de la psicosis implica analizar las consecuencias de lo no analizable de dicha entidad clínica, tal como lo plantea el propio autor. En este trabajo, se delimita y se discute el lugar de garante de la teoría psicoanalítica, ocupado por el psicótico, y se subraya la suposición de un sujeto en las psicosis, en términos de «no querer saber». La imposibilidad de transferencia vacila ante el análisis que el propio Freud hace del caso Schreber. La *Verwerfung* se enlaza a un particular modo de retorno, excluyéndose de la relación biunívoca entre mecanismo y estructura clínica. Se manifiesta la intuición clínica de Freud en el punto donde hace del delirio o de las demás producciones en la psicosis una obra que porta la firma de un autor. Dicho recorrido nos permite sostener la importancia y actualidad del texto freudiano al campo de las psicosis.

**Palabras clave:** psicosis, sujeto del inconsciente, transferencia (Lacan).

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