

LIBIDO AND TOXIC SUBSTANCE

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If writing, according to the king and under the sun produces the opposite effect from what is expected, if the pharmacon is pernicious, it is so because it doesn't come from around here. It comes from afar, it is external or alien to the living, which, is the right-here of the inside, to logos as the zoon it claims to assist or relieve.

J. Derrida in *Plato's Pharmacy*

Introduction

Despite Freud's tendency to deny this, there can be little doubt that the *Cocaine Episode* was an important part of his scientific and therapeutic work. Elsewhere we have proposed a reading of Freud's *Cocaine Papers* which considers them as a beginning of the Freudian adventure.¹

Freud's encounter with the drug cocaine in 1884 triggered a desire in him to cure not only others, but also himself of his neurotic and neurasthenic symptoms. One of the first objects of this desire was his friend and colleague von Fleischl Marxov who had become addicted to morphine. Freud hoped to be able to wean his friend off morphine by substituting it with cocaine. This failed miserably and consequently we can say that whilst addiction was Freud's first object of his desire to cure, it also became his first real obstacle and medical mistake.

Freud's further experiments with cocaine and its effect on the body also came to an impasse; his findings continuously exceeded the boundaries of his theoretical framework of nineteenth century energetics, based on the

¹ R. Loose. *The Place of Cocaine in the Work of Freud*. Paper delivered at The International Congress on Freud's Pre-analytical Writings held in Ghent in May 1995 (publication forthcoming).

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principles of conservation of energy and constancy. This framework did not allow him to explain the curious effects of cocaine on the human organism which seem to transcend the laws of energetics.

A close study of the *Cocaine Episode* and the *Cocaine Papers*² shows that Freud's scientific advances subverted his own fantasmatic relationship with the drug. This fantasy contained a wish to find a universal panacea for human suffering.

In *Craving for and Fear of Cocaine*, which was his last publication on cocaine from 1887, Freud addresses the issue of having been accused by the German psychiatrist Erlenmeyer of causing the third scourge of the human race, namely cocaine addiction (the other two being alcohol and morphine addiction). In this paper Freud implies that it is not cocaine that is the cause of addiction, but an as yet unknown factor in the person. He writes:

It is important to note that some toxicity also occurs with small doses of cocaine. So the sensitivity of certain individuals to cocaine, together with the absence of any reaction to larger doses in other cases, has aptly been labelled an idiosyncrasy. I believe this one unreliability of cocaine - that one does not know when a toxic effect will appear - is very intimately connected with another, which must be attributed to the drug itself - that one does not know when and with whom a general reaction is to be expected (I disregard of course the anaesthetic effect).³

Cocaine as a therapeutic instrument for cure has become unpredictable; in some people a toxic effect will appear and not in others. The factor of subjective predisposition has rendered cocaine a useless object for medical/pharmacological practice. It does not fit in well with medical discourse. In fact cocaine is now a *pharmakon* in the Classic Greek sense of the word, which is also the way Plato used this word to define the effects of writing: It can sometimes be good, it can at other times be bad; it can be a remedy, it can be a poison and it is always undefinable.

² S. Freud. *Cocaine Papers*. Ed. R. Byck, New York, Stonehill, 1974.

³ S. Freud. *Craving for and Fear of Cocaine*, (1887) in *Cocaine Papers*, op.cit., p. 174.

Freud lost his passionate interest in cocaine and it can be argued that this freed him to go in a different direction. In his expanding field of interest (for instance, in the period between his last two papers on cocaine, Freud had written, amongst other things, on a psychiatric concept called neurasthenia⁴ and he had visited Charcot in Paris) but also in his work on cocaine, he had encountered the problematic desire of the hysteric.

Freud's return to toxicity in the Actual Neuroses

In 1885, when speaking to the Psychiatric Society of Vienna about the general effect of cocaine, Freud refers to those afflictions of the nervous system which are not based on organic lesions.⁵ Here Freud puts forward the idea of psychic lesions or processes as the possible cause of suffering and pathology.

In 1888, the year after Freud wrote his last paper on cocaine, he published an article on hysteria. In this article he considers the prescription of a narcotic drug in the case of an acute hysteria to be a serious technical mistake.⁶ The reason for this is that Freud is of the opinion that hysteria is the result of an irregularity of the nervous system which leads to the formation of an excess of stimulation in the psychic organ. The administration of a drug would only aggravate the hysterical condition because it would probably produce increased stimulation. The drug he is talking about must be cocaine as cocaine is a stimulant; a depressant would result in a dissipation of the excess stimulation. He recommended elsewhere, however, the administration of cocaine in conditions he describes as states of mental weakness which are in need of stimulation.⁷ Neurasthenia is one of those conditions.

In this article, Freud suggests that hysteria is an overexcited psyche and that the overexcitement was caused by a somatic anomaly in the organism.⁸

⁴ S. Freud. *Review of Averbek's Die Akute Neurasthenie*. S.E., I, p. 35 and *Review of Weir Mitchell's Die Behandlung von Neurasthenie und Hysterie*. S.E., I, p. 36.

⁵ S. Freud. *On the General Effect of Cocaine*, in *Cocaine Papers*, op. cit., p. 116.

⁶ S. Freud. *Hysteria*. S.E., I, p. 55.

⁷ S. Freud. *Über Coca*, in *Cocaine Papers*, op. cit., pp. 64-65.

⁸ S. Freud. *Hysteria* (1888), S.E.I., p. 57.

This implies that the soma and the psyche are two interconnected areas. As to the precise nature of this connection, Freud is not yet very clear.

Increasingly, via his work on hypnosis and on the relationship between suggestion and psychic treatment, Freud concentrates on the factor of psychical processes in the aetiology of hysteria. The further away from medical practice he moves and the more he begins to rely on listening instead of observation, the more he begins to realise the importance of the factor of sexuality in the aetiology of hysteria. Initially, Freud will consider a sexual trauma to be the cause of hysterical symptoms. Later he will realise that this is not always the full story.

Meanwhile, however, Freud has become interested in the relationship between psychical processes, the factor of sexuality and that clinically fundamental phenomenon of anxiety in hysteria and neurosis. He does not seem to be able to bring any clarity to this relationship. In order to do this, from 1892 onwards he begins to develop a structural psychopathology. On the one hand, he establishes the category of the neuro-psychoses of defence, which a little while later he will separate out into hysteria, phobia and obsessional neurosis, while on the other hand he develops the category of the actual neuroses which contains both neurasthenia and anxiety neurosis.⁹

With the *Neuro-Psychoses of Defence*, Freud breaks away from the conventional psychopathology of his time because now he explains the neuroses (such as hysteria) purely on the basis of psychical processes. The precipitating cause of the neurosis lies in the psychic field and is based on a mechanism of defence which wards off an incompatible and unpleasurable representation from consciousness. Once the incompatible representation has been banned from consciousness, it will become pathogenic because the accumulated tension (or energy) which causes displeasure has no escape route. Therapeutic effort will consist of bringing the representation back into the normal chain of associations, so that the accumulated tension can be drained away and thus reduced. Here we see a perfect solution which could only have come about within the strictures of the constancy or pleasure principle. We will see that this perfect solution does not apply to the actual

⁹ S. Freud. *The Neuro-Psychoses of Defence*. S.E. III, esp. p. 58.

neuroses and we have already noticed Freud's failure to arrive at a perfect solution in his work on cocaine.¹⁰

It is important however to realise that already here Freud defines pleasure in an essentially negative way. The accumulation of tension results in pain and suffering. It is only in the escape from this, through the reduction of tension, which ultimately aims at a state of unreachable lack of tension (pure happiness), that pleasure is produced. Pleasure is built on pain and can not exist without it.

Neurasthenia

Freud's treatment of the actual neuroses also represents a break. The main authority on neurasthenia was an American neurologist called Beard. He defined neurasthenia in terms of a degeneracy of the nervous system which led to symptoms such as weakness, fatigue, irritability and pain. Freud defines neurasthenia in an entirely different way. He says neurasthenia is the effect of an actual sexual problem. This is a problem which is based on the sexual reality of the patient and has no subjective psychological history. The example Freud uses is sexual exhaustion through, for instance, excessive masturbation. Freud thought that masturbation leads to a false discharge which diverts the accumulated tension away from the possibility of being psychically processed and then becomes noxious. He writes in Draft E:

It may be that the neurasthenic nervous system cannot tolerate an accumulation of physical tension, since masturbation involves becoming accustomed to frequent and complete absence of tension.¹¹

In other words, the nervous system must be able to tolerate a certain amount of tension yet the neurasthenic has fallen victim to the habit of trying to avoid this completely. The neurasthenic symptomatology is based on a lack of

¹⁰ F. Geberovich. *Une Douleur Irresistible. Sur la Toxicomanie et La Pulsion de Mort*. Paris, Inter-Editions, 1984. p. 277.

¹¹ S. Freud. *The Complete Letters of Sigmund Freud to Wilhelm Fliess*. Ed. and Trans. J.F. Masson, Cambridge, (Mass.), Harvard University Press, 1985. p. 82.

tension and this lack (or not enough of something) which cannot be psychically processed, becomes toxic. But Freud cannot remain within the framework of the pleasure principle when he tries to explain the mechanisms underlying the clinical phenomena of neurasthenia here. A reduction of tension becomes toxic whereas it normally would produce pleasure. Freud had encountered similar impossibilities and contradictions in his work on cocaine which led to an impasse and forced him to abandon his project.

Three years later in a letter to Fliess (December 22, 1897) Freud establishes a connection between toxicomania and masturbation. He writes:

The insight has dawned on me that masturbation is the one major habit, the primary addiction, and it is only as a substitute and replacement for it that the other addictions - to alcohol, morphine, tobacco, and the like - come into existence. The role played by this addiction in hysteria is enormous; and it is perhaps there that my major, still outstanding obstacle is to be found, wholly or in part. And here, of course, doubt arises about whether an addiction of this kind is curable, or whether analysis or therapy must come to a halt at this point and content themselves with transforming hysteria into neurasthenia.¹²

Freud here implies a relationship between hysteria, toxicomania and neurasthenia and fears that these last two might not be curable. We will come back to the full importance of these implications at some other time.

Anxiety Neurosis

Whereas neurasthenia was an established neurological concept which Freud completely redefined, anxiety neurosis was a totally new concept and because of the way he defined it, this also represents a rupture with the thinking on psychopathology at the time. Jonckheere and Verhaeghe consider the actual neuroses to be an important turningpoint in psychoanalytic

¹² *ibid*, p. 287.

nosology.¹³ We will see that Lacan's later theoretical elaborations turn around this nodal-point. In his doctoral thesis on anxiety, Jonckheere shows how Freud is able to limit his definition of hysteria through the development of a separate aetiology for anxiety neurosis which is structurally distinct from hysteria and the other neuroses.¹⁴ The way Freud defines anxiety neurosis (as well as neurasthenia and toxicomania) will not only limit his theoretical field but also his therapeutic field. On that point we have to question and challenge Freud.

What is anxiety neurosis? In 1894 Freud defines it as follows: '... the mechanism of anxiety neurosis is to be looked for in a deflection of somatic sexual excitation from the psychical sphere, and in a consequent abnormal employment of that excitation'.¹⁵ In this definition, Freud states that this neurosis is not caused by psychical processes and implies that, like neurasthenia, it is based on the actual reality of the sexual life of a patient. For a variety of reasons (such as being distracted from, conscious repression of and ignorance about sexual activity) the psyche is not able to process sexual somatic energy. This sexual energy cannot find a psychical representation and thus becomes toxic. This toxic chemical substance transforms into anxiety. We can put this process in sequence: Accumulation of endogenous sexual tension (the somatic sexual drive or physical libido) → Reaches a certain threshold (above which it can enter into relation with certain groups of ideas which form psychic libido) → Psychic linkage for some reason does not happen → Physical tension becomes toxic substance → Anxiety. The terminology and logic Freud uses here is reminiscent of his work on cocaine (toxicity, increase and decrease of energy). But this is not the only connection with this work. In the *Cocaine Papers*, as we mentioned before, Freud could not explain why an effect of toxicity would only occur in some people. He could not explain the phenomena he was investigating within the laws of

¹³ L. Jonckheere. *Angst als Reële in het Psychoanalytisch Discours. Aan de Praxis voorafgaande Vragen*. Unpublished Doctorate. R.U.G., 1988.

P. Verhaeghe. 'Psychoanalytische Diagnostiek: Het Symptoom tussen Aktual Neurose en Psychoneurose' in *Psychoanalytische Perspectieven*, 18, 1993. pp. 71-79.

¹⁴ L. Jonckheere. op. cit., p. 108.

¹⁵ S. Freud. *On the Grounds for Detaching a Particular Syndrome from Neurasthenia under the Description Anxiety Neurosis*. S.E., III, p. 108.

energetics or its Freudian equivalent of the pleasure principle. As regards anxiety neurosis, Freud was not able to find a satisfactory answer to the question why one would come to grief from one's own body, as he worded it in a letter to Fliess (Jan. 6, 1896). He cannot explain why certain people fall victim to anxiety neurosis (he describes actual sexual practices, without giving a structural explanation and he ignores the possibility that some of these might be psychologically relevant), nor does he understand how, like neurasthenia, anxiety neurosis defies the pleasure principle: increased tension is not reduced to result in pleasure but is transformed into something else which then causes anxiety.

Freud's attempt to ground a theory of the actual neuroses led to the same impasse as his work on cocaine. His explanations for neurasthenia, anxiety neurosis and toxicomania were dependent on the idea of the existence of a toxic factor which has its effects within a vague domain which forms the connection between the soma and the psyche. These three clinical phenomena remained largely unexplained in Freud's work. What little he did explain related to what was actual and incidental in the sexual life of a patient. Freud kept the actual neuroses and toxicomanias out of the field he created because he didn't have the theoretical tools at his disposal. With Lacan, the actual neuroses can be brought back into the field of psychoanalysis via his conceptualisation of the Real as an effect of the signifier. This Real is a structural element of every neurosis because it refers to the kernel of human subjectivity. Verhaeghe seems to suggest that the actual neuroses are an immediate reaction to this Real kernel, whilst the psychoneuroses are a defensive signifying process as a mediating answer to this Real and, as such, a containment of a structural actual neurosis.¹⁶

Our thesis is that if we want to advance these ideas and include the toxicomanias in the theoretical and clinical field of psychoanalysis, we will need to develop a psychoanalytic theory of toxicity.¹⁷

¹⁶ P. Verhaeghe. op.cit., pp. 73-76.

¹⁷ In her excellent book, *Toxicomanies et Psychanalyse. Les Narcoses du Desire*, Sylvie le Poulichet writes that 'If Freud has not been able to constitute a clinic on toxicomanias then that is, among other things, because there exists in his work no dynamic thinking on toxicity whatsoever'. Paris, P.U.F., 1987. p. 84 (our translation).

Towards a Psychoanalytic Theory on Toxicity

In his addenda to *Über Coca*, Freud writes that the only constant effect of cocaine he found was an increased capacity for work.¹⁸ Cocaine appeared to be able to release an otherwise unavailable vital energy in the organism which could be used for work. The nature of the relationship between cocaine and this vital energy remained an enigma for Freud. In Seminar XVII, Lacan says that signifying articulation or knowledge (S2) is the means of *jouissance*; when it is at work it produces entropy and this point of entropy is the only regular point of access to *jouissance*.¹⁹ Entropy is a concept from physics (specifically, from thermodynamics) and can be understood as virtual energy which is lost and no longer available for work. In his work on cocaine, Freud expressed the hope that that vital energy could be made employable and useful. It is only with his discovery of a beyond of the pleasure principle that he understood that this hope was in vain. He realised then that not everything in the economy of what drives humans is useful.

In Seminar XX Lacan says that *jouissance* serves nothing.²⁰ In other words, it exists beyond the possibility of a useful deployment of its vitality. Therefore it cannot be reconciled with the pleasure principle because it does not lend itself to the production of pleasure, to being reduced to an acceptable and necessary level. It is good for nothing and it is a form of enjoyment which must be called to a halt in order to limit its effect. Unlike Freud's idea of an employable positive energy, from *Über Coca*, the vitality of Lacan's *jouissance* is essentially negative and divided.

The very last sentence in 'The subversion of the subject ...', implies that there is a division in *jouissance*.²¹ 'Castration means that *jouissance* must be refused, so that it can be reached on the inverted ladder of the law of desire'. Castration prohibits *jouissance*, but gives access to it elsewhere. In Seminar XX Lacan says that we enter reality with the apparatuses of *jouissance* and that the

¹⁸ S. Freud. *Addenda to Über coca* (1885), in *Cocaine Papers*, op.cit., p. 107.

¹⁹ J. Lacan. *Le Séminaire*. Ed. J.A. Miller, Livre XVII, *L'Envers de la Psychanalyse*, 1969-1970. Paris, Seuil, 1991. p. 57.

²⁰ J. Lacan. *Le Séminaire*. Ed. J.A. Miller, Livre XX, *Encore*, 1972-1973. Paris, Seuil, 1975. p. 10.

²¹ J. Lacan. 'The Subversion of the Subject and the Dialectic of Desire in the Freudian Unconscious (1960)' in *Ecrits*. Trans. A. Sheridan, London, Tavistock, 1977. p. 324.

only actual apparatus is language.²² The introduction of the signifier causes *jouissance* and tears it apart at the same time. In this seminar Lacan differentiates between a sexual (or phallic) *jouissance* and a *jouissance* of the Other. To understand and appreciate the full implications of this distinction we have to go back to an earlier text of 1970 called *Radiophonie*. In this text Lacan refers to language as a first body. This is a body of potential *jouissance* and instead of being introduced into it, the subject incorporates this body.²³ This incorporation has a number of important consequences, one of which is poisonous or toxic and will be responsible for a relationship of impotence between the different forms of *jouissance*:

1. The incorporation of the signifier grasps the being of the organism and turns it into a symbolic body which the subject can have from then on, but which does not belong to him. For the enjoyment of pleasure zones the subject can only borrow parts of this body from the Other, but it cannot be united with it anymore.
2. The incorporation of the signifier leads to a cutting-out of these pleasure zones from the body. This brings them outside the body where they soak up its *jouissance* and where they can be sexually and only partially enjoyed in a movement of build-up, climax and come-down. Sex has a beginning and an end which is why it is never completely satisfactory and makes us long for another *jouissance*; a *plus-de-jour*. This sexual (or phallic) *jouissance* causes entropy because it largely devitalises the body of *jouissance*, rendering it barren for enjoyment.
3. The signifier is structurally incomplete and its incorporation will therefore not only lead to a symbolised body but it also produces a remainder in the form of a real body. This Real part of the body contains a *jouissance* which also comes as an effect of the signifier but lies outside its symbolic realm and cannot flow into the sexual objects via its symbolic channel. This is a *jouissance* of the body of the Other and it is asexual because it is not phallicised.

²² J. Lacan. *Le Seminaire*. Ed. J.A. Miller, Livre XX, *Encore*, 1972-1973. Paris, Seuil, 1975. p. 52.

²³ J. Lacan. *Radiophonie*. Scilicet, 1970, nrs. 2/3. pp. 60-61.

This real *jouissance* of the body is paradoxical because on the one hand its presence is beyond the pleasure of sexual *jouissance*, that is, it is 'too much' and therefore toxic, whilst on the other hand, its absence creates a mirage of absolute satisfaction, in other words; a 'never-enough'. It is the sexual *jouissance* of the signifier which forms a barrier against, and an enclosure of, this other toxic *jouissance*. When the signifier produces a body which is divided between real and symbolic, it also causes a subject who will feel torn apart. That is the destiny of the human subject. As long as the subject is able to stake its claim and as long as it is able to maintain enough differentiation between the real body and the symbolic body by keeping the former at some distance, it will retain some consistency and not disappear into the gap of anxiety in the clinical phenomenon of depersonalisation. In Seminar XXII Lacan says:

Apart from tearing it to pieces, one does not really know what one can do with an other body. I mean a body which is human. That justifies, that, when we seek how to enclose that *jouissance* of the other body, in the sense that it surely creates a gap, what we find is anxiety ... Anxiety, what is that? It is that, which is interior to the body, and ex-sists when something wakes it up, torments it.²⁴

Conclusion

The Real toxicity (in the psychoanalytic sense of the words) is not in the drug but concerns that *jouissance* of the body which threatens to devour us when the sexual *jouissance* of the signifier is unable to contain it, to function as a flood-gate. The subject can make the drug act as a flood-gate, regulating the lethal attraction of the *jouissance* of the Other in a homeostatic movement. Toxicomania can operate as a substitute barrier against anxiety which would result from being overwhelmed by this Other *jouissance*.

In conclusion, let us hasten to add that we are only referring to one possible form of toxicomania here. But hopefully this is one step in the

²⁴ J. Lacan. *Le Séminaire*, XXII, R.S.I. (1974-1975). Unpublished lecture of 17 December, 1974.

direction of a differential diagnosis in the psychopathology of addiction. A step which is necessary for a treatment which is based on an ethics of psychoanalysis.

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