

Bret Fimiani, *Psychosis and Extreme States: An Ethic for Treatment*, Palgrave, 2021 (Shanna Carlson de la Torre)

What is the knowledge (*savoir*) at the heart of the psychotic subject's experience? What are the ethics of psychoanalysis? And what makes possible a hope for treatment for psychotic subjects? One of the first claims of Bret Fimiani's *Psychosis and Extreme States: An Ethic for Treatment* is that, in order to "maintain its bearings as an 'ethical praxis,'"<sup>1</sup> psychoanalysis must take account of the psychotic subject's *savoir*. With this claim, Fimiani decisively upsets conventional narratives about psychoanalysis and psychosis — historically, that psychoanalysis is, as Freud himself posited, ill-equipped to treat psychotic subjects; or, more recently, that it might be necessary for analysts to protect patients in analysis from their possible psychoses (as would seem to be operative in the concept of ordinary psychosis). Fimiani claims, instead, that psychotic *savoir* and analytic ethics are intimately linked and then proceeds to elucidate that claim. Proposing that Sigmund Freud and Jacques Lacan did not go far enough in conceptualizing the treatment of psychosis, but that their ethics, teaching, and writing provide significant coordinates for making that encounter possible, *Psychosis and Extreme States* offers multi-pronged exegeses whose theoretical rigors keep pace with the book's clinical acumen and sensitivity. It innovates, offering new perspectives on the structure and experience of psychosis and the practice of psychoanalysis, and bringing these into new conversations with Willy Apollon, Danielle Bergeron, and Lucie Cantin; Gilles Deleuze and Félix Guattari; Françoise Davoine and Jean-Max Gaudilliere; and the Hearing Voices Network. And it works to build a psychoanalysis that not only welcomes psychotic subjectivity, *savoir*, and experience, but navigates and upholds — without fear — the void that they face, with the goal of "mov[ing] towards a theory of transfer-

<sup>1</sup> Bret Fimiani, *Psychosis and Extreme States: An Ethic for Treatment* (Berkeley: Palgrave, 2021), 1.

ence-in-psychosis that will provoke a change in the way the experience of psychosis is understood and, thus, clinically treated.”<sup>2</sup>

### *Metapsychology and its Effects*

What does the psychotic subject “know” that the analyst must “know” as well? Fimiani shows that the answer concerns a not-knowing that begins in the body, with the lost object. In his second chapter, “The Body of the Psychotic,” he returns to Freud’s *Project for a Scientific Psychology* (1895) to outline Freud’s early account of the body, writing that in the *Project* Freud is “on his way to discovering the true stakes, for the subject, of the primary loss of the ‘object’ of satisfaction, and the way in which the ‘first registration’ (a *Niederschriften* or “writing down”) of the first loss in turn creates the body.”<sup>3</sup> In this discussion we gain more of a sense of the way Fimiani works with psychosis as a subjective structure rather than a diagnosis, symptom, or set of symptoms.<sup>4</sup> Fimiani understands psychosis in structural terms because, following Freud and Lacan, he is interested in the way any given subject is positioned with respect to the loss borne of language and the effects of that position; also, because, like Freud and Lacan, he is interested in that human experience, or that which ex-sists in human experience, that goes beyond scientific reductionisms.<sup>5</sup> Psychological reality opens, Fimiani writes, because of the rupture that makes a body of the organism:

[...] Freud discovers that, for the human, the fundamental re-

2 Ibid.

3 Ibid, 14.

4 Ibid.

5 By connecting this discussion to such early passages in Freud’s writing, Fimiani demonstrates, to my mind, yet another way in which we have not yet caught up to Freud.

lation is to an object, for example, a satisfaction or “quantity” that is fundamentally lost. The lost satisfaction, as object, is the clinical fact that leaves the subject with recourse only to ‘hallucination’, and therefore representation(s), to support and mark the absence of the lost “quantity” — a ‘quantity’ which Freud terms *das Ding*, or the “Thing.”<sup>6</sup>

As Fimiani explains, Freud will continue to develop his theory of the drive as that excess created by the subject’s encounter with the loss of the object. And Fimiani, working through passages spanning Freud’s oeuvre, will delimit the body that “psychoanalysis is in search of,” as well as the specificity of the body of the psychotic and the specificity of the psychotic’s relation to the lost object. He writes, “I am suggesting that psychoanalysis is in search of a body that is in between the organism and representation, a body that is no longer of the organism, however a body that remains without recourse to representation. Eventually, following Lacan, we will locate this body that is stranded in between, and that is literally in pieces, as the body of the letter.”<sup>7</sup> Fimiani adds, “The psychotic knows the body of the letter very well.”<sup>8</sup> For the psychotic subject, Fimiani proposes, drawing on Willy Apollon, Danielle Bergeron, and Lucie Cantin’s transformative work with psychotic subjects,<sup>9</sup> “incur[s]” the loss common to all humans “without representation or symbolic articulation, and thus without justification or exchange value. The object is lost, but not, as in neurosis, to a system of exchange regulated by symbolic rules.”<sup>10</sup> In other words, for the psychotic, no “representative” comes to justify the loss of the object; that loss which the neurotic is structured to repress by way of representation, the psychotic lives with without repression, instead foreclosing,

6 Fimiani, 15-16.

7 Ibid, 19.

8 Ibid.

9 Ibid, 24-30.

10 Ibid, 27.

as Fimiani argues, the very representative that could, albeit fictitiously, justify the loss, and thereby “fac[ing] the Void opened up by the primary cut without a first signifier to mark and support the absence of the Thing.”<sup>11</sup> Fimiani calls it a choice, stating, “I argue that situating the psychotic’s ‘foreclosure’ as a ‘choice’ is in fact the precondition for psychoanalysis and, by extension, the precondition for a new ‘freedom’ for the psychotic subject.”<sup>12</sup> This first choice can have “disastrous consequences” for the psychotic — namely, the “retreat[ ] into the closed universe of delusion and the ‘violence’ of the persecutory voices”<sup>13</sup> — and the book addresses these consequences to moving effect. However, this choice also produces the psychotic’s knowledge of what Apollon has called “the Unfoundedness,” “that rift where all life opens on void and abyss.”<sup>14</sup> Fimiani argues that the “psychotic’s *savoir* of the Law will take us further than even Lacan’s powerful critique of Kantian ethics,”<sup>15</sup> and he illustrates that point in compelling detail by way of a clinical case in Chapters 4 and 6, “Dream-work Versus Delusion” and “Towards a New Ethics,” and by way of Deleuze’s work in Chapter 5, “The Utility of Gilles Deleuze’s Critique of Psychoanalysis.”

The notion of the psychotic’s first choice is important to Fimiani’s argument because, as he elaborates, it frames the possibility of a “second choice,”<sup>16</sup> which Fimiani describes as “the psychotic’s entrance into transference, defined as a desire to know.”<sup>17</sup> These two crucial steps bring us to Fimiani’s goal in the project: “to move towards a the-

11 Ibid, 38.

12 Ibid, 4.

13 Ibid.

14 Willy Apollon, *L’Universel, perspectives psychanalytiques* (Quebec: GIFRIC, 1997), 17. My translation.

15 Fimiani, 5.

16 Ibid, 47.

17 Ibid, 4-5.

ory of transference-in-psychosis that will provoke a change in the way the experience of psychosis is understood and, thus, clinically treated.” In Chapter 3, “The Impasse of Transference in Psychosis,” Fimiani addresses this second choice together with the concept of transference, returning to Freud’s presentation of subjects who ““remain on the whole unaffected and proof against psychoanalytic therapy,””<sup>18</sup> and detailing the differences at stake in transference for neurotic and psychotic subjects. Interestingly, Fimiani finds that the difference hearkens back to the very scene touched on before, that of the “first registration.” “Freud clearly distinguishes,” Fimiani writes, “between the “first registration” of the event of primal repression and the libidinal investment in a ‘representative’ of the trauma or ‘cut’ that is constitutive of the unconscious and of the ‘body’ itself.”<sup>19</sup> Fimiani brings out that the way a subject responds to this primordial event has effects, pointing out that “the psychotic does not repress, through the investment in a ‘representative’, the non-sense or void circumscribed by the Law,”<sup>20</sup> and thus, “remains alone.”<sup>21</sup> The neurotic, by contrast, libidinally invests in a representative, in a kind of love relation<sup>22</sup> which later structures the neurotic’s relations with others, including that Other that the analyst as “[subject] supposed to know”<sup>23</sup> initially figures for the neurotic in analysis.

Freud and Lacan’s mistake, Fimiani shows, had to do with figuring transference in primarily neurotic terms. The neurotic asks for love — from the analyst, among others — with the unconscious belief that love could protect her from what, since the primordial time of the first registration, is at work in her body. In analysis, the neurotic’s “demand for love will collide with the desire (lack) of the analyst,”<sup>24</sup> opening the

18 Freud, qtd. in Fimiani, 42.

19 Ibid, 47-48.

20 Ibid.

21 Ibid, 48.

22 Ibid.

23 Ibid, 51.

24 Ibid.

possibility for the analysand to start to create a space for what's at work in her body. (Lacan noted, concerning the clinic of the neurotic, that the analyst is that one to whom all demands can be addressed, and none will be answered.<sup>25</sup>) But for the psychotic in analysis, what takes place, if not a demand for love, and if not impasse, or — as Fimiani reminds us Freud wrote — “*indifference*”?<sup>26</sup> What enables the psychotic to enter transference? These are Fimiani's primary concerns, as transference is the fulcrum upon which an unconscious opens and can be constructed. He argues: like with the neurotic, there's a reversal. But where for the neurotic, the analyst's desire to know provokes a reversal for the analysand herself, from supposing that the analyst knows to supposing a *savoir* to the subject of her own unconscious,<sup>27</sup> for the psychotic, two reversals are called for: the first reversal takes place on the side of the analyst, as the analyst, in the face of the psychotic's certainty, positions herself as one who will learn from the psychotic; the second takes place on the side of the analysand, as she moves from a position of certainty about her delusion, to the possibility of doubt, a question, and a desire to know about the subject of her unconscious.<sup>28</sup>

In some senses, the position of the analyst remains fundamentally the same, inasmuch as the analyst supposes knowledge to the subject of the unconscious for any patient — be they neurotic, psychotic, or perverse. In other words, that which enables transference with psychotic subjects — upholding the desire to know, a position of lack, rather than a position of mastery — is crucial as well to transference with neurotic and perverse subjects. But while the task of the analyst with the neurotic is to stay out of the patient's demand, so as to make space for the analysand's desire (a desire that the demand always al-

25 Jacques Lacan, *The Seminar of Jacques Lacan, Book VI: Desire and Its Interpretation*. Ed. Jacques-Alain Miller, trans. Bruce Fink (Medford: Polity Press, 2019), 485.

26 Freud, qtd. in Fimiani, 43.

27 Fimiani, 85.

28 Ibid, 87.

ready implies), the task of the analyst with the psychotic, Fimiani proposes, is to introduce the effects of symbolic castration as a limit on the Other of demand to which the psychotic is subjected, or, to create the possibility, for the first time, of desire itself.<sup>29</sup>

*In the Clinic: Ethics beyond the Limits of Good and Evil*

In the first chapters of *Psychosis and Extreme States*, Fimiani lays the groundwork for clinical encounters between psychotic subjects and psychoanalysis, with an emphasis on the function of transference and the analyst's position and maneuvers in installing the transference in a treatment. He then turns to clinical examples: in Chapter 6, "Towards a New Ethics," he develops the clinical case introduced in Chapter 4; in Chapter 7, "Fear of Psychosis: Part 1," he presents the example of the Hearing Voices Network, which was founded by people with lived experience of psychosis,<sup>30</sup> and interviews peer specialist and educator Cindy Marty Hadge;<sup>31</sup> and in Chapter 8, "Fear of Psychosis: Part II," he interviews Annie Rogers, an analyst and scholar with lived experience of psychosis, and Barri Belnap, a psychiatrist and psychotherapist who works on an inpatient unit.<sup>32</sup> Fimiani, Hadge, Rogers, and Belnap each transmit something of what is key to the ethics of their positions: not knowing; curiosity; dignity; respect. In a mental health landscape where the psychotic's experience is largely translated into a matter of neurochemical firings, where her knowledge is too often devalued and silenced, and where the results of treatment are so often discouraging, conversations like these, demonstrating not only other possible approaches but approaches which have produced hope-filled

29 Ibid, 59-63.

30 Ibid, 137.

31 Ibid, 140.

32 Ibid, 165.

outcomes, are all the more urgent. They also strike me as unique within psychoanalytic literature, particularly that which works with theory as precisely and intricately as *Psychosis and Extreme States* does. The register of Fimiani's language shifts here, as he moves from text-based work to conversations with practitioners whose voices he wants readers to hear, asking refreshingly open questions guided by the touchstones of his interviewees' words. We also witness another — the essential — dimension of Fimiani's act as analyst: he listens.

Chapter 7 provides an extended exploration of this, as Fimiani highlights points of overlap and differences between one-on-one analytic treatment and the Hearing Voices Network's group treatment of "persistent psychotic phenomena including 'distressing beliefs' (aka 'delusions' in clinical terms) and disturbing voices,"<sup>33</sup> and as Hadge makes reference to numerous questions she and other Hearing Voices group members might ask in group work, such as, *How does that work? What did it feel like? What did it make you think? How do you understand that? What does it remind you of? Is there a metaphor? Is there a context?*<sup>34</sup> Hadge is speaking to what she refers to as "frameworks," or "the way in which somebody tries to make sense of what's going on for them."<sup>35</sup> She provides an example of the effects that can follow from asking questions like these:

So, there was a person I met in a [Hearing Voices] group who would keep going through a different framework, like every month. One month it was about cockroaches — the voices were coming from cockroaches. One month the voices were coming from the TV, or radio, or from electricity. Another time it [voice and belief system] was about animals. The voices were coming from animals. But you know, maybe a year, a year and a half into the group, once we could deal with the content of the voic-

33 Ibid, 138.

34 Ibid, 142-144.

35 Ibid, 142.



es — and it took a while for the person to get to that place — they realized that what this was really about was being sexually abused by a priest and all the shame and guilt they had about that. But it wasn't until that person felt safe enough, or validated enough, or believed enough, or built trust, that the person could talk about this without being judged, assessed or labelled — they realize, “I can just be met with curiosity.” It took a while, but once they got to this place, they could then talk about the content of the voices. And that's when they started to be able to put the pieces together. I actually knew six months into the group that the person's themes were themes of somebody who had been sexually abused. *But they needed to come to that understanding on their own.* Do you know what I mean?<sup>36</sup>

Hadge's example, which is extraordinarily evocative, displaces on many levels a medical approach to delusion that might aim at silencing the subject. Instead, her words operate from a position of curiosity about whatever it may be that the belief system, or framework, is trying to express; they speak to the time that is usually required for work at this level to take place (a factor that seems to hold true no matter the structure of the subject in question); they underline the irreducibility of trust to the unfolding of the experience; and they conclude with Hadge's check-in: “Do you know what I mean?” (Fimiani responds to Hadge's check-in with a question of his own.) They also speak to the stakes of the symptom and its treatment, which Fimiani evoked in his recent interview on *Penumbra(a)cast* when he remarked, “The stakes are so high in psychosis, because one becomes so isolated by the solution, when the solution was pure delusion and this kind of thing; it cuts one off from the collective.”<sup>37</sup>

By focusing on the clinic of psychosis and extreme states, Fim-

36 Ibid, 142-143.

37 Fernanda Negrete, interview with Bret Fimiani, *Penumbra(a)cast*, podcast audio, April 2022, <https://www.penumbrajournal.org/podcast>.

iani's book raises, both implicitly and explicitly, questions about analysis itself that are as fundamental as they come. What is the aim of an analysis? What marks the end of an analysis? And, again, what does or must the analyst "know" that the psychotic "knows" as well? In a social link within which many psychoanalyses co-exist; where the differences from one metapsychology to the next are, in most cases, not known to those who make a request for an analysis; and where, no matter the metapsychology, the analyst and analysand must in each case invent psychoanalysis anew for a new subject to speak and, ultimately, bring something of her desire to the world, Fimiani offers this through-line: "Like the psychotic, the analyst finds his or her ethics where all other limits fail. With recourse only to his or her own *savoir* of the Other's lack and its effects, the analyst offers the psychotic a new way to put the drive to work, and to call forth the subject through the dream."<sup>38</sup> Here Fimiani points us to that space where psychotic *savoir* and analytic ethics meet — where all other limits fail, and ethics begin — and his book grapples with not only the theory but the pain, fear, horror, catastrophe, and "zones of non-existence"<sup>39</sup> that are at stake in an analytic experience. It's worth adding, however, that, in constructing his own path for welcoming and working with subjects of any structure, Fimiani has not restricted himself to the discourse, practice, and experience of psychoanalysis, in what might amount to an insularity on the side of a particular discourse, rather than a welcome on the side of the possibility of an experience — an experience of the unconscious. As he noted in the interview cited above, "I haven't hesitated to go outside of — so-called 'outside' of — psychoanalysis and to align with anyone, any approach, that shows respect for the experience. And that respect, I don't know how you learn that — I think that you learn that only from experience."

38 Fimiani, 133.

39 Ibid, 206.